

Policyholder: EÖTVÖS LORÁND TUDOMÁNYEGYETEM

Data of the insured: **YOUR FULL NAME WITH CAPITAL LETTERS (LAST AND FIRST NAME!) ACCORDING TO YOUR PASSPORT**

Family name and given name: **YOUR MOTHER'S FULL NAME WITH CAPITAL LETTERS (LAST AND FIRST NAME) ACCORDING TO NEPTUN**

Mother's maiden name: **YOUR PLACE OF BIRTH WITH CAPITAL LETTERS AND YOUR DATE OF BIRTH (YYYY.MM.DD.)**

Place and date of birth: **YOUR HUNGARIAN ADDRESS (POSTAL CODE, CITY NAME, STREET NAME, HOUSE NUMBER) ACCORDING TO YOUR VALIDATED ACCOMODATION REPORTING FORM**

1. **EÖTVÖS LORÁND TUDOMÁNYEGYETEM** I, the undersigned, hereby acknowledge that as policyholder (hereinafter "Policyholder") and UNION Vienna Insurance Group Biztosító Zrt. as insurer (hereinafter "Insurer") have concluded an UNIMED health insurance policy (hereinafter "Policy"), and the cover was extended by the policyholder to me.

2. **YOUR NAME WITH CAPITAL LETTERS** I grant my consent for the Policyholder to report my eligibility for the benefits provided as part of the Insurance to the Insurer, by providing my following personal data: type and number of identification document, name, mother's name, place and date of birth, address and mailing address, mobile number and e-mail address.

3. **YOUR NAME WITH CAPITAL LETTERS** I hereby declare that prior to signing this Declaration, I received adequate and appropriate information on the key data of the Insurer and the key characteristics of the insurance policy, I am aware of the insurance terms and conditions and the contents of the Data Processing Information Document, and I have received the summary information on such insurance terms and conditions.

4. **YOUR NAME WITH CAPITAL LETTERS** I declare that prior to providing my personal data, I was given detailed and clear information, which I have understood, regarding the processing of my data by the Insurer. The purpose of data processing is to establish and maintain the insurance relationship, and to determine the premiums and requirements related to the insurance relationship.

5. **YOUR NAME WITH CAPITAL LETTERS** I am aware that

- the Insurer may employ third party organisations, data processors and reinsurers to perform its duties and obligations. The list of such organisations as well as the Data Processing Information Document is available on the website [www.union.hu/adatvedelem](http://www.union.hu/adatvedelem).
- the Insurer uses the services of a care organiser to organise the provision of the healthcare services as specified in the Policy.
- I am entitled to exercise my rights of access, rectification and data portability in respect of the personal data communicated to the Insurer during the establishment and maintenance of the insurance relationship or which are received by the insurer or are created during the provision of the services. Comprehensive information on data subjects' rights are included in Chapter III of the Data Processing Information Document.
- personal data qualifying as confidential insurance information may only be transferred to third parties subject to my written consent or with the authorisation granted in the Insurance Act, and the rules of such authorisation are set out in Appendix 1 of the Data Processing Information Document.
- the Insurer is also entitled to process my special (health) data with my voluntary and explicit consent for the duration of the insurance relationship, and also after the termination of the insurance relationship as long as legal claims may be exercised in relation to the insurance relationship. Further details of health data processing are set out in the Data Processing Information Document.

6. Based on appropriate information received from the Insurer regarding the purpose and content of data processing, I hereby voluntarily and explicitly grant my consent to

- the Insurer collecting and registering data concerning my health condition, which are directly related to assessing claims arising from the insurance policy, to assessing claims for benefits and are essentially required to settle legal disputes arising therefrom, and to use such data for the above purposes.
- that the social security and administrative organisations and authorities (e.g. National Health Insurance Fund of Hungary (NEAK), the Institute of Medical Specialists, the rehabilitation authority, the police, the courts, the public prosecutor's office, healthcare institutions), my treating and examining physicians, who have proceeded in cases related to my Insurance Policy, transfer the data required to assess the claim for benefits to the Insurer. In respect of the above data, I release the persons (e.g. my treating and examining physicians) and organisations (e.g. healthcare institutions, social security administrative bodies, investigative authorities) registering such data pursuant to statutory authorisation from their confidentiality obligation towards the Insurer.

**THE DATE OF SIGNING DOCUMENT**



Dated: **BUDAPEST**, **YYYY** / **MM** / **DD**

**YOUR SIGNATURE WITH A BLUE PEN (DIGITAL SIGNATURE IS NOT ACCEPTABLE)**

Signature of the insured

Policyholder: EÖTVÖS LORÁND TUDOMÁNYEGYETEM

Data of the insured:

Family name and given name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Permanent address: \_\_\_\_\_

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3. \_\_\_\_\_ I hereby declare that prior to signing this Declaration, I received adequate and appropriate information on the key data of the Insurer and the key characteristics of the insurance policy, I am aware of the insurance terms and conditions and the contents of the Data Processing Information Document, and I have received the summary information on such insurance terms and conditions.

4. \_\_\_\_\_ I declare that prior to providing my personal data, I was given detailed and clear information, which I have understood, regarding the processing of my data by the Insurer. The purpose of data processing is to establish and maintain the insurance relationship, and to determine the premiums and requirements related to the insurance relationship.

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Dated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of the insured