Evolution Health Plan (EU) Estonia

Moratorium - Declaration form

1 Declaration

For the purpose of this declaration, ("I/We") means any insured person intended to benefit from insurance cover as per the policy wording.

a. I/We have been provided with a copy and read the policy wording and I/we understand it to be part of the contract of insurance. In particular I/We have read, understand and accept the definitions, benefits and exclusions of the policy.
b. I/We have read, understand and accept Section 6 of this application form on data protection.
c. I/We am consenting for my/our insurance broker to act on my behalf for the purposes of transferring sensitive data.
d. To the best of my/our knowledge and belief the information given in connection with this application form, whether in my hand or not, is true and I/we have answered all questions asked in this application form honestly and fully. I/We also understand that I/we must tell the insurer straight away if anything that I/we have already told the insurer changes. I/we understand that non-disclosure or misrepresentation of any facts may entitle the insurer to void the insurance. This application form and the information provided contains statements upon which the Insurer will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance.
e. I/We understand that the signing of this application form does not bind me/us to complete, or the insurer to accept this insurance.
f. If I/we have elected to pay our premium by instalments using credit or debit cards and Morgan Price have agreed to this, I/we authorise Morgan Price to continue to deduct such instalments as and when they become due unless I/we cancel this credit/debit card authorisation by giving at least 14 days notice in writing. I/we understand that if I/we have made a claim, no refund will be due and I/we will have to pay any outstanding instalments due in the current period of cover.
g. I/We am authorised to sign this application form on behalf of all my/our dependents declared at Section 3 of this Application Form.
h. I/We consent to communicate with Insurers in respect of this Application Form including all subsequent communications in the English language.

Signature of primary applicant ✗ _____ Date _____