



## APPLICANT'S NEEDS FORM FOR LIFE & HEALTH INSURANCE

### INSURANCE RECIPIENT'S PERSONAL INFORMATION

Last name or Company name.....		
Name.....	Father's name.....	Occupation.....
Date of Birth .....		
Mail Address.....		
City / Area.....	Zip code .....	TIN.....Tax Authority.....
Home Tel. ....	Work Tel. ....	Mobile phone number.....
e-mail.....		

### INFORMATION OF THE POLICYHOLDER

(To be completed if it is a different person from the insurance recipient)

Last name or Company name.....		
Name.....	Father's name.....	Occupation.....
Date of Birth .....		
Mail Address.....		
City / Area.....	Zip code .....	TIN.....Tax Authority.....
Home Tel. ....	Work Tel. ....	Mobile phone number.....
e-mail.....		

### INFORMATION OF DEPENDENT MEMBERS

1st Member	Name..... Last name .....	Father's name.....Occupation.....
	SSN .....	Date of Birth..... Relationship with the main insured person .....
2nd Member	Name..... Last name .....	Father's name.....Occupation.....
	SSN .....	Date of Birth..... Relationship with the main insured person .....
3rd Member	Name..... Last name .....	Father's name.....Occupation.....
	SSN .....	Date of Birth..... Relationship with the main insured person .....
4 <sup>th</sup> Member	Name..... Last name .....	Father's name.....Occupation.....
	SSN .....	Date of Birth..... Relationship with the main insured person .....


**MEDICAL HISTORY OF PERSONS TO BE INSURED**

	FULL NAME	FULL NAME
Are the persons to be insured taking or have taken any medication in the past? If so, which one?		
Have the persons to be insured been hospitalized in the past for any reason?		
Have the persons to be insured had surgery for any reason? If so, which one?		
Have the persons to be insured been subjected to tests with results outside normal limits?		
Do the persons to be insured suffer from a disease and which one?		
What is the height and weight of the persons to be insured?		
Are you about to or likely to change your country of permanent residence? If so, will it be outside Europe?		
Are you interested in the insurance coverage of childbirth or its complications?		

**QUESTIONS**

1. Based on your budget, what is the desired annual insurance premium amount you can pay?

Insurance type	Amount in €
Health insurance	
Life insurance	
Disability insurance	
Loss of Income insurance	
Savings or Investment insurance	
Children's savings plan	



2. Are there other insurance policies in force for the same risk?  
If yes, please complete the table below:

Insurance company name	
Amount	
Type of insurance – coverage	

### HEALTH INSURANCE

1. 1. What is the minimum desirable annual threshold for hospital expense coverage?	
2. Can you contribute to the cost of a hospitalization with a certain amount (e.g. 750, 1500, 2000.00 euros or with a percentage of the costs) or you may be unable to provide it when needed? If so, up to what amount can you pay?	
3. Which hospital position do you require?	
4. a) Do you wish to be insured for hospitalization abroad? b) If so, do you travel or reside frequently enough to need coverage with an insurance plan that mostly covers you abroad and in which countries? c) Do you wish to have outpatient care costs coverage abroad?	
5. a) Do you wish to have primary care costs coverage? b) If yes, do you prefer to use doctors and diagnostic centers of your choice or a specific network?	
6. a) Do you have a public insurance provider? b) Are you insured through group insurance?	



**LIFE - INCOME INSURANCE: FAMILY SECURITY**

7. What is the monthly income that your family would lose if you were unable to work for a period of time due to illness or accident?	
8. For how long can your family make up for this loss?	
9. If you have children, for how many more years do they absolutely need your financial support?	
10. Do you have financial obligations? If so, for what amounts and for how many years?	
11. What is the desired life insurance capital?	

**PENSION - INVESTMENT - FUTURE SECURITY**

**Knowing that the earlier you want to retire and the larger the pension you want to secure, the higher premium you will pay (contributory system):**

1. At what age do you want to receive your savings?

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2. What amount of pension or lump sum would you like to receive?

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3. Would you like to put your money in a guaranteed return program or an investment plan?

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4. Did you know that investment plans, although promising higher returns, carry the risk of losing the capital?

YES or NO?

**SPECIAL REQUESTS – INFORMATION – ADDITIONAL COVERAGES**

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Date .....

THE CLIENT  
(Full name and Signature)

THE INSURANCE INTERMEDIARY  
(Full name and Signature)



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**The following is to be completed in case we proceed with an insurance policy**

A research was conducted in the following insurance companies:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

And I chose the offer of the Insurance Company .....

Additional comments - specificities:

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**STATEMENT**

The signatory.....

I hereby declare that:

- I am disclosing my personal data to you for the purpose of researching the insurance market for the collection of indicative insurance proposals – offers and the provision of my insurance coverage, according to the needs and capabilities that I have declared to you. Such offers do not constitute an insurance policy and do not bind the Insurance Company as to the acceptance of the application. The final cost and amount of insured funds and coverages will be determined upon final issuance of the insurance policy.
- The Insurance Intermediary has taken into consideration my insurance needs as well as my financial capabilities.
- I have received in physical or digital form specific information sheets, different from any advertising or information sheets of the Companies, i.e. separately as a body, of a different color, the relevant forms concerning the mandatory information from your insurance intermediary according to article 11 of P.D. 190/2006.
- I have been fully informed about the coverages, benefits, general and special conditions, exclusions, the consequences of early termination or cancellation or surrender, the rights of objection, withdrawal and termination of the insurance policy I have chosen as well as about the consequences of invalid premium payments.
- I have been informed by my insurance intermediary about the Insurance Companies with which they cooperate, either by direct contract or through other Insurance Intermediaries, i.e. Insurance Brokers.

Date .....

THE CLIENT  
(Full name and Signature)THE INSURANCE INTERMEDIARY  
(Full name and Signature)