



Middle Sea Insurance p.l.c.

Middle Sea House, Floriana, VLT 16 MALTA

Tel: (0356) 246262 Fax: (0356) 248195

E-mail Address: middlesea@middlesea.com Website: http://www.middlesea.com

Health Insurance / Assigurazzjoni tas-Saħħa Proposal Form / Formola ta' Applikazzjoni

Important Note

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply in this form and in the claim form together with other information relating to the claim may be provided to other insurers, their Agents and Insurance Associations.

Nota Importanti

Assiguraturi, l-Agents tagħhom u Assoċjazzjonijiet ta' Assiguraturi jgħaddu lil xubxin informazzjoni biex jimpedixxu li jsiru klejms frawdolenti u għal skopijiet ta' sottoskrizzjoni. F'każ ta' klejm, xi parti mill-informazzjon, jew kollha, li qed tagħti f'din l-applikazzjoni għal polza flimkien ma' tagħrif dwar il-klejm jista' jingħadda lil Assiguraturi, l-Agents tagħhom u Assoċjazzjonijiet ta' Assigurazzjoni.

1. Insured's details/Dettalji ta' l-Applikant

Name Isem Date of Birth Data tat-Twelid

Address Indirizz Age at entry Età meta dbali fil-Polza

I.D. Card Number Numru tal-Karta ta' Identità Sex Sess Marital Status Stat Civili Occupation Xogħol Telephone Number Numru tat-Telefon

2. Cover required (Applicant)/Kopertura meħtieġa (Applikant)

Basic Primary Enhanced Elite

3. Persons to be included in this application (All persons must reside at the applicant's address)/Persuni li jridu jidhru f'din l-applikazzjoni (Il-persuni kollha jridu jkunu joqogħdu fl-indirizz ta' l-applikant)

	Forename Isem	Date of Birth Data tat-Twelid	Age at entry Età meta dabal fil-polza	I.D. Card Number Numru tal-Karta ta' Identità	Occupation Xogħol	Cover Required Kopertura meħtieġa
Spouse -Mara/Raġel						
Child 1 - Tifel/Tifla 1						
Child 2 - Tifel/Tifla 2						
Child 3 - Tifel/Tifla 3						
Child 4 - Tifel/Tifla 4						

4. Medical History/Storja Medika

Have you or any of your dependants included in this application form and applying for membership ever:-
Qatt int jew xi wiebeġ mid-dipendenti tiegħek inklużi f'din l-applikazzjoni u li qed japplika għal shubija:-

- consulted a medical practitioner and been provided with prescriptions for any drugs or medication within the last two years
ra tabib u ngħata riċetta/riċetti għal drogi jew medikamenti f'dawn l-abbar sentejn yes iva no le
- consulted a specialist in the last two years in connection with an actual or suspected medical condition
ra speċjalista f'dawn l-abbar sentejn rigward xi kondizzjoni medika attwali jew suspettuża yes iva no le
- been admitted to hospital or nursing home within the last four years
daabhal l-isptar jew dar tal-kura f'dawn l-abbar erba' snin yes iva no le
- suffered from a chronic or long-term medical or dental condition
sofra minn xi kondizzjoni medika jew dentali kronika jew fit-tul yes iva no le
- suffered from some form of disability, recurrent illness or injury
sofra minn xi forma ta' diżabilità jew mard jew lezjoni rikorrenti yes iva no le
- been refused medical health insurance
kellu applikazzjoni għal assigurazzjoni tas-sabha medika miċhuda yes iva no le
- suffered from impaired physical health
kien fi stat ta' sabha fiżika difettuż yes iva no le
- suffered from impaired mental health
kien fi stat ta' sabha mentali difettuż yes iva no le
- are there any facts or circumstances not mentioned above which may influence our consideration of your proposal.
bemm xi fatti jew cirkustanzi li mhux imsemmija hawn fuq li jistaw jinfluenzaw il-konsiderazzjoni tal-proposta tiegħek. yes iva no le

If you have answered "Yes" to any questions 1-9 please give full details in the space provided here
 Jekk wegibt "Iva" għal xi waħda mill-mistoqsijiet 1-9 aghti d-dettalji kollha bawn tabt

Name Isem	Question Mistoqsija	Medical Condition Kondizzjoni Medika	Date of Diagnosis Data/dati tad-Dijanjosi	Treatment received Trattament irċevut	Does the medical condition still exist? Dil-kondizzjoni medika tad- Dijanjosi għadha teżisti?

If there is insufficient space please use a separate sheet and indicate that you have done so by ticking this box
 Jekk m'hemmx spazju biżżejjed, jekk jogħġbok uża karta separata u indika li għamilt dan billi timmarka dil-kaxxa

Name and address of your family's usual medical practitioner
 Isem u indirizz tat-tabib tal-familja li soltu jarak

5. Additional Benefits/Benefiċċji Addizzjonali

Increase in the benefit under Health Scheme 1 (Units of Lm100 maximum 2)
 Żjieda fil-benefiċċji taħt l-Iskema tas-Sabba 1 (Unitajiet ta' Lm100 massimu 2)

Cover for drugs prescribed following an operation or hospital maximum of Lm45 per person per annum applicable to scheme 3 and 4 only
 Kopertura għal drogi perskritti wara operazzjoni jew żmien fi sptar (massimu ta' Lm45 kull persuna kull sena fil-każ ta' Skemi 3 u 4 biss)

Funeral expenses (maximum limit Lm500 per person)
 Spejjeż ta' funerals (massimu ta' Lm500 kull persuna)

6. Commencement of cover/Bidu tal-Kopertura

Cover for this membership is to commence
 Il-kopertura għal dis-sħubija tidda On acceptance
 Ma' l-aċċettazzjoni or
 jew

7. Declaration/Dikjarazzjoni

I, the proposer, on behalf of myself and any dependants shown, declare that the information given is true and accurate and that I/we have not withheld any material facts and I/we understand that this information shall be the basis of my/our membership

I/We further declare that I/we shall be bound by the rules and conditions of this membership.

I/we further declare that I/we have no objection and hereby instruct and authorise such person(s) and organisation(s) to provide the company with full and complete information and not to withhold any information which in the opinion of the Company might be relevant to its needs. Further more I/we agree to reimburse the Company with any costs should such costs arise as a result of the withholding of information and or the provision of incomplete information or incorrect information by me/us and any persons or organisations providing information on my/our behalf as aforesaid.

Jien, l-applikant, f'ismi u f'isem id-dipendenti mnizzlin, niddikjara li l-informazzjoni mogħtija hija vera u preċiża u li jien/abna ma ballejtx/ballejna barra ebda fatt materjali u li jien niġbem/abna niġbmu li din l-informazzjoni għandha tkun il-bażi tas-sħubija tiegħi/tagħna.

Jien niddikjara/Abna niddikjaraw li jien nintrabat/abna nintrabtu bir-regolamenti u kondizzjonijiet ta' din is-sħubija.

Jien niddikjara/Abna niddikjaraw ukoll li jien/abna ma nsib/nsibu ebda oġġezzjoni u b'din qed nitlob u nawtorizzaw/nitolbu u nawtoriz zaw lil kull persuna u organizzazzjoni biex jgħaddu lill-Kumpanija informazzjoni sħiħa u kompleta u li ma jzommu lura ebda informazzjoni li fil-febma tal-Kumpanija tkun meħtieġa minnha. Barra minn bekk jien naqbel/abna naqblu li nrodd/nroddu lura lill-Kumpanija spejjeż li jista' jirriżulta li tkun għamlet minhabba t-tħollija barra ta' informazzjoni u/jew l-ghoti ta' informazzjoni nieqsa jew inkorretta minni/minna jew minn xi persuna jew organizzazzjoni li tgħaddi l-informazzjoni f'ismi/fisimna kif intqal bawn fuq.

Signature of applicant
 Firma ta' l-applikant Date
 Data

Producer
 Rapprezentant