



NOTICE ON PERSONAL DATA PROCESSING

In compliance with the European General Data Protection Regulation (EU Regulation 2016/679, "GDPR") applicable since May 25th 2018, INTER PARTNER ASSISTANCE SA member of AXA Group, with its registered seat at Avenue Louise 166, 1050, Brussels, Belgium and MEDIHELP INTERNATIONAL with its registered seat in Romania, Bucharest, 24, Dr. Constantin Caracas Str., district 1, 011155, referred in the document INTER PARTNER ASSISTANCE SA / MEDIHELP inform you of the following:

In order to undertake the conclusion of any insurance contracts with INTER PARTNER ASSISTANCE SA, having its headquarters in Brussels, as well as for executing or renewing such contract, as applicable, your personal data, including, but not limited to those on your identity card or on other identification documents, as applicable, data regarding your health and your image shall be collected and processed by INTER PARTNER ASSISTANCE SA / MEDIHELP. As a consequence, without having access to your necessary personal data, INTER PARTNER ASSISTANCE SA / MEDIHELP will not be able to conclude the insurance policy you are requesting or, as applicable, you will not be able to execute the insurance contract which you are a part of/ shall be a part of/ the effects of which affect you, including, but not limited to the payment of insurance benefit. A subsequent processing for statistical purposes might be performed with observing the data minimization principle and, to a possible extent, shall exclude the processing of personal data, involving aggregate data, which is not used in supporting measures or decisions regarding a certain individual.

Your personal data is processed by INTER PARTNER ASSISTANCE SA / MEDIHELP for the following purposes:

- Performance of insurance services (quotations, risk management, offers, issuing, policy management, reminders of due payments, policy renewal, instrumentation and settlement of damages, exercising the right of recourse and/or, depending on the case, performing verifications for the prevention and detection of fraud);
- Marketing or other purposes, if you give your consent for these;
- The fulfilment of certain legal obligations and the requirements of the Romanian Financial Supervisory Authority or of other supervisory or governmental authorities.

The processing of your personal data is performed based on:

- The insurance contract you are a part of, you request or you conclude, or based on which you make a request for insurance benefit or, as applicable, the legitimate interest of INTER PARTNER ASSISTANCE SA / MEDIHELP to perform client management for subscription purposes, as well as to prevent the unjustified award of insurance benefit;
- Your consent for the processing of sensitive data, in compliance with the corresponding Agreement Form;
- Legal obligations of INTER PARTNER ASSISTANCE SA / MEDIHELP.

Your personal data can be transferred to: state authