

Return this proposal form duly signed and dated, to Citadel Insurance p.l.c. 26, Casa Borgo, Market Street, Floriana FRN 1082, Malta. If the proposal form is received more than 3 weeks after completion we may ask you to complete a new proposal form. If you are joining a group scheme, you may be required to forward this proposal form to your group administrator. We recommend that you retain copies of all information/documentation that you submit to us for your own records. It is our intention to provide you with a first class service at all times. Should you have any queries or require assistance contact us on tel: (356) 2010 6262 / freephone 8007 2322 / e-mail health@citadelplc.com. Kindly note that for training and quality assurance purposes, calls may be recorded.

## 1. Subscriber Details

Title:	Name:	Surname:
Date of Birth: DD/MM/YYYY	Gender: M/F	Occupation:
ID / Passport No:	Date / Country of Issue:	
Address (This is used for all correspondence - please keep us informed of any changes to your contact details):		
Tel No:	Mobile:	Email:

Company name (if joining a group policy):

Details of GP / Family Doctor (s)

Name and clinic address:	How many years have you known this GP?
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## 2. Dependants to be Covered

	Title	Name	Surname	Gender	DOB	ID/ Passport No	Occupation	Relation to Subscriber
2.				M/F	DD/MM/YYYY			
3.				M/F	DD/MM/YYYY			
4.				M/F	DD/MM/YYYY			
5.				M/F	DD/MM/YYYY			

## 3. Residency Details

Nationality	Subscriber (1)	Dependant (2)	Dependant (3)	Dependant (4)	Dependant (5)
Principal country of residence. (The country where you live for at least 245 days in a year)	Subscriber (1)	Dependant (2)	Dependant (3)	Dependant (4)	Dependant (5)
Do you reside / intend to reside away from Malta in any policy period? If yes give details.	Subscriber (1)	Dependant (2)	Dependant (3)	Dependant (4)	Dependant (5)

## 4. Cover Details

Step 1: Plan Type	Core <input type="checkbox"/>	Comfort <input type="checkbox"/>	Complete <input type="checkbox"/>
Step 2: Level of Cover	1 (in-patient & day-patient cover only): <input type="checkbox"/>	2 (in-patient, day-patient & out-patient cover): <input type="checkbox"/>	3 (in-patient, day-patient, out-patient & routine health checks): <input type="checkbox"/>

Or: Child Plan  (not applicable for groups; not applicable with any plan options above)

## 5. Policy Start Date (leave blank if joining a group policy)

Please indicate the date you require cover from (this cannot be more than 21 days from the date on this proposal form, and cannot be in the past).	DD/MM/YYYY
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## 6. Medical Declaration

- Please ensure that all questions are answered fully and accurately in respect of each applicant, even if you have been insured previously with us or any other insurer. If the answer to any of the questions is YES, please give full details for each separate question and for each applicant in the space provided.
- All applicants must fully disclose any known or suspected medical conditions and symptoms, even if professional advice has not yet been sought and/or a remedy is being taken which has not been prescribed by a medical practitioner. Failure to notify us of a medical condition or to disclose material facts may result in your policy being invalidated and future claims being rejected. If in doubt you must disclose the medical condition. You must notify us immediately in writing of any illness or injury which arises before the date of issue of your member certificate, or any other information which affects or changes the information given on this proposal form.
- No liability will be accepted for any medical condition which originated or was foreseeable prior to the proposal date unless such medical condition has been declared to and accepted by us.

The numbers correspond to the member details on previous page (1 being the subscriber)

Have you, or anyone to be covered by this policy, experienced symptoms of, received any treatment, had consultations or been admitted to hospital for any of the following:

	1	2	3	4	5
<b>1 Heart or circulatory disorders</b> e.g. high blood pressure, high cholesterol, angina/chest pains, heart attack, heart failure, abnormal heart beat, aneurysms, septal heart defect, varicose veins, anaemia, auto-immune disorders	Y/N	Y/N	Y/N	Y/N	Y/N
<b>2 Endocrine (glandular) disorders</b> e.g. diabetes, thyroid, adrenal, pituitary problems	Y/N	Y/N	Y/N	Y/N	Y/N
<b>3 Breathing or respiratory disorders</b> e.g. shortness of breath, chest infections, bronchitis, asthma, allergies (including anaphylaxis and hay fever), pneumonia, tuberculosis	Y/N	Y/N	Y/N	Y/N	Y/N
<b>4 Digestive, liver or gall bladder disorders</b> e.g. stomach inflammation / ulcers, irritable bowel, change in bowel habits, abdominal pain, haemorrhoids, rectal bleeding, liver inflammation, cirrhosis, gall stones, hernia	Y/N	Y/N	Y/N	Y/N	Y/N
<b>5 Cancers, tumours or growths</b> e.g. polyps, benign growths / lumps, cysts or moles, cancer of any type	Y/N	Y/N	Y/N	Y/N	Y/N
<b>6 Skin disorders</b> e.g. eczema, acne, warts, dermatitis, rashes, psoriasis, allergic conditions, solar keratosis	Y/N	Y/N	Y/N	Y/N	Y/N
<b>7 Brain or nervous system disorders</b> e.g. stroke, dementia, repeated headaches, multiple sclerosis, epilepsy / fits, nerve pain (including sciatica and shingles), meningitis	Y/N	Y/N	Y/N	Y/N	Y/N
<b>8 Muscle or skeletal disorders</b> e.g. arthritis, back pain, neck / shoulder problems, cartilage and ligament problems, joint replacements, fractures, osteoporosis, gout	Y/N	Y/N	Y/N	Y/N	Y/N
<b>9 Urinary disorders</b> e.g. kidney or bladder problems, urinary tract infections, incontinence, renal calculi	Y/N	Y/N	Y/N	Y/N	Y/N
<b>10 Reproductive system disorders</b> e.g. pregnancy / childbirth problems (including birth by Caesarean section), irregular periods, fibroids, endometriosis, infertility, abnormal smears, testicular or prostate disorders	Y/N	Y/N	Y/N	Y/N	Y/N
<b>11 Eye, ear, nose, throat or dental disorders</b> e.g. cataracts, glaucoma, deafness, eye / ear infections, tonsillitis, wisdom teeth trouble	Y/N	Y/N	Y/N	Y/N	Y/N
<b>12 Mental disorders / Addictive conditions</b> e.g. depression, stress, anxiety, schizophrenia, compulsive or eating disorders, alcohol / drug dependency	Y/N	Y/N	Y/N	Y/N	Y/N

Are you, or anyone to be covered by this policy:

<b>13</b> Receiving any other treatment not mentioned above, or are likely or expected to have any review, investigations or treatment for any current or past medical problem, or taking any medication?	Y/N	Y/N	Y/N	Y/N	Y/N
<b>14</b> Experiencing any signs or symptoms of any medical problem not mentioned above, regardless of whether a medical advisor has been consulted?	Y/N	Y/N	Y/N	Y/N	Y/N
<b>15</b> Pregnant at the time of completing this proposal form? If Yes, please give expected date of delivery: DD/MM/YYYY	Y/N	Y/N	Y/N	Y/N	Y/N
<b>16</b> Smoking (currently or within last 12 months) If Yes, how many per day	Y/N	Y/N	Y/N	Y/N	Y/N
<b>17</b> Height in centimetres Weight in kilogrammes					

Have you, or anyone to be covered by this policy:

<b>18</b> Been insured previously under any other private health insurance policy, or have current health insurance cover? If Yes, please specify name of insurance company, plan type, dates of insurance cover and attach a copy of the relevant insurance certificate(s) detailing terms of cover	Y/N	Y/N	Y/N	Y/N	Y/N
<b>19</b> Ever been refused health, life or accident & sickness insurance cover? If Yes, please specify name of insurance company and reason for cover refusal	Y/N	Y/N	Y/N	Y/N	Y/N
<b>20</b> Ever had any special terms, conditions or premium loadings imposed? If Yes, please specify name of insurance company and details of special arrangements	Y/N	Y/N	Y/N	Y/N	Y/N

Tick this box if you are including a separate sheet to list medical information if the space below is insufficient.

Tick this box if you are attaching copies of any medical certificates, reports, test results etc.

Name	Qs No	Please provide the date of first diagnosis/consultation, name of treating physician, frequency and severity of symptoms, date of last episode as well as details of any past, ongoing, or planned treatment. Copies of any relevant medical records (such as test results and hospital discharge letters) must be included.

## 7. Method of Payment

- Cheques must be made payable to Citadel Insurance p.l.c. with the subscriber's name and quote number on the back of the cheque.
- Citadel Insurance p.l.c. does not accept liability for any payment which does not clearly identify the policy details.

Cash       Cheque       Internet Banking       Other  \_\_\_\_\_

## 8. Data Protection Notice

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), please note that:

1. All the data on this proposal form, together with any data as may be subsequently supplied by you, whether orally or in writing, constitutes personal data and will be processed for the following purposes, namely, underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, co-insurance, preventing, detecting and/or prosecuting fraud and any other criminal activity which Citadel Insurance p.l.c. ('Citadel') is bound to report, establishing, exercising or defending a legal action, meeting any other specific legal or contractual obligation, internal management, research and statistics, systems administration, actuarial activities, subsequent insurance proposal forms which you may lodge with Citadel, and developing and improving Citadel's products and services. Furthermore, you consent to the disclosure of information and/or exchange thereof with all employees of Citadel and its subsidiaries, associates, insurance agents and tied insurance intermediaries, your broker if any, the Malta Insurance Association, other insurance companies and other third parties pertinent to any of the purposes mentioned above.
2. You have the right to request Citadel to inform you about the personal data held about you that is processed, and to request its correction where necessary.
3. Should you consent, your personal data may also be used and processed for purposes concerning direct marketing, such as to inform you, by mail or otherwise, about other products and services supplied by Citadel, its subsidiaries, associates, insurance agents and tied insurance intermediaries or other carefully selected organisations and companies. You will always have the right, at any time to request Citadel to stop using your data for direct marketing purposes.
4. Whilst Citadel may from time to time request you to confirm the above data and any other data as may be subsequently supplied by you, you should inform Citadel immediately in writing should such data change.

Kindly inform us by ticking the box below should you not want to receive any direct marketing in terms of paragraph 3.

I/We do not consent to direct marketing

## Declaration and Important Notes

I/We hereby declare that the information given by me/us on the proposal form (whether in my/our handwriting or not) is to the best of my/our knowledge true, accurate and complete. I/we further declare that no material fact has been withheld. I/we understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. A material fact is one which is likely to influence Citadel in the best assessment and acceptance of this proposal.

The Proposal form, any additional form and declarations will be considered the basis of the contract and will form part of the policy. I/we agree to inform Citadel of any material facts which occur after this proposal is signed and before the policy will become operative. I/we have been advised that if in doubt as to whether a fact is material, then it should be disclosed. I/we understand that cover under the policy will not be operative until this proposal form, together with all supporting medical/supplementary evidence, has been accepted by Citadel, the relative premium has been paid to and received by Citadel, and the policy documents received by me/us. Citadel reserves the right to decline any proposal.

I/we authorise Citadel to collect pertinent information from third parties relevant to the conclusion of this contract or to the settlement of any claim under this contract. In particular, I/we authorise other insurance companies, doctors and other members of the medical profession, hospitals, clinics, laboratories and other medical facilities, who I/we have consulted about my/our health to give Citadel all the information necessary and pertaining to the insurance contract. Citadel has a confidentiality policy in place which means that all medical information is held securely and access is limited to authorised individuals who need to consult it.

Citadel is bound by the Professional Secrecy Act, 1994 with respect to information furnished by me/us to Citadel in connection with the insurance proposal. However the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/we hereby acknowledge that I/we have been given written information which the insurer is required to provide me/us with in terms of Section 12.2 of Chapter 12 of the Insurance Rules, before I/we enter into a health insurance contract.

I/we have read and agree to the Data Protection Notice, the Declaration and Important Notes and Information relating to my/our rights.

I would like to receive correspondence and policy documentation in electronic format.

## All applicants over 18 years are required to sign

Signature of Subscriber:	DD/MM/YYYY
Name:	
Signature of Dependant:	DD/MM/YYYY
Name:	
Signature of Dependant:	DD/MM/YYYY
Name:	
Signature of Dependant:	DD/MM/YYYY
Name:	
Signature of TII / broker (where applicable):	DD/MM/YYYY
Name & Official Stamp:	

Health Insurance Proposal Form 01/17

# Health Insurance

One of Life's Essentials



**Citadel**  
Insurance

*all round protection*

**Citadel Health**  
*Insurance Proposal Form*



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citadelplc.com

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Iż-Żejtun 2180 7779 • Paola 2180 6247 • San Gwann 2733 0044 • Victoria, Gozo 2156 6660

Tied Insurance Intermediaries: Malta • Gozo

Citadel Insurance p.l.c. is a company authorised to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.