



**PROPOSAL
MEDICAL INSURANCE POLICY
AND EMPLOYERS' LIABILITY INSURANCE
FOR FOREIGN PERSONS**

(For Office Use Only)					
Account Code	Insured Code	Underwriter	Endorsements	Other Instructions	Policy No

PLEASE COMPLETE WITH CAPITAL LETTERS & CLEAR HANDWRITING & INDICATE WITH A "✓" WHERE APPLICABLE

PROPOSER DETAILS (EMPLOYER)

Full Name of Proposer				
Mailing Address				
Area / Village		P.O. Box No.		
Post Code	City	P.O. Box Post Code		
Occupation of Proposer	Home Telephone No.			
Identity No / Company Reg. No.	Home Telefax No.			
Registration Number as Employer (AME)	Mobile Telephone No.			
E-Mail	Office Telephone No.			
Type of Business	Office Telefax No.			
Address of conducting Business				

PROPOSED COVER	Medical Inpatient Cover <input type="checkbox"/>	Medical Outpatient Cover <input type="checkbox"/>	Death by Accident and Transportation of Remains only <input type="checkbox"/>	Employers' Liability Insurance <input type="checkbox"/>
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PERIOD OF INSURANCE	From am/pm/...../..... until midnight of/...../.....
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INSURED DETAILS (FOREIGN PERSON)

Full Name of Insured			
Passport No or DEA / ARC	Date of Birth		
Nationality	Gender		
Marital Status	No. of children under the age of 18		
Height (m)	Weight (kg)		
Annual Gross Wages	€	Telephone No.	

MEDICAL HISTORY THE PROPOSED FOREIGN PERSONS

i) Does the employee suffer from any illness, disease or bodily injuries or disability? YES <input type="checkbox"/> or NO <input type="checkbox"/> If "YES", please give details	
ii) Has the employee undergone surgery in the last five years? YES <input type="checkbox"/> or NO <input type="checkbox"/> If "YES", please give details	
iii) Has the employee stayed as an inpatient in a hospital or clinic in the last five years? YES <input type="checkbox"/> or NO <input type="checkbox"/> If "YES", please give details	
iv) Did the Medical examinations carried out to ensure the employee's residence and work permit shown any health problems? YES <input type="checkbox"/> or NO <input type="checkbox"/>	

OTHER DETAILS FOR THE PROPOSED INSURED (FOREIGN PERSON)

- 1) Have you made any claims under any insurance policy for Personal Accident or Illness or for Medical Expenses? If "YES", YES NO
please give details
- 2) Have any of your employees suffered from an Accident or from an Occupational Disease in the last 5 years? If "YES", YES NO
please give details
- 3) Do you currently have insurance against Accident or Illness or in relation to Medical Expenses? If "YES", please give details YES NO
- 4) Do you have any other Insurance Policies with Eurosure Insurance Company Ltd? If "YES", please give details YES NO
- 5) Has any Insurance company cancelled or refused to renew your policy or asked to impose special conditions hereon? YES NO

PREMIUM PAYMENT

Immediate payment

Direct Debit Banking Mandate

I would like to pay my policy premium using a Direct Debit, and hereby enclose a signed Direct Debit Mandate form

STATUTORY DECLARATION AND CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

Forming part of this Proposal Form which together shall constitute the basis of the Policy which may be issued.

(All references to the singular shall also mean to the plural unless the context otherwise requires)

I declare that the answers and information which have been given in this Insurance Proposal Form are absolutely correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy which may be issued to me by Eurosire Insurance Company Ltd (hereinafter referred to as Eurosire or the Company). I further agree that I shall accept to be indemnified based on the Terms and Conditions which will appear in and/or which will be endorsed in the Insurance Policy which may be issued to me.

I declare that any Insurance Intermediary or other Representative or Employee of Eurosire who helps me in completing or who completes on my behalf the Proposal Form and/or assists me in the completion of any other document and/or provides any information to the Company for the purpose of obtaining a quotation and/or any subsequent Insurance coverage for me is acting on my behalf.

I declare that the cover which may be provided as well as my responsibilities and obligations under the Insurance Policy in respect of which this Proposal is completed has been fully explained to me by the Insurance Intermediary named below or by any representative or employee of Eurosire I declare that it fully satisfies my insurance requirements in relation to the subject matter of insurance under this Proposal.

I declare that I understand that Eurosire is not obliged to accept and offer any Insurance coverage based on this Proposal and only when confirmation of cover has been issued by the Company in writing will any cover apply.

I declare that under the provisions of the General Data Protection Regulation (GDPR) (EE) 2016/679 or any other Law or other regulation amending or replacing it, Eurosire, as processors of personal data within the meaning of the GDPR, may collect and process personal data for the sole purpose of providing the services I request from the Company. Eurosire may process/pass on my personal data to third parties to the extent that this is required as a contractual necessity, on the ground of legal obligations, and legitimate interest.

I also declare that I understand that such personal, sensitive and confidential information which has been given or will be given in the future to Eurosire by me or has been provided by Third Parties to the Company or has been abstracted from other Insurances, other Companies or other information for the purpose of providing their services to me, may be given to Third Parties, other Insurers, Insurance and Reinsurance Intermediaries, such as Surveyors/Adjusters, Repairers, Legal Advisors, Doctors, Insurance Consultants, Auditors, Reinsurers in order to provide me with the services and fulfilment of tasks deriving.

Consent - Sensitive Personal Data

In accordance with the provisions of articles 5, 6, 7 and 9 of the General Data Protection Regulations, I declare that I understand that Eurosire Insurance Company Ltd needs to collect, evaluate and process personal data that is relevant to health in order to proceed with the preparation of the appropriate insurance program. The assessment of my personal data of this nature will allow Eurosire either to accept or not the insurance claim and to calculate the premium corresponding to the risk assumed.

I declare that I understand, that for the smooth operation of the insurance contract both at the risk assessment stage and especially at the time of the insured event, my consent covers both the reception and transmission of sensitive data to and from third parties (such as Insurance Funds, Hospitals, Diagnostic Centers, etc.).

Personal data will be retained for the minimum amount of time required under the Company's contractual or legal obligations.

I understand that if I do not wish to consent to the processing of my sensitive personal data, the insurance company may reject the application for insurance. I have the right to recall my consent at any time by informing the Data Protection Officer of the Company in writing, either by letter to the Company's mailing address or by email dpo@eurosire.com.

Statement of Consent

I consent that Eurosire Insurance Company processes my Sensitive Personal Data for the purpose of providing insurance services

Signature of Proposer

Date

Signature of Proposer

Date

Name of the Insurance Intermediary

Signature of the Insurance Intermediary

The Company has the right not to accept your proposal and not to issue the Insurance Policy. The insurance will not come into force until the Proposal has been accepted in writing by the Company.