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the LAFERLA HEALTHPLANS proposal form

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 any eventual Claim Form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

Your attention is brought to the fact that in this Proposal Form you should disclose any fact which may influence the underwriter in accepting the risk. Should you fail to provide the information required herein, Laferla Insurance Agency Limited would not be in a position to confirm acceptance of this offer.

Section 1 - Applicant Details

Title	Name of Proposer		Surname of Proposer
Date of Birth	Gender	Nationality	I.D. Card/Passport Number
Telephone Number (Home)	Telephone Number (Work)	Telephone Number (Mob.)	E-Mail Address
Address			
Occupation	Group/Company Name (if applicable)		

Section 2 - Residency

Principal country of residence? (wherein you reside for more than 180 days in any 12 month policy period)

Are you or any dependant/s listed in this Proposal Form residing away from the principal country of residence for more than 180 days in any 12 month policy period?

Yes

No

If "Yes", please give details

Section 3 - Cover Required (please tick the cover that you require)

	Bronze Plan	Silver Plan	Gold Plan	International Plan	Family Plan
Comprehensive					
In-Patient & Day-Case Only			NOT AVAILABLE		NOT AVAILABLE

For Sports Plan applicants only

Sports	Sports Pro	Sports Pro International	Please indicate what sports you practice

If you wish to apply for an excess on your cover please mark your choice

10%

20%

Persons to be included in this application

	Name	Surname	Date of Birth	I.D. / Passport No	Relationship to Proposer
Dependent 1					
Dependent 2					
Dependent 3					
Dependent 4					

Section 4 - Medical History and Other Information

Please ensure that you disclose all known and suspected medical conditions in respect of any person to be included in this Proposal Form. It is important to note that we shall not accept liability for a medical condition which arose prior to the proposal date unless such a condition is declared and which Laferla Insurance Agency Limited did not exclude. Failure to notify Laferla Insurance Agency Limited of any or suspected medical condition may result in the policy being voided.

Please answer all the questions in this section. If you answer "Yes" to any questions please give full details in the space provided.

Have you or any of your dependants included in this Proposal Form:

1. Consulted with a general practitioner/family specialist and been provided with prescription drugs or medication within the last five years?

Yes

No

2. Consulted with a specialist in the last five years with an actual or suspected medical condition?

Yes

No

3. Is there any known or foreseeable need to consult a doctor or any other health professional for any reason?

Yes

No

4. Been admitted to a hospital, clinic or nursing home in the last five years?

Yes

No

5. Currently taking any medication or is there any foreseeable need to take medication? Yes No

6. Do you undergo regular check ups (such as, but not limited to: mammograms, colonoscopy, bone density, pap smear, ECG, cholesterol, prostate check ups)? Yes No

7. Do you suffer from a chronic medical condition, or from a known disability, or recurrent injury or illness (such as hypertension, diabetes, asthma, recurrent injury)? Yes No

8. Been refused Private Medical Insurance or Life Assurance Cover? Yes No

9. Are you or any of your beneficiaries currently insured or was/were insured, under another Private Medical Insurance policy? Yes No

If "Yes" please give details

10. Do you or any of your beneficiaries included in this Form smoke? Yes No

If "Yes", indicate who smokes, for how long they have been smoking, and how many cigarettes they smoke per day.

If you have answered "Yes" to any question 1-10 please give full details in the space provided.

Name	Question Number	Medical Condition	Date of Diagnosis	Treatment Received	Does Medical Condition still exist?

Additional Comments, including facts that should be brought to our attention?

Name and Address of your family's usual GP/Family Specialist

Section 5 - Method of Payment and Commencement of Cover

Cash, Cheque, Credit or Debit Card

Annually

Half Yearly*

Quarterly*

Variable Direct Debit

Annually

Half Yearly*

Quarterly*

*Additional charges may apply

Important Note: This is an annual policy. The full annual premium is always due, irrespective of the agreed method of payment.

Requested commencement date

DD

MM

YYYY

Data Protection & Insolvency Notices, Declaration and Complaints Procedure

Laferla Insurance Agency Limited holds, uses and processes information in order to create, evaluate and administer your policy and/or claim. Such information, which is either supplied by you or by the other members of your family, will include personal data about you and any other members of your family if they are also covered by the insurance. Information about you may also be obtained, if and when applicable, from third parties such as medical providers, employers or related persons or organisations from whom such information would be essential for the proper processing of the data within the purpose as stated above. This information will be kept by us in strictest confidence and will only be passed to other parties solely for the detection, prevention and suppressing fraud, and for the proper processing for those purposes that are compatible with that for which the information has been collected. By signing this declaration you will be giving your consent to the above. The Company is registered with the Office of the Commissioner for Data Protection to process data in accordance with the Data Protection Act 2001.

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2002.

I/we the undersigned, declare that the information provided in this proposal form is/are true and correct and that I/we have not withheld any material fact and I/we understand this proposal form shall be the basis of the Insurance contract. I/we consent to Laferla Insurance Agency Limited to share information with other agents/insurers and Insurance Associations in order to prevent fraudulent claims and for underwriting purposes. I/we further declare that I/we have no objection and hereby instruct and authorise such person(s) and organisation(s) to provide Laferla Insurance Agency Limited with full and complete medical or other information and not to withhold any information which in the opinion of the Laferla Insurance Agency Limited might be relevant to accept this proposal form. Furthermore I/we agree to reimburse Laferla Insurance Agency Limited with any costs should they arise as a result of withholding any information and/or provision of incomplete information or incorrect information by me/us and any person or organisations providing information on my/our behalf as aforesaid. I/we the undersigned consent to Laferla Insurance Agency Limited to process my/our personal/sensitive data in the manner indicated in this form and as further provided in the Laferla Insurance Agency Limited Data Protection Notice, as may be amended by Laferla Insurance Agency Limited from time to time. Please note that all persons included in this proposal over the age of 18 must sign this declaration in the space below. In the case of persons included in this proposal under the age of 18 years then their parent/legal guardian must sign.

COMPLAINTS

We are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure which you may find in the policy document or on our website. For the sake of clarification a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response. We distinguish complaints from queries. Queries are challenges to specific decisions in specific circumstances.

STEP 1 – CONTACTING US

The first step is to talk to a member of our staff or of the intermediary if your Proposal was arranged through one. This can be done informally either directly or by telephone. Usually the best staff member to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then ask for the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of your concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING YOUR COMPLAINT FURTHER

If you are still unhappy the next step is to put your complaint in writing, addressing it to our Complaints Officer, setting out the details, explaining what you think went wrong and what you feel would put things right. If you are not happy about writing a letter you can always ask a member of staff to take notes of your complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with. Once our Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. Your complaint will be acknowledged in writing within five days of receiving it and the letter will say when you can expect a full response. This should normally be within three weeks unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and tell you when we expect to provide you with a full response.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact the Consumer Complaints Manager at the Malta Financial Services Authority on 8007 4924 or 2144 1155. Following these procedures will not affect your right to take legal action.

Signature of main applicant

Date

For Office Use

Received on

Policy Nr

TII/Broker