



**HEALTH INSURANCE**  
PROPOSAL FORM

## NOTES

- Please complete in BLOCK CAPITALS.
- Commencement of this policy will be confirmed by a policy certificate. Payment of premium does not mean that the cover is in force.
- Kindly attach a copy of your identity card, passport and any medical documentation.

## 1. POLICY HOLDER'S PERSONAL DETAILS

|             |                      |                      |                      |                      |  |
|-------------|----------------------|----------------------|----------------------|----------------------|--|
| Title       | <input type="text"/> | Name                 | <input type="text"/> | Surname              | <input type="text"/>   |
| Male/Female | <input type="text"/> | ID Card/Passport No. | <input type="text"/> | Date of Birth        | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Age         | <input type="text"/> |                      |                      |                      |  |
| Occupation  | <input type="text"/> | Nationality          | <input type="text"/> | Country of Residence | <input type="text"/>   |
| Address     | <input type="text"/> |                      |                      | Telephone            | <input type="text"/>   |
|             | <input type="text"/> |                      |                      | Mobile               | <input type="text"/>   |
| Height      | <input type="text"/> | Weight               | <input type="text"/> | Email                | <input type="text"/>   |

## 2. DEPENDANT CHILDREN UNDER THE AGE OF 21

| Dependant   | Male/Female          | Name and Surname     | Date of Birth        | ID / Passport No.    | Nationality          |
|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Dependant 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependant 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependant 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependant 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If there is insufficient space please use a separate sheet and indicate that you have done so by ticking here ☐

## 3. OTHER INSURANCES

Do you have or have you had a health insurance policy with any other insurer? Yes ☐ No ☐

If you have answered "Yes" to the above, please attach a copy of your last Certificate of Insurance.

Have you or any of your dependants to be covered under this policy had any terms imposed or been refused Health Insurance or Life Insurance Cover. Yes ☐ No ☐

## 4. DETAILS OF RESIDENCY

Do you or any of the applicants listed on this proposal form reside or intend to reside away from Malta for more than 180 days in any policy period? Yes ☐ No ☐

If you have answered "Yes" to the above, please give details:

## 5. CHOOSE YOUR LEVEL OF COVER

|                                  |                                    |                                     |  |  |  |  |
|----------------------------------|------------------------------------|-------------------------------------|--|--|--|--|
| Level 1<br><b>HEALTH<br/>123</b> | Level 2<br><b>LIMITED<br/>PLAN</b> | Level 3<br><b>HOSPITAL<br/>PLAN</b> | Level 4<br><b>HOSPITAL<br/>PLAN PLUS</b> | Level 5<br><b>INTERNATIONAL<br/>PLAN</b> | Level 6<br><b>RESIDENT<br/>HOSPITAL PLAN</b> | Level 7<br><b>CITIZENSHIP<br/>PLAN</b> |
| <input type="radio"/>            | <input type="radio"/>              | <input type="radio"/>               | <input type="radio"/>                    | <input type="radio"/>                    | <input type="radio"/>                        | Option A <input type="radio"/>         |
|                                  |                                    |                                     |  |  |  | Option B <input type="radio"/>         |

## 6. MEDICAL HISTORY DECLARATION

Please ensure that you disclose any known or suspected medical conditions and symptoms experienced by anyone included on this proposal form in the past ten years. This applies even if professional advice has not been sought. If there is any major condition falling outside the ten year period you must also declare it.

Failure to disclose material facts to Elmo Insurance may lead to the policy being rendered void. If the answer to any of the following questions is yes, please complete Section 7: Detailed Medical History.

[illegible]

|   | Policyholder |    | Dependant 1 |        | Dependant 2 |        | Dependant 3 |        | Dependant 4 |        |
|---|--------------|----|-------------|--------|-------------|--------|-------------|--------|-------------|--------|
| Medical History Declaration   | Yes          | No | Yes         | No     | Yes         | No     | Yes         | No     | Yes         | No     |
| 20. Is anyone to be covered taking any medication?  |              |    |             |        |             |        |             |        |             |        |
| 21. Has anyone to be covered experienced any signs or symptoms or any medical problems in the last six months regardless of whether a healthcare professional has been consulted?   |              |    |             |        |             |        |             |        |             |        |
| 22. Do you undergo regular check-ups such as but not limited to mammograms, bone density, pap smear, ECG, cholesterol, colonoscopies or prostate check-ups?<br><i>If yes kindly provide us with a copy of the most recent results</i> |              |    |             |        |             |        |             |        |             |        |
| To be completed by anyone over the age of 16  |              |    |             |        |             |        |             |        |             |        |
| 23. Do you smoke or have you ever smoked?   |              |    |             |        |             |        |             |        |             |        |
| 24. How tall are you? How much do you weigh?<br>(applicable for dependants)   |              |    | Height      | Weight | Height      | Weight | Height      | Weight | Height      | Weight |
|   |              |    |             |        |             |        |             |        |             |        |

