

Supplementary Health Insurance Medical Questionnaire

Individual subscriber: Name - First name

Person to be insured: Name - First name

Address

Date of birth (d - m - y)

Sex M F

Organisation or institution

Nationality

1. Please provide us with the following information

- your blood pressure (if known)

max

min

- your weight (kg)

height (cm)

2. Describe your actual state of health

3. Do you suffer from any chronic, mental or physical disabilities?

Yes No

If so, please specify.

Do you benefit from a 100% reimbursement by the JSIS?

Yes No

If so, based on which pathology?

4. Have you undergone a surgical intervention or medical treatment (in the past 10 years)?

Yes No

If so, please indicate the date(s), the nature of the intervention or the treatment and the consequences for your state of health.

5. In the following 6 months, do you need

- to be hospitalised? Yes, indicate the reason.

No

- to undergo a surgical intervention?

Yes, describe the nature of the intervention and the diagnosis below.

No

6. Are you being medically treated at this moment (medicinal or other)?

Yes No

If so, please specify treatment and reason.



Are you being paramedically treated now (physiotherapy, osteopathy, speech therapy)?

Yes No

If so, please specify treatment and reason.

Are you pregnant?

Yes No

If yes, what is the expected due date (if already known)?

I accept the terms and conditions. I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provisions of misleading information or the withholding of information related thereto is an offence punishable by Law. I hereby confirm that I have read and fully understood Cigna's Data Protection Notice (<https://www.cignahealthbenefits.com/en/privacy>). If I provide Cigna with personal information relating to others, I will make them aware of Cigna's Data Protection Notice.

Signed in

On

Signature of the person to be insured, preceded by the handwritten words: 'Read and approved'