

# **Group insurance enrolment form - Personal Accidents**

ALL FIELDS ARE MANDATORY. SUBMIT CLEAR, LEGIBLE FORM TO AVOID ERRORS.

Company's name: ...... Group Policy: .....

## To be completed by applicant - employee requesting insurance cover

1. Surname:	2. Name:	3. Email:		
4. Mobile:	5. Place of work:	Occupation:		
6. Bank Account Statement (IBAN): <u>C</u>				
7. Identity:	8. Date of birth: D D M M Y Y	9. Gender: Male Female		
10.Height: (cm) Weight: (cm)	11. Country of habitual residency:	12. Nationality:		

## **Health Statement**

am in good health condition, and aside from the usual check-ups, I do not plan to seek medical T advice, treatment, therapy, operation or have any medical tests performed. At this moment, I am not in sickness leave due to accident or sickness, and I am not partially or totally disabled.

If I am not in good health, I declate the following: .....

### Important Notice

To review and expedite the approval of your insurance coverage, do not leave any questions unaswered and provide all relevant medical reports, whenever applicable. MetLife reserves the right to request medical evidence of insurability and to accept or reject any application as per its underwriting standars. For the completion of your application, please attach copies of:

Identity Card	Bank Account Statement (IBAN)	Receipt of first premium paymen	t

## Declaration

I declare that all statements and particulars contained in this enrolment form are true and complete and that no material fact has been suppressed. I agree that this enrolment form together with any information provided to the Company in relation to it shall be the basis of any insurance cover provided to me and the individuals set out in this form. I agree that no insurance cover will be provided to me or the individuals set out in this from unless (i) a notice of authorisation of enrolment is submitted by my employer in respect of this form and (ii) this enrolment form and such notice are approved by the Company. I also agree that any such insurance cover will be provided under the group policy of my employer and be subject to its terms and conditions, as applicable from time to time. This enrolment form is valid for 30 days from the date of signature.

Date: .....

#### Policyholder authorisation - for person requesting insurance

#### Policy number:.....

Section A: Requesting insurance for:							
Name:	Identity no.	Coverage Start Date*	Plan**	Sum assured for life cover**			
*Based on policy terms and conditions the date may change **Only if applicable, based on policy terms and conditions							
Section B: Policyholder consent::							
Name: Signature: Submission date:		Pol	mp of icyholder				

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Submit form for processing to: groupadministration@metlife.com.

Original must be mailed to head office address for archiving



policy.

## **Consent for personal data Processing Applicant**

### Applicant / child

Note: If this consent relates to a minor, this form must be completed by the parent or other person with parental responsibility over the child. References to "your health data", "my health data" or similar references must be read as references to the minor's health data.

We, MetLife Europe d.a.c. (Cyprus Branch) of 38 Kennedy Avenue, 1087 Nicosia, use your personal data as further explained below and will be the controller of the personal data you provide to us or that we collect about you. We request your consent to process your personal data for the purposes detailed below:

1. In order to enable us to consider the application for your enrolment to the group policy mentioned above, enrol you to the group policy and administer your cover under it, we will need to process the health data that you have provided or may be asked to provide in the future, including health data that you have provided or may provide in respect of other policies where these are relevant. This may include the need for us to share your health data with doctors or other specialist consultants to assist us in or for the purpose of determining whether to accept the enrolment application, enrolling you to the group policy, administering your cover under the group

If you agree to this, please tick the box below.

administer your cover under it.

Yes, I agree to MetLife Europe d.a.c. (Cyprus Branch) processing my health data for the reasons referred to

If you don't provide your consent, we will be unable to consider the enrolment application, enrol you to the group policy or

You have the right to withdraw this consent at any time by sending us a letter at 38 Kennedy Avenue, 1087 Nicosia or emailing us at ccd@metlife.com. However, if you do so we will not be able to consider your application or, if we have already approved it, we will no longer be able to administer your cover under the group policy and your cover will be deemed to have been cancelled. This won't affect any previous processing of your data up to that point.

## More information

Our privacy policy, which sets out in detail how we use your personal data, and your rights in relation to such usage is enclosed and is available at www.metlife.com.cy.

Please confirm that you have read the privacy policy by ticking the box below.

Yes, I confirm that I have read the privacy policy

Name of Applicant	ID/Passport	Signature	Date	Consent for personal data Processing (as above)	More information (as above)	
Applicant:	no:			Yes, I agree	Yes, I confirm	

Signature of child or parent or other per	son with parential res	oonsibility where chi	ld is a minor:			
Child 1:	no:			Yes, I agree	Yes, I confirm	