



KNOW YOUR CUSTOMER NEEDS ANALYSIS FORM ("KYC") for healthcare products (ver. 1/2019)

Dear customer,

According to the information you provide to us herein, the representative of MediHelp International will be able to carry out an analysis of your priorities and will be able to recommend the proper health insurance solution so that your needs and requirements be entirely complied with.

Surname and name (in case of individuals) / Company name (in case of legal entities) _____

PIN (in case of individuals) / **CUI** (in case of legal entities) _____

Should you refuse to provide the information above, the representative of MediHelp International will not be able to present an insurance product.

Your financial objectives are related to:

- Protecting your health and your family's health by means of a health insurance that includes medical services valid both in Romania and abroad YES NO
- Protecting the employees by offering as benefit a group health insurance that includes medical services valid both in Romania and abroad YES NO
- Other financial objectives: NO YES _____

Information about the financial status:

For individuals: Occupation _____ Work place _____

Field of activity _____

For legal entities: Company: Active Inactive Field of activity _____

Do you need advice after this analysis of requirements and needs? YES NO

Should you not require advice, the representative of MediHelp International will not be able to evaluate if the insurance offer corresponds to your requirements and needs.

Test about the adequacy of the product to patient's needs and requirements

(To be filled in only if the customer has selected as financial objective the signing of health insurance policy that includes medical services valid both in Romania and abroad)

1. Please tick your options:

Requested medical service	Customer's option:
Hospitalization (day/night) including the following services: accommodation, theatre fees, Anaesthesia and Intensive Care Unit, specialist fees, laboratory investigations, X-ray, diagnosis tests, physio-chiro-osteo-therapy / complementary therapy/ dietician/ speech therapist, ambulance services	<input checked="" type="checkbox"/>
Hospitalization (day/night) including the following services: accommodation, theatre fees, Anaesthesia and Intensive Care Unit, specialist fees, laboratory investigations, X-ray, diagnosis tests, physio-chiro-osteo-therapy /complementary therapy/ dietician/ speech therapist + Outpatient (out-patient surgery, general practitioner & specialist fees, drugs and dressings, laboratory investigations, X-ray and other diagnostics tests, physiotherapy, complementary therapy, chronic conditions, speech therapist, psychiatry, emergency outpatient treatment) + Cancer treatment, transplant services, advanced imaging, healthcare services (ambulance services, emergency air evacuation and repatriation)	<input checked="" type="checkbox"/>
Hospitalization (day/night) including the following services: accommodation, theatre fees, Anaesthesia and Intensive Care Unit, specialist fees, laboratory investigations, X-ray, diagnosis tests, physio-chiro-osteo-therapy /adjunctive therapy/ dietician/ speech therapist + Other benefits (maternity and difficulties during pregnancy, new-borne care) + Cancer treatment, transplant services, advanced imaging, emergency assistance (ambulance services, emergency air evacuation and repatriation)	<input checked="" type="checkbox"/>
Hospitalization (day/night) including the following services: accommodation, theatre fees, Anaesthesia and Intensive Care Unit, specialist fees, laboratory investigations, X-ray, diagnosis tests, physio-chiro-osteo-therapy /adjunctive therapy/ dietician/ speech therapist + Outpatient (ambulatory surgery, general practitioner & specialist fees, drugs and dressings, laboratory investigations, X-ray and other diagnostics tests, physiotherapy, complementary therapy, chronic conditions, speech therapist, psychiatry, emergency outpatient treatment) + Other benefits (maternity and complications of pregnancy, new-born care) + Cancer treatment, transplant services, advanced imaging, emergency assistance (ambulance services, emergency air evacuation and repatriation)	<input checked="" type="checkbox"/>
Dental optional plan (preventive, routine and restorative, orthodontic treatment)	<input checked="" type="checkbox"/>

2. Frequency of payment: ANNUAL SEMI-ANNUAL QUARTERLY MONTHLY

3. Do you wish to apply a deductible? YES NO

Recommendation: After the analysis of your requirements and needs, we are recommending MediHelp International Plans product _____

I received one copy of this form,

Customer's signature _____

Date _____

Intermediary's name
MEDIHELP INTERNATIONAL

FSA code
RBK 366/11.10.2006

Signature of the intermediary

Registered with the Financial Supervisory Authority