



New Insurance
 Alteration
 Policy

Branch

Employee

Intermediary **207074605** Banco Comercial Português SA



INSURANCE POLICYHOLDER

Name:		Postal Code: -
Address:		City/Town:
Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
Identity Card/Citizen Card:	Taxpayer Number:	Occupation:
Telephone (home):	Mobile:	E-mail:

IDENTIFICATION OF THE INSURED PERSONS

1	Name:		
	Address:		
	Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone:
	Identity Card/Citizen Card:	Taxpayer Number:	Occupation:
2	Name:		
	Address:		
	Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone:
	Identity Card/Citizen Card:	Taxpayer Number:	Occupation:

QUESTIONNAIRE

GENERAL:

Has this risk ever been insured before or is it currently insured?

No Yes If yes, for which Insured Person and at which Insurer? Insured Person: 1 2 Insurer: _____

MEDICAL:

Does any of the Insured Persons suffer, or has suffered, from paralysis, deafness, epilepsy, disease, incapacity or disability, physical defect or any medical problem?

No Yes If yes, which Insured Person? Insured Person: 1 2 In the case of Permanent total disability, what percentage? _____ %

What motive? _____

Insurance Policyholder/Insured Person: _____

OPTIONS, COVERAGE AND SUMS INSURED

Choose one of the following options (Essential or Top) and optional coverage, if desired:

	Coverage	Essential	Top
Base	Death	€10.000 Without deductible	€50.000 Without deductible
	Personal injury expenses	€5.000 Without deductible	€7.500 Without deductible
	Assistance for senior individuals	As per special conditions	As per special conditions
	Médis family line	As per special conditions	As per special conditions
Optional	Hospitalisation expenses	* €1.000 Without deductible	* €2.500 Without deductible
	Telecare	☐ As per special conditions	☐ As per special conditions
	Funeral expenses	* €1.500 Without deductible	* €3.000 Without deductible
	Family third party liability	* €25.000 10% deductible on the indemnity amount with a minimum of €150	* €50.000 10% deductible on the indemnity amount with a minimum of €150
Options to subscribe:		☐	☐

- **Age Limit Subscription:** the Insured Person(s) should be aged between 55 and 79 years old.
Permanence: 80 years old.
- **Scope of the Coverage:** professional and extra-professional risk.

DATA FOR THE TELECARE COVERAGE

Emergency contacts for the Telecare coverage:

Persons to contacts, in case of emergency:

Name	Relationship with the Insured Person	Telephone

1 - The National service implies the collection and treatment of personal data, pursuant to Law 67/98, of 26 October.

2 - As defined in the Special Conditions of the product, the service provider, Hope Care, notified the National Data Protection Commission (CNPD) under the terms of the Law, to conduct the collection and treatment of the data which constitute a fundamental part of the contracted service provided.

3 - In signing the present Contract, the Client authorises the collection and treatment of his/her personal data.

4 - All the data collected and derived from the present contract is confidential and cannot be used for purposes others than the provision of the services established in the present contract.

The contracting of the Telecare coverage implies the acquisition, from Hope Care, S.A., of the True- Kare telecare equipment for the price of € 99.00 (already includes VAT at the rate in force), plus € 4 of postage expenses, with the equipment being sent to the address of the Insured Person. The provisions in the General and Special Conditions of the Personal Accident insurance are applicable to this coverage and to the acquisition of the equipment.

START DATE, TYPE OF CONTRACT AND PAYMENT OF PREMIUMS

Start Date: Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalments due.

Duration: Year and Following

Premium Payment Frequency: **Essential Option:** Monthly Quarterly Six-monthly Annual
Top Option: Monthly Quarterly Six-monthly Annual

The first payment of the premium or instalment is increased by the cost of the Policy or Endorsement and respective legal costs of the value of €5.38 (this value already includes legal costs).