7. DETAILED MEDICAL HISTORY

If you have answered "Yes" to any questions in section 6, please give full details in the space provided.

| Question number | Name | Medical condition & symptoms | Treatments received including dates | What was the outcome of the treatment? |
|-----------------|------|------------------------------|-------------------------------------|--|
|                 |      |                              |                                     |  |
|                 |      |                              |                                     |  |
|                 |      |                              |                                     |  |
|                 |      |                              |                                     |  |

8. YOUR GENERAL PRACTITIONER'S DETAILS

Name and address of your General Practitioner

How many years have you been using your General Practitioner?Contact number

9. PAYMENT OPTIONS

Annually by: Cash / ChequeCredit / Debit CardHalf-yearly by: Direct debit

A separate direct debit mandate form in favour of Elmo Insurance will be provided for completion.  
A 3% premium increase charge is applicable for half yearly payments.

10. UNDERWRITING TERMS

With full Medical Declaration, Elmo Insurance will not pay benefit for the treatment of any symptoms, illness, injuries or conditions which were foreseeable, or that arose before the date the policy commenced, unless these have been fully disclosed in this proposal form (or subsequently disclosed) and are accepted by Elmo Insurance.

11. MARKETING COMMUNICATION

We would like to use your details to send you information about our products.  
In order to do so, we require your consent. You may provide us with your consent by indicating your preferences below

I hereby authorise Elmo Insurance Limited to use my details for marketing purposes as explained above.I would not like to receive marketing communication from Elmo Insurance Limited.

If you do not provide us with your consent, this will not affect the provision or quality of any other service which we provide you with. You have the right to withdraw your consent at any time by sending an email to [info@elmoinsurance.com](mailto:info@elmoinsurance.com). If you do so, we will stop sending you marketing communication. The withdrawal of your consent to the use by Elmo Insurance Limited of your details for marketing purposes will not affect our processing of your personal data for purposes relating to your insurance contract as described in our Data Protection Notice.

12. DATA PROTECTION NOTICE

**WHO WE ARE** Elmo Insurance Limited (C-3500) of Elmo, Abate Rigord Street, Ta' Xbiex, BXB 1111, Malta ("We/Us/Our") is the data controller in relation to personal information which We hold about You ("Personal Data"). Queries relating to data protection matters may be referred to Our Data Protection Officer at: The Data Protection Officer, Elmo Insurance Limited, Abate Rigord Street, Ta' Xbiex, BXB 1111, Malta or at: dpo@elmoinsurance.com.

**OUR COMMITMENT** We highly value the trust that You place in Us and We are committed to protect the security of Your Personal Data and to ensure that Your rights according to data protection Law are safeguarded.

**INFORMATION WE HOLD ABOUT YOU** As data controllers, We may collect, store and use the following categories of Personal Data:

- a. Basic Personal Data, such as: Your name and surname; identification document details; date of birth; mail address; contact details; banking details; occupation and signature;
  - b. Information about Your insurance requirements, such as: details about the subject matter to be insured and details about persons to be covered by Our insurance products;
  - c. Additional information, such as: accident, loss or claims history; creditworthiness; no claims bonus; insurance history (including: previous special underwriting conditions imposed and decline of cover); annual income and matters relating to the prevention, detection and/or suppression of fraud, money laundering and terrorism and Your marketing preferences;
- We may also collect, store and use the following "special categories" of more sensitive Personal Data, such as: current and past health information; pre-existing health conditions or injuries; medication; medical treatment; surgical procedures; hereditary disease, illness or condition; and smoking or drug abuse history.

**HOW WE WILL PROCESS INFORMATION ABOUT YOU** We will only process Your Personal Data when the Law allows Us to. Most commonly, We will use Your Personal Data in the following circumstances:

- a. Where We need to perform the contract which We have entered with You;
- b. Where We need to comply with a legal obligation; and
- c. Where it is necessary for Our legitimate interests, or those of third parties, provided that such legitimate interests are not overridden by Your interests or fundamental rights and freedoms which require the protection of Personal Data.

We may also process Your Personal Data in the following situations, which are likely to be rare:

- a. Where We need to protect Your vital interests or the vital interests of another person;
- b. Where it is required in the public interest or for official purposes.

**IF YOU FAIL TO PROVIDE PERSONAL DATA** If You fail to provide certain Personal Data when requested, We may not be able to perform the contract We have entered with You or We may be prevented from complying with Our legal obligations.

**HOW WE USE PARTICULARLY SENSITIVE PERSONAL DATA** Special categories of Personal Data require higher levels of protection. We need to have further justification for collecting, storing and using this type of Personal Data. We may process special categories of Personal Data in the following circumstances:

- a. In limited circumstances, with Your explicit written consent;
- b. Where We need to carry out Our legal obligations;
- c. Where it is needed in the public interest;
- d. Where it is needed to assess Your working capacity on health grounds, subject to appropriate confidentiality safeguards;
- e. Where it is needed in relation to the exercise or defence of legal claims.

Less commonly, We may need to process sensitive Personal Data where it is needed to protect Your vital interests or the vital interests of other persons and You are not capable of providing consent or where You have already made the information public.

We will not use Personal Data for any other purpose which is incompatible with the purposes described in this Notice, unless such use is required or authorised by Law, authorised by You or is in Your own vital interest (such as in the case of medical emergency).

**HOW WE MAY SHARE YOUR PERSONAL DATA** We may share Your Personal Data within Our different departments, Our affiliated companies and Our service providers, including assistance and road assistance service providers. This is generally required for the performance of Our contract with You; in order to identify products which may be of interest to You; for pricing and underwriting purposes; for marketing purposes; and for claims management purposes. Moreover, We may share Your Personal Data to prevent, detect and/or suppress fraud and in order to be able to comply with Our legal obligations.

We may also share Your Personal Data with third parties, including: insurance undertakings; insurance intermediaries; reinsurers; medical professionals; legal professionals; hospitals and clinics; surveyors, architects, loss adjusters and other appointed experts in the course of underwriting or claims management processes; Transport Malta; the Malta Insurance Association; credit referencing agencies; the Commissioner of Police, the Financial Intelligence Analysis Unit (FIAU), tax authorities and any other body, institution or authority which is authorised to receive Your Personal Data from us according to Law. This is generally required for the performance of Our contract with You, to prevent, detect or suppress fraud, money laundering and terrorism, to exercise or defend legal claims, and to comply with Our legal obligations. Additionally, in limited circumstances, Your Personal Data may be made accessible to third party service providers for IT system testing and maintenance purposes, and for insurance audit and actuarial purposes.

We are a member of the Malta Association of Credit Management ("MACM"). If You fail to settle any amounts which are due to Us, We have a right to pass on information about You and about the amounts owed by You to Us to MACM as well as to any legally entitled third party. Where such a disclosure is carried out, MACM, as a Credit Referencing Agency, shall be deemed to be a Data Controller of the personal data it processes within its systems, in pursuance of its legitimate interests, such as promoting responsible lending, amongst others. For more info please visit <https://www.macm.org.mt/dataprotection>. Data Protection queries concerning MACM may be referred to its Data Protection Officer at [dataprotectionofficer@macm.org.mt](mailto:dataprotectionofficer@macm.org.mt)

In all cases, the sharing of Your Personal Data is made subject to appropriate confidentiality safeguards.

**TRANSFER OF PERSONAL DATA OUTSIDE MALTA** We may share Your Personal Data with third parties established both within and outside the European Economic Area, subject to observance with all confidentiality safeguards applicable according to Law.

**HOW WE MAY OBTAIN PERSONAL DATA ABOUT YOU** Apart from the Personal Data which You provide Us with, We may obtain Personal Data about You from third parties to prevent, detect or suppress insurance fraud, money laundering and terrorism; to exercise or defend legal claims; and to safeguard Our legitimate expectations in so far as this is permitted by Law. In particular, We may receive Personal Data about You from third parties who we may share Personal Data with according to this Notice; the ETARS traffic accident database; the Court Registry Database (LECAM); the Public Registry; the Registry of Companies and other entities which have authority to disclose Personal Data to Us. We may also record telephone conversations for quality and assurance purposes. Our head office and branches are equipped with CCTV cameras for security purposes.

**SECURITY** We will take appropriate measures to protect Personal Data and sensitive Personal Data, which are consistent with the applicable privacy and data security Law and regulations, including requiring third party service providers to use appropriate measures to protect the confidentiality and security of Personal Data and sensitive Personal Data.

