

MEDICAL QUESTIONNAIRE

Please complete a separate **medical questionnaire for each insured**. For children aged under 18, to be completed by the legal guardian. The medical questionnaire can only be examined when every question has been answered.

Name, first name

Birth date

National register number

or

Health insurance fund identification sticker

GENERAL INFORMATION

YES NO

Please tick yes/no and complete if necessary.

Have you been hospitalised in the past 24 months?
If yes, why?

Are you due to go into hospital?
If yes, why?

Is there any ambulatory treatment scheduled or ongoing (= without hospitalisation)?
e.g. a number of sessions of physical therapy
If yes, why? when?

Are you currently undergoing medical treatment as part of a gender transition? (e.g. hormone therapy, other specific treatments, ...)
If yes, please specify

Do you regularly take medicines?
If yes, which medicines and for which disorder?

For woman : are you pregnant?

SPECIFIC INFORMATION

Please tick yes/no and complete if necessary.

Cardiovascular disorders

YES NO

Are you suffering or have you suffered in the past 5 years from:

- Heart attack
- Heart rhythm disorders
- Heart valve disorder
- Artery disease
- Hypertension
- Brain haemorrhage/cerebral thrombosis
- Congenital heart defect
If yes, which one?

Other disorder
If yes, which one?

Disorders of the respiratory system

YES NO

Are you suffering or have you suffered in the past 5 years from:

- Asthma
- Chronic bronchitis
- Emphysema
- Sleep apnea (with or without treatment)
- Other disorder
If yes, which one?

Disorders of the digestive system

YES NO

Are you suffering or have you suffered in the past 5 years from:

- Crohn's disease
- Ulcerative colitis
- Infection of the pancreas
- Cirrhosis of the liver
- Other disorder
If yes, which one?

Disorders of the kidneys, the urinary tract and genital organs

Yes No

Are you suffering or have you suffered in the past 5 years from:

- Kidney stones
- Polycystic kidneys
- Renal failure/dialysis
- Prostate trouble
- Disorder of the uterus/the tubes
- For women: Are you currently undergoing treatment for fertility issues? (e.g. IVF, artificial insemination, ...)
If yes, which one?
- Other disorder
If yes, which one?

Muscular and osteoarticular disorders

Are you suffering or have you suffered in the past 5 years from:

- | | | |
|------------------------------------|--------|----------|
| <input type="checkbox"/> Arthrosis | YES NO | YES NO |
| Hip | | Shoulder |
| Knee | | Thumb |
| Back | | Ankle |

Name, first name

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Arthrosis : Other place(s)

YES NO

- Rheumatic disease
- Slipped disc
- Muscular disease

If yes, which one?

- Congenital malformation of the bones/joints

If yes, which one?

- Osteoporosis (bone-decalcification)
- Other disorder

If yes, which one?

Neurological and psychological disorders YES NO

Are you suffering or have you suffered in the past 5 years from:

- Epilepsy
- Multiple sclerosis
- Parkinson's disease
- Dementia (e.g. Alzheimer's disease, ...)
- Drug addiction
- Alcohol dependence
- Other neurological condition? (e.g. meningitis, ALS, ...)

If yes, which one?

- Other psychological disease (e.g. depression, ...)

If yes, which one?

Disorder of: eye, ears, mouth, nose and throat

YES NO

Are you suffering or have you suffered in the past 5 years from:

- Cleft lip and/or palate
- Other oral and maxillofacial disease

If yes, which one?

- Myopia, if ≥ -6 (e.g. -6, -7, -8, ...), hypermetropia, if $\geq +6$ (e.g. +6, +7, +8, ...)?

If yes, what is the prescription strength of your glasses/contact lenses?

- Any other ocular condition? (e.g. cataract, ...)

If yes, which ones?

- Hearing problems

If yes, which ones?

- Others

If yes, which ones?

Specific disorders

YES NO

Are you suffering or have you suffered in the past 5 years from:

- Obesity (BMI ≥ 30)
BMI = weight in kg ÷ (height in m X height in m)

If yes, what is your BMI?

- Diabetes
- Chronic hepatitis
- HIV-positive / AIDS
- Malignant disease (cancer)

If yes, of which organ?

If yes, when was it diagnosed?

- Have you undergone surgery to treat obesity in the past 5 years? (e.g. gastric bypass, gastric band, ...)

If yes, which procedure and when?

- Did you have an organ transplant?

If yes, of which organ?

- Are you suffering or have you suffered in the past 5 years from a disorder which has not been mentioned yet?

If yes, which one?

I, the undersigned, declare that I have answered the preceding questions without intentionally withholding any information or any erroneous statements possibly resulting in the loss of entitlement to SMA MLOZ Insurance reimbursements.

Done in _____ on _____

Signature

Right to reimbursements
To benefit from our reimbursements, a waiting period of 3 months for Hospitalia Smart, Care, Plus and the warranty Serious Illnesses and 6 months for Hospitalia Continuity and Ambulatory applies, beginning on the date of joining. There is no waiting period in case of accident, following the agreement of our Hospitalia Medical Counsellor. There is no waiting period for the newborn if the waiting period of the parents is finished before the birth and if membership registration is done within 3 months after the birth (+ exceptions). In case of membership of the Hospitalia Smart, Hospitalia Care or Hospitalia Plus product and the warranty Serious Illnesses after a similar hospitalisation insurance, the waiting period may be waived according to the conditions in the statutes. No reimbursement is granted for a period of hospitalisation that starts during this waiting period. In case of disease, disorder or state (like pregnancy)

existing at the date of affiliation or at the date of product transfer, which leads to an hospitalization, the intervention is limited: exclusion of the room and fee supplements in single bedrooms for Hospitalia Smart, Hospitalia Care and Hospitalia Plus (as far as the waiting period is finished) and for Hospitalia Ambulatory and the warranty Serious Illnesses, by refusing the reimbursement of the ambulatory benefits related to this disease, disorder or state. In case of childbearing within the 9 first months of the membership of the product, the childbearing can be considered as the result of a preexisting state. In this case, the costs of hospitalisation will be borne, except for the room and fee supplements when the insured person chooses to stay in a private room, provided the general waiting period has ended. However, this limitation is not applicable if the childbearing happens after 9 months of cumulated membership to a similar mutual insurance and to the Hospitalia insurance.