

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

INSURED

Name :

First name :

Birth date :

Type of membership: Hospitalia Hospitalia Ambulatory
 Hospitalia Medium Hospitalia Continuity
 Hospitalia Plus Warranty Serious Illnesses

Attach a mutual insurance company vignette here

GENERAL INFORMATION	YES	NO
Please indicate yes/no and complete if necessary.		
• Have you been hospitalised in the past 24 months? ○ If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>
• Are you due to go into hospital? ○ If yes, why? _____ ○ When? _____	<input type="checkbox"/>	<input type="checkbox"/>
• Is there any ambulatory treatment scheduled (= without hospitalisation)? e.g. a number of sessions of physical therapy, logopedics, dentist, ... ○ If yes, why? _____ ○ When? _____	<input type="checkbox"/>	<input type="checkbox"/>
• Do you regularly take medicine? ○ If yes, which medicine and for which disorder? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
• For the woman: are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Specific information Please tick yes/no and fill in if necessary.		
Cardiovascular disorders	YES	NO
Are you suffering or have you suffered from:		
• Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
• Heart rhythm disorders	<input type="checkbox"/>	<input type="checkbox"/>
• Heart valve disorder	<input type="checkbox"/>	<input type="checkbox"/>
• Artery disease	<input type="checkbox"/>	<input type="checkbox"/>
• Hypertension	<input type="checkbox"/>	<input type="checkbox"/>

• Brain haemorrhage/cerebral thrombosis	<input type="checkbox"/>	<input type="checkbox"/>
• Congenital heart defect ○ If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>
• Other disorder ○ If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of the respiratory system	YES	NO
Are you suffering or have you suffered from:		
• Asthma	<input type="checkbox"/>	<input type="checkbox"/>
• Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
• Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
• Other disorder ○ If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of the digestive system	YES	NO
Are you suffering or have you suffered from:		
• Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>
• Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>
• infection of the pancreas	<input type="checkbox"/>	<input type="checkbox"/>
• Cirrhosis of the liver	<input type="checkbox"/>	<input type="checkbox"/>
• Other disorder ○ If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of the kidneys, the urinary tract and the genitals	YES	NO
Are you suffering or have you suffered from:		
• Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>
• Polycystic kidneys	<input type="checkbox"/>	<input type="checkbox"/>
• Renal failure/dialysis	<input type="checkbox"/>	<input type="checkbox"/>
• Prostate trouble	<input type="checkbox"/>	<input type="checkbox"/>
• Disorder of the uterus/the tubes	<input type="checkbox"/>	<input type="checkbox"/>
• Other disorder ○ If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>

Name :

First name :

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Muscular and osteoarticular disorders **YES** **NO**

- Are you suffering or have you suffered from:
- Arthrosis
 - Hip
 - Knee
 - Other place(s) _____
 - 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 from:
- Epilepsy
 - Multiple sclerosis
 - Parkinson's disease
 - Alzheimer's disease
 - Drug addiction
 - Alcohol dependence
 - Other neurological or psychological disorder
 - If yes, which one? _____

Disorder of: eye, ears, mouth, nose and throat **YES** **NO**

- Are you suffering or have you suffered from:
- Cleft lip and/or palate

- Other oral and maxillofacial disease
 - If yes, which one? _____
- eye disease
 - If yes, which one? _____
- Hearing problems
 - If yes, which ones? _____
- Others
 - If yes, which ones? _____

Specific disorders **YES** **NO**

- Are you suffering or have you suffered from:
- Obesity (BMI >=30)
 - BMI = weight in kg: (height in m X height in m)
 - If yes, what is your current weight?kg
how tall are you?cm
 - Diabetes
 - If yes, do you use insulin? _____
 - Chronic hepatitis
 - HIV-positive / AIDS
 - Malignant disease (cancer)
 - If yes, of which organ? _____
 - If yes, when was it diagnosed? _____

- Are you being or have you been treated by:
- Radiotherapy
 - Chemotherapy
 - If yes, when? _____

- Did you have the following operation?
- Organ transplant
 - If yes, of which organ? _____

- Are you suffering or have you suffered 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 20

Signature

Right to reimbursements

To benefit from our reimbursements, a waiting period of 6 months 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 (+ exceptions).

In case of membership of the Hospitalia, Hospitalia Medium or Hospitalia Plus product 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 supplements and extra fees in single

bedrooms for Hospitalia, Hospitalian Medium and Hospitalia Plus (as far as the waiting period is finished) and for Hospitalia Ambulatory, 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 supplements linked to the stay 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.