ACS Expat

Globe Partner Association - Health Questionnaire

INSTRUCTIONS: YOU ARE REQUIRED TO FULLY DISCLOSE ANY MEDICAL CONDITION OR KNOWN PATHOLOGY, INCLUDING THOSE DISCOVERED OR TREATED DURING THE COVER PERIOD OF ANY PREVIOUS ACS POLICY. ACS DOES NOT HAVE ACCESS TO MEDICAL DATA RELATING TO ANOTHER POLICY UNDER ARTICLE L111-1 OF THE FRENCH INSURANCE CODE. ANY OMISSION OR INACCURATE STATEMENT MAY RESULT IN THE POLICY BEING VOID OR IN A COVER EXCLUSION (ARTICLE L.113-8 OF THE FRENCH INSURANCE CODE).

An answer is required for each question. Please provide full disclosure of all medical conditions. In the "Additional Information" section, you may share any further details regarding your state of health. Membership is subject to our medical approval.

Beneficiary

First name(s): _____ Last name(s) : _____

Date of birth: _____ *ddj/mm/yyyy* Age: _____ Email address: _____

Sex: ☐ F ☐ M Height: _____ cm *(Ex. : 172)* Weight: _____ kg *(Ex. : 65)* BMI: 0,0

Tobacco and alcohol consumption

Do you smoke? ☐ Yes ☐ No Are you an ex-smoker? ☐ Yes ☐ No

If you are an ex-smoker, how long did you smoke? Since when did you stop smoking and why?

_____

On average, how many alcoholic drinks do you consume per day? 0 glasses

Health questionnaire

1 Do you have or have you ever had a congenital or hereditary disorder?

☐ Yes ☐ No

Which one? _____

Treatment _____

When did you experience the first symptoms? _____

Details:

2 Does your present state of health prevent you from performing your full time occupation?

☐ Yes ☐ No

Are you on Therapeutic Part Time leave? ☐ Yes ☐ No

Are you on Total leave of absence? ☐ Yes ☐ No

Causes: _____

Details:

3 Have you undergone or are you due to undergo surgery other than for the extraction of the appendix, tonsils or adenoids?

☐ Yes ☐ No

If YES, which one(s)? _____ Date(s) ? _____

Details:

A C S – ASSURANCES COURTAGES ET SERVICES

153 RUE DE L'UNIVERSITÉ, 75007 PARIS – FRANCE

+ 33 (0)1 40 47 91 00

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4 During the last 5 years, have you had / do you have any medical treatment (medication, acupuncture, physiotherapy, medical appliances, psychotherapy...), excluding birth control ? Are you currently undergoing diagnostic tests?

☐ Yes ☐ No

If YES, which one(s)? _____

Details:

5 During the past 5 years, have you been prescribed sick leave or a medical treatment exceeding three weeks?

☐ Yes ☐ No

Details:

6 Have you received care or undergone tests during the past 5 years which have led to stay in a medical establishment (hospital, clinic, convalescent home, physiotherapy, dietary needs or treatment centre, sanatorium...)?

☐ Yes ☐ No

If YES, please specify the dates and attach photocopies of the surgical and/or histological reports:

_____

Details:

7 During the last 24 months, have you had any symptoms for which you did not consult a health professional and which should have been treated ?

☐ Yes ☐ No

If YES, which one(s)? _____

Details:

8 Over the next 6 months, is it planned for you to have any medical examinations (laboratory tests, medical imaging, endoscopy...), consult a specialist or undergo medical and/or surgical treatment on an inpatient or outpatient basis?

☐ Yes ☐ No

If YES, which one(s)? _____

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9 During the past ten years have you experienced any of the following?

a) High blood pressure /hypertension, diabetes, cholesterol problem, stroke, lung, heart or circulatory disease

b) Respiratory or allergic condition, emphysema, bronchitis, pneumonia, sleep apnea, asthma

c) Anxiety, headaches, drug or alcohol abuse, neurological or psychological illness (including depression)

d) Gastritis, gastro-esophageal reflux, stomach or intestinal ulcers, hernias, urinary tract or liver disorders (hepatitis, gallstones and kidney stones, renal failure, lithiasis...), prostate, thrombosis

e) Sciatica, herniated discs, lumbar pain, rheumatism (including the vertebrae) arthritis, any skin condition such as keratosis, melanoma...

f) Any hormonal or glandular disease, blood or immune system disease, cancer, leukemia or other blood related illness

g) For women only : have you in the past ten years had any gynecological disorder?

h) Have you had any other medical problems not mentioned on the questionnaire?

☐ Yes ☐ No

If you answered YES to this question, please indicate which disease you are referring to and provide relevant details (date, duration, treatment, recovery date, aftereffects, comments). Please attach photocopies of medical reports.

10 Do you plan to get hospitalised in the upcoming 12 months?

☐ Yes ☐ No

If YES, indicate the nature of the hospitalisation:

11 Have you had a screening for AIDS, hepatitis or one of the human Immuno-deficiency viruses?

☐ Yes ☐ No

If YES, please indicate the date, nature of the test: _____

The result was: ☐ Positive ☐ Negative

12 Have you had any after-effects resulting from an accident or illness?

☐ Yes ☐ No

If YES, which one(s)?

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13 Do you suffer from a disability or are you entitled to a disablement pension (civilian or military) or old age pension?

☐ Yes ☐ No

If YES, nature of disability: _____

Category or rate (please attach notification): _____

14 Are you currently covered by any medical or Life policy ?

☐ Yes ☐ No

Has any medical or Life insurance application been declined, rated, restricted, or cancelled?

☐ Yes ☐ No

☐ **I certify:**

- the general information and the answers to the above medical questions are accurate and truthful,
- having fully declared all known medical conditions or pathologies, including those known under a previous policy,
- to have been informed that ACS does not have access to my previous medical records or past policies,
- that the document(s) submitted are those of the beneficiary and are authentic,
- THAT I AM AWARE THAT THE PENALTIES FOR MISREPRESENTATION, NON-DISCLOSURE OR INACCURACIES ARE THE VOIDING OF THE POLICY OR A REDUCTION OF THE BENEFIT PAID.

Please note that this medical questionnaire has a maximum validity of three months from the date of its signature.

Completed in _____ on the _____

City, country *dd/mm/yyyy*

I undersigned _____ on behalf of and for the account of the beneficiaries of this contract under 16 years of age.

_____

Signature

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About your personal information

The information collected by ACS, insurance broker, simplified joint-stock company registered under number 317 218 188 RCS Paris, and located at 153, rue de l'Université – 75007 Paris, France, either directly from you or via your insurance intermediary, is subject to data processing for the sole purpose of:

- preparing, concluding, managing and executing your quote or contract (study of needs, underwriting, calculation and collect of premium, preparation of endorsements, claims management, treatment of complaints if any…),
- enforcing regulations related to anti-money laundering and terrorist financing prevention, fight against fraud,
- elaborating statistical and actuarial studies,
- redistributing risks via reinsurance or coinsurance.

They will be retained 3, 5 or 10 years in accordance with applicable laws and regulations.

The processing of such data is carried out in compliance with the requirements applying to the collection, processing, recording, organization, purpose limitation and data minimization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transfer, dissemination, security of personal data.

The recipients of such data are, within the limits of their relevant assignments and according to applicable purposes, the insurers, reinsurers, insurance intermediaries (your direct broker, if applicable), and eventually their subcontractors, which intervene in the context of the execution or the management of your contract, third party administrators, the mediator if a case is submitted to him/her, authorities legally authorized to manage your complaints, Tracfin for the fight against terrorism and anti-money laundering. Your data may also be transmitted to any person benefiting from the contract (subscriber, insured, member, and beneficiary of the contract).

You expressly accept the collection and processing of data concerning your health. This information is necessary for the execution and the management of your contract and your benefits, which is the sole purpose of the processing, and made in accordance with the regulations of medical confidentiality. This information is exclusively intended for the medical advisors of ACS, its departments in charge of managing your benefits, its third- party administrators and assistance providers if applicable, as well as for the insurers and reinsurers of your contract.

In addition, we inform you that your personal data, or that of other parties concerned by or benefiting from the contract, may be transferred outside the European Union if necessary for the performance of your contract.

The sole purpose of such transfers is to allow the performance of insurance and assistance claims, and only the data necessary for the achievement of this purpose are transferred.

The recipients or categories of recipients authorized to receive the data are the accredited staff of the medical administrators and assistance companies as well as of the insurers, where appropriate.

These transfers are made according to the regulations relating to the protection of personal data applicable in the European Union.

In accordance with the French data protection law n° 78-17 of January 6 1978 as amended in 2004 and 2018 and to EU regulation 2016/679 of April 27th 2016, you have the right to Access, Rectify, Erase, and to the Portability of, any data concerning yourself, as well as the rights to the Restriction of and to Object to the processing of your personal data, which you can pursue by writing to our Data Protection Officer: dpo@acs-ami.com or by postal mail to « ACS, To the attention of the DPO, 153, rue de l'Université, 75007 Paris, France » (together with a copy of an official ID).

You may send a complaint:

- On the CNIL website by filling out the online form
- By postal mail writing to CNIL - 3 Place de Fontenoy - TSA 80715 - 75334 PARIS CEDEX 07 FRANCE

Regarding your health data, these rights may also be exercised by writing to the ACS Medical Consultant (ACS, To the attention of the Medical Consultant, 153, rue de l'Université, 75007 Paris, France) together with of a copy of an official ID.

You may receive commercial offers from our company for products or services similar to those you have requested. Should you wish to receive commercial offers from our company, please check this box: ☐

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317 218 188 RCS Paris – S.A.S. with a capital of 150,000 € - ORIAS No. 07 000 350 (www.orias.fr) For any complaint, you can write to our Complaint Service at the adjacent address. Operates under the control of the Prudential Control and Resolution Authority (ACPR), 4 place de Budapest CS 92549, 75436 Paris Cedex 09 France.