Insurance Policyholder/Insured Person: _____

BENEFICIARIES

The beneficiaries named in this table are valid for the coverage that guarantees situations of **Death** contracted under this insurance, except for the **Tutor Death** or **Permanente Disability** coverage when the beneficiary(ies) must be the insured person(s).

INSURED PERSON 1

In case of Death:

Beneficiary 1:

Name:		
Date of Birth:	CC/Passport:	Taxpayer Number:
Address:		
Postal Code: City/Town:		
Percentage:		

INSURED PERSON 2

In case of Death:

Beneficiary 1:

Name:		
Date of Birth:	CC/Passport:	Taxpayer Number:
Address:		
Postal Code: City/Town:		
Percentage:		

In case of Permanent total disability:

The Insured Person

Authorisation of the Insurance Policyholder/Insured Person 1:

I authorise, pursuant to numbers 2 and 3 of article 5 of DL 384/2007, in the case of the confirmed impossibility of contacting the Insurance Policyholder and Insured Person during an entire year, in the case that they are not the same person, the Insurer to inform the beneficiary, within the period of 30 days after the last communication addressed to them.

Insurance Policyholder/Insured Person 2: _____

Authorisation of Insured Person 2:

I authorise, pursuant to numbers 2 and 3 of article 5 of DL 384/2007, in the case of the confirmed impossibility of contacting the Insurance Policyholder and Insured Person during an entire year, in the case that they are not the same person, the Insurer to inform the beneficiary, within the period of 30 days after the last communication addressed to them.

Insured Person: _____

This designation shall only take effect after the Insurer's acceptance and corresponding issue of an endorsement. Up to this time, the beneficiary(ies) in case of death shall be the legal heirs of the Insured Person(s).

AUTHORISATION OF SEPA DIRECT DEBIT/CREDIT

Account Holder:

I authorise the Bank to ensure the payment to Ocidental – Companhia Portuguesa de Seguros, S.A. of the premium relative to the Insurance contracted via the present Proposal and at the agreed times.

Bank _____ Account Number – IBAN

BIC SWIFT Type of payment: Recurring payment or One-off payment

By undersigning this authorisation you are authorising (i) Ocidental – Companhia Portuguesa de Seguros, S.A. to send instructions to your Bank to debit your account, and (ii) your Bank to debit your account, pursuant to the instructions of Ocidental – Companhia Portuguesa de Seguros, S.A. Your rights, relative to the authorisation referred to above, are explained in a statement that can be obtained from your Bank and include the possibility of requesting your Bank to reimburse the debited amounts, under the terms and conditions agreed with your Bank. The reimbursement should be requested within a period of eight weeks, counted from the debit date in your account. However, please note that the fact that your Bank complies with your request for reimbursement does not extinguish the obligation to pay the premium in question, nor any liabilities derived from the consequent breach of the Insurance contract.

The payment of any amounts derived from the present insurance contract should be made by credit in the same account, unless you are explicitly instructed otherwise.

Subscription in joint or mixed accounts requires the explicit agreement of the co-holders to the terms of the subscription, hence the present payment instruction must be signed in accordance with the conditions for movement of the current account

Place and Date: _____, _____ of _____ of _____

Signature of the Account Holder: _____

(In conformity with the Signature Form or Identification Document and pursuant to the conditions for movement of the current account)

STATEMENTS, CONSENTS, DATE AND SIGNATURES

For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. The risk that is intended to be insured against was not covered, totally or partially, by any contract relative to which there is a premium, instalment of a premium or other amount in debt.

Insurance Policyholder/Insured Person: _____

3. Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Insurance Policyholder and/or Insured Persons.
4. I(we) also authorise the Insurer to collect personal data relative to health from medical advisory boards or other health professionals and public or private bodies such as hospitals, clinics, offices, health centres, institutes of legal medicine, even after death, with a view to confirming or supplementing the information provided herein or after subscription of the present insurance, for the purposes of assessment of the risk of subscription of the insurance or management of the subsequent contractual relationship, namely for the effect of determining the origin, cause and evolution of any illness or accident that may give rise to death or disability, and which are essential for this authorisation to enable conclusion of the present insurance contract.

The Proposer/Insurance Policyholder and Insured Persons(s) is(are) also aware that:

5. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ocidental – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively for the following insurers: Ocidental – Companhia Portuguesa de Seguros de Vida, S.A., Ocidental – Companhia Portuguesa de Seguros S.A. and Médis – Companhia Portuguesa de Seguros de Saúde, S.A. As well as for Ocidental – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract. The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.
6. Complaints arising from the contract can be submitted in writing to the complaints management department of the Insurer, Non-Life Customer Support (namely through the email: apoioaocliente@ocidental.pt), in the Complaints Book, to the Customer Ombudsman and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre – www.cimpas.pt – or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.ocidental.pt.
7. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: centroatencaoaocliente@millenniumbcp.pt or through the Contact Center by phone 707 50 24 24. You may also contact the Provedoria do Cliente, at Praça Dom João I, nº 28 – Piso 4, 4000-295 Porto through the email provedoria.cliente@millenniumbcp.pt. The Millennium bcp Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Ocidental - Companhia Portuguesa de Seguros, S.A. (Hereinafter referred to as "Ocidental Seguros") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Ocidental Seguros processes the following categories of data: identification and contact data, health data; financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Ocidental Seguros may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental Seguros may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) considering the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Ocidental Seguros could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

In these cases, Ocidental Seguros will implement the necessary and appropriate measures considering the applicable law to ensure the protection of the personal data being transferred. Ocidental Seguros keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing (with the exception of data strictly necessary for the provision of the service) through written request addressed to Ocidental Seguros to the email apoioaocliente@ocidental.pt or postal address Avenida Dr. Mário Soares (Tagus Park), Edifício 10, piso 1, 2744-002, Porto Salvo. If you wish to contact the Data Protection Officer (DPO), please do so via the email dpo@ocidental.pt. Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a complaint to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Ocidental Seguros. Ocidental Seguros may process personal data in order to assess the level of risk associated to the insurance subscription based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Ocidental Seguros undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data Subjects, namely the right to obtain human intervention by Ocidental Seguros, express their point of view and contest the decision in question.

With the Data Subject's consent (if a natural person), Ocidental Seguros will use the collected data for sending promotional communications, disclosing campaigns relative to Ocidental Seguros products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ocidental - Companhia Portuguesa de Seguros, S.A., Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ocidental - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing campaigns relative to Ocidental Seguros products and services suited to the Data Subject's profile. These entities will act as autonomous processors for the processing that each carries out. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing through written request addressed to the entities responsible for the processing (processors) to the contacts indicated above. They may also contact the DPO of the Ageas Portugal Group through the email dpo@ageas.pt. You can also manage the consents that have provided through your Reserved Area. If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

Insurance Policyholder/Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES (cont.)

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s).

Proposer/Insurance Policyholder and the Insured Person

I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms referred to above.

I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms referred to above and described in more detail in the various Privacy Policies available on their websites.

Place and Date: _____

Insurance Policyholder/ Insured Person: _____

The 1st Insured Person: _____

The 2nd Insured Person: _____

The Branch: _____

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.

Insurance Intermediary: Banco Comercial Português, S.A., a Company open to Public Investment - Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 4.725.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent, registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

OCIDENTAL
SEGUROS

Insurer: Ocidental – Companhia Portuguesa de Seguros, S.A. Public limited liability company, with head office at AV. Dr. Mário Soares (Tagus Park), Edifício 10, Piso 1, 2744-002 Porto Salvo, legal person number 501 836 918 and registered under this number at Lisboa Trade Register, with share capital of 12.500.000,00 Euros. (Mail Address: Avenida da Boavista nº 1837, 9º, 4100-133 Porto, Portugal.)