NEAR EAST HAYAT

Private and Confidential

GROUP HEALTH INSURANCE APPLICATION FORM

Agency Information

Please Fill The Application Form With Capital Letters Legibly.

INSURED CANDIDATE:

Nationality : TRNC ☐ T.R. ☐ Other ☐ _____(Specify) Identity No :_____

Name Surname : _____

Gender : Female ☐ Male ☐ Marital Status Married ☐ Single ☐

Place of Birth : _____ Date of Birth :_____

Father's Name : _____ Mother's Maiden Surname :_____

GSM No : _____

Occupation/Employed Company : _____

Phone No : _____ Fax No :_____

Correspondence Address : _____

_____ Postal Code :_____

E-Mail : _____

HEALTH DECLARATION OF INSURANCE CANDIDATE

Have you or any of the insured family members suffered from the below mentioned illnesses before? Yes ☐ No ☐

Did you/they have any diagnosis and treatment for this reason? Yes ☐ No ☐

- ☐ AIDS
- ☐ Lung and Respiratory Diseases
- ☐ Allergic Diseases
- ☐ Asthma, Bronchitis, Tuberculosis
- ☐ Rheumatism
- ☐ Intestinal Diseases (Chronic Diarrhea, Constipation)
- ☐ Kidney Diseases
- ☐ Spleen Diseases
- ☐ Skin Diseases
- ☐ Eye Diseases (Except Glasses Usage)/Visual Impairment
- ☐ Goiter
- ☐ Hepatitis
- ☐ Haemorrhoid
- ☐ Hormonal Diseases
- ☐ Urinary Tract Diseases / Urinary Incontinence
- ☐ Stroke
- ☐ Heart Attack
- ☐ Cardiovascular Diseases
- ☐ Blood and Lymph Gland Diseases
- ☐ Hernia
- ☐ Cholesterol
- ☐ Cyst, Myoma, Tumor
- ☐ Chronic Headache
- ☐ Chronic Back Ache
- ☐ Ear Nose Throat Diseases
- ☐ Breast Diseases
- ☐ Neurological Diseases
- ☐ Pancreas Diseases
- ☐ Psychiatric Disorders
- ☐ Gynecologic Diseases (Uterus, Ovary and Other)
- ☐ Gallbladder Diseases
- ☐ Falling Sickness (Epilepsy)
- ☐ Hepatitis B, Cirrhosis and Other Liver Diseases
- ☐ Digestive System Diseases
- ☐ Diabetes
- ☐ Hypertension
- ☐ Cancer
- ☐ Varicosis
- ☐ Venereal Diseases
- ☐ Other _____ Explanation: _____

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You need to answer the following questions for yourself and the family members to be insured. If you leave the answer section empty, this will be considered as a negative answer. If you answer "yes" in any question, you need to right the name of the family member whose health summary is notified to the "Name and Surname" section.

		Remarks / Disease Name	Medicine Used	Diagnosis Date	Operation Date
Do you regularly take any medicine? NAME SURNAME:	Yes ☐ No ☐				
Are you having/did you have any medical treatment for any disease? NAME SURNAME:	Yes ☐ No ☐				
Did you have any operation/surgical operation? NAME SURNAME:	Yes ☐ No ☐				
Do you have any illness, physical deficiency or malformation since your birth or occurring afterwards? NAME SURNAME:	Yes ☐ No ☐				
Did you have any accident? NAME SURNAME:	Yes ☐ No ☐				
Do you have any illness for which you need to be treated? NAME SURNAME:	Yes ☐ No ☐				
Do you have any illness which required operation or medical intervention? NAME SURNAME:	Yes ☐ No ☐				
Do you have any health complaint which is not diagnosed yet? Did you have urine analysis, EKG, roentgen,MR tomography, ultrasonography, scintigraphy, mammography, biopsy, angiography, gastroscopy, colonoscopy, rectoscopy, bronchoscopy, cystoscopy, holter, sleep test, Doppler, trold etc. diagnosis tests made for these complaints? If yes, we kindly ask you to share the results. NAME SURNAME:	Yes ☐ No ☐				
Are you completely healthy right now? NAME SURNAME:	Yes ☐ No ☐				

Do you regularly consume tobacco?	Yes ☐ No ☐	State Quantity	_____
Do you drink alcohol?	Yes ☐ No ☐	Consumption Amount (Glasses):	_____
Is there any professional or amateur sports that you exercise with a license?	Yes ☐ No ☐	Sports Branch:	_____
For women; Are you pregnant now? What is the date of your last menstruation?	Yes ☐ No ☐	Last Menstruation Date: ___ /___ /_____	
Did you give birth or had a miscarriage? (state normal birth/caesarean section)	Yes ☐ No ☐	Explain:	_____

I hereby declare that I have completed this form according to my knowledge and belief, and that I did not hide any information that needs to be notified to Near East Hayat Ltd. I agree that the application form will be the basis of the agreement between Near East Hayat Ltd. and me; that the form I completed is an application form; that my application will be made into a policy as a result of the evaluation to be made by Near East Hayat Ltd.; if my request is rejected, objection notification will be made in writing and with justification, and the cash payment I made will be returned to my account within 30 days

I agree that Agreement is prepared according to the Personal Accident and Health Insurances General Conditions and Near East Hayat Ltd. Special Conditions, that if there any illness which was preexisting before the starting date of the insurance and/or treatment and complication based on injury occurs, the compensation claim will be evaluated according to these conditions.

I give my permission to obtain written and/or verbal information and/or health report and/or documents from all health institutions, doctors or third parties in relation to the health of individuals within the insurance and to share these information with police, judicial authorities. I agree and declare that I will inform the insurance company when I get new information which can affect the policy conditions. I agree that I will assign all kinds of legal claim, action right, their following and recourse right to the insurance company after the compensation is paid by the insurance company.

I give my approval for Near East Hayat Ltd. to collect the insurance premium from my credit card in accordance with the payment method stated in the application form, and if my credit card is renewed or changed, to collect it from my new card.

I agree and declare that I was informed about the scope and content of Near East Hayat Health Insurance Plan that I chose.

For detailed information about the insurance, see Health Insurance General Conditions and Private Health Insurances Regulation. www.neareasthayat.com

Policy Owner's Name Surname, Date and Signature	Insurance Consultant/Agency – Bank Branch Officer's Name Surname, Date and Signature

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