

Application form and health questionnaire for:

Surname _____ **First name** _____

Date of birth _____ **Policy No.** _____

All questions must be answered truthfully and in full. If the policyholder or insured person provides incorrect information or fails to disclose information concerning any risk which he/she was or should have been aware of at the time of taking out this insurance policy, Allianz Suisse reserves the right to cancel the policy. If the risk which has been incorrectly disclosed or not disclosed has influenced the occurrence or scope of the loss, the obligation of Allianz Suisse to provide benefits for losses which have already occurred shall be null and void. Allianz Suisse is entitled to request a refund for benefits already paid. This also applies if another person has answered the questions.

If certain requirements are not met, the insurer is prohibited under law from requesting the results of genetic examinations which were conducted prenatally or conducted before the appearance of symptoms in order to determine predisposition to an illness (presymptomatic examinations). If the requirements of the right to interrogate are met, a separate questionnaire is used. Hence no such examination results need be disclosed in this questionnaire. Results disclosed voluntarily may not be used by insurers.

Genetic examinations conducted for diagnostic purposes i.e. to examine already identifiable symptoms of illness, are not affected by this legal provision and must be disclosed.

Declaration by the insurance applicant:

1. Do you have or have you ever had any individual or collective life, health or accident insurances with Allianz Suisse (including occupational retirement plans)? Yes No

If yes, which type of risk? _____

Insured amount/benefits: _____

Starting date: _____ *Term/duration:* _____

If cancelled, year of cancellation: _____

2. Have you applied for or taken out any insurance policies against risks such as death, disability, illness or accident within the past 12 months? Yes No

If yes, with which company? _____

Type of risk: _____

Insured amount/benefits: _____

Starting date: _____ *Term/duration:* _____

If rejected or accepted only under certain conditions, state reason: _____

3. What is your height and current weight?

Height in cm: _____ *Weight in kg:* _____

4. Do you currently have any health problems or is your capacity to work reduced? Yes No

If so, which? _____

When?: _____

How long?: _____

Duration and extent of incapacity to work: _____

Name and address of attending physicians incl. the physician who is most familiar with your physical condition (if there has been no consultation, please answer : 'no doctor consulted'):

5. Do you suffer or have you ever suffered from any illnesses, disturbances or problems connected with **the heart or vascular system** such as high blood pressure, circulatory problems, heart attack, heart defect, cardiac insufficiency, palpitations, apoplexy, phlebitis, varicose veins or other disorders? Yes No

If so, which? _____

When: _____

How long: _____

Duration and extent of incapacity to work: _____

Name and address of attending physician: _____

Cured: _____

6. Do you suffer or have you ever suffered from illnesses, disturbances or problems connected with the **musculoskeletal system** (bones, joints, spine, intervertebral discs, muscles, ligaments, tendons) such as disorders of the back, neck and shoulders, arthritis, rheumatism or other disorders? Yes No

If so, which? _____

When: _____

How long: _____

Duration and extent of incapacity to work: _____

Name and address of attending physician: _____

Cured: _____

7. Do you suffer or have you ever suffered from illnesses, disturbances or problems connected with the **nervous system or mental disorders** such as epilepsy, vertigo, paralysis, inflammation of the nerves (e.g. multiple sclerosis), depression, anxiety, exhaustion or other disorders? Have you ever attempted suicide? Yes No

If so, which? _____

When?: _____

How long?: _____

Duration and extent of incapacity to work: _____

Name and address of attending physician: _____

Cured: _____

8. Are you undergoing or have you within the past 5 years undergone medical treatment or examinations for other illnesses, accidents disorders or problems not listed above? Yes No

If so, which? _____

When?: _____

How long?: _____

Duration and extent of incapacity to work: _____

Name and address of attending physician: _____

Cured: _____

Information on privacy/data protection

The processing of personal data is an essential part of the insurance business. When processing personal data we observe the provisions of the Federal Law on Data Protection and the associated ordinance. If necessary, we obtain the required consent from you on the claims form.

Before the insurance policy is signed it is necessary to process data in order to decide whether the policy can be granted and, if so, under which conditions. During the policy term, it is necessary to process data for administrative purposes related to your policy (e.g. the calculation of premiums) and, if a claim is reported, to ensure that only justified claims are paid out.

Before the policy is concluded and during the term of the policy it may be necessary, for the purposes of risk assessment (risk-based premium), additional investigation and claim processing, to query third parties in Switzerland and abroad and to exchange your data with them. We primarily process the data provided in the insurance application and the claims notification. If required, we obtain relevant information from third parties (from the ceding insurer concerning claim progress to date, co- and re-insurers, medical personnel, physicians, official bureaus, hospitals, social insurers, employers for collective insurance policies). The insurance applicant releases medical personnel, hospitals, physicians and insurers from their confidentiality obligation towards Allianz Suisse. In the event of recourse to a liable third party, the data can be transferred to the liable third party or the third party's liability insurer in order to effect the recourse claim. Allianz Suisse undertakes to handle all information received as confidential.

To provide comprehensive insurance cover and optimise costs, some of our services are rendered by independent companies in Switzerland and abroad. These may be Allianz Group companies or cooperation partners. Within the framework of the contractual relationship it is necessary to forward your data to such internal and external partners. For the purposes of product optimisation we also process your data for internal marketing.

Agents are contractually obliged to honour their confidentiality obligation and the provisions of the law on privacy and data protection. Brokers are permitted to inspect your data only with your express consent (broker mandate).

We archive your data in compliance with the legal provisions.

You have the right to obtain information and, under certain conditions, the right to authorise, block or delete your electronically stored or the data archived in your personal dossier.

Consent

The undersigned confirms that he/she understands the language in which this form and the principles therein are written.

He/she authorises Allianz Suisse to obtain the necessary data from third parties (ceding insurers for information on the claim progress to date, co- and re-insurers, medical personnel, physicians, official bureaus, hospitals, social insurers and employers for collective insurance policies) for the purposes of processing the application, risk assessment and contract processing, and to process the data for these purposes as well as for internal marketing purposes in accordance with the provisions on data protection.

This application covers the number of pages indicated in the footer. With his/her signature the undersigned confirms the completeness and accuracy of all answers on all pages.

Place and date

Signature of insurance applicant