**DATA INTEGRITY AND RETENTION** We will take reasonable steps to ensure that Personal Data and sensitive Personal Data processed by Us, is reliable for its intended use and is accurate and complete for carrying out the purposes described in this Notice. We will retain Personal Data and sensitive Personal Data for the period necessary to fulfil the purposes outlined in this Notice, unless a longer retention period is required or permitted by Law.

**YOUR RIGHTS** You have the right to object at any time to the processing of Your Personal Data. You can exercise this right by contacting Our Data Protection Officer.

You also have the right to access Your Personal Data and sensitive Personal Data, the right to correct inaccurate Personal Data and sensitive Personal Data, the right to erase Your Personal Data and sensitive Personal Data in certain circumstances and the right to receive the Personal Data and sensitive Personal Data which You have provided to Us in a structured, commonly used and machine-readable format for onward transmission by You to another entity, without hindrance from Us. If You wish to exercise any of these rights, please contact Our Data Protection Officer. Please note however that, certain Personal Data and sensitive Personal Data may be exempt from such access, correction and/or erasure pursuant to the applicable data protection Law or other legislation and regulations.

As part of the provision of Your insurance contract, We may use automated decision making, including profiling, subject to appropriate safeguards to protect Your rights and freedoms and legitimate interests. You have the right to request human intervention to express Your point of view and to contest automated decisions.

You can also file a complaint on data protection matters with the Office of the Information and Data Protection Commissioner by following this link: <https://idpc.org.mt/en/Pages/contact/complaints.aspx>.

13. DECLARATION

- a. I declare that I have received, read and understood the terms and conditions relating to this policy.
- b. I, on behalf of any included dependants and myself apply for private health insurance cover and agree to abide by the terms and conditions relating to this policy.
- c. I declare that to the best of my knowledge and belief, the statements and information provided by me in this form are true, accurate and complete and that I have not withheld any material information from Elmo Insurance Limited. I understand that if any information provided by me is incorrect or incomplete or if I fail to disclose any material information, Elmo Insurance Limited may cancel this policy and/or repudiate any claims which may be made under this policy and I may encounter difficulty in obtaining insurance cover elsewhere.
- d. I confirm that my demands and needs are met by the cover option which I have selected and that I have read and understood the basis on which Elmo Insurance will underwrite my policy as detailed in Section 10: Underwriting Terms" of this proposal form.
- e. I have read and understood the Data Protection Notice and I declare that I am authorised to disclose personal data as required in this form relating to any included dependants. I understand that Elmo Insurance Limited needs to process personal data concerning me or any included dependants, including personal data concerning health, in order to issue and service this policy and I declare that I have no objection to such processing of personal data by Elmo Insurance Limited. I consent to the provision of any or all medical records relating to me or any included dependants to Elmo Insurance Limited as may be required for the purpose of issuing and servicing this policy. Consequently, I authorise any institution or person (including but not limited to doctors, nurses, surgeons, therapists, hospitals, clinics, laboratories and any other healthcare professional) who has been involved in my treatment or in the treatment of any included dependants, in the past, present and future, to provide Elmo Insurance Limited with any information, including full medical records, reports or notes concerning my health or the health of any included dependants, as may be required by Elmo Insurance Limited for underwriting purposes. Furthermore I authorise Elmo Insurance Limited to obtain from and/or share with other insurers and insurance intermediaries personal data concerning my health or the health of any included dependants in order to prevent, detect and/or suppress insurance fraud.

Policy Holder's signature

Date

Dependant's signature  
(over 18 years of age)

Date

/ /

/ /

**Elmo Insurance** provides its full services throughout a well supported branch network with convenient extended opening hours.

**B'KARA BRANCH**  
218 Naxxar Road  
B'Kara BKR 9044  
2343 0322

**COSPICUA BRANCH**  
48 Bormla Gate  
Cospicua BML 2062  
2343 0301

**PAOLA BRANCH**  
Antoine De Paule Square  
Paola PLA 1261  
2343 0306

**QORMI BRANCH**  
St. Bartholomeo Street  
Qormi QRM 2187  
2343 0311

**RABAT BRANCH**  
23A Saqqajja Square  
Rabat RBT 1192  
2343 0332

**ST. PAUL'S BAY BRANCH**  
612 Mosta Road  
St. Paul's Bay SPB 3112  
2343 0310

**VALLETTA BRANCH**  
Cassar & Cooper  
54 South Street  
Valletta VLT 1103  
2343 0316

**ZEBBUG BRANCH**  
Mdina Road  
Zebbug ZBG 9017  
2343 0326/7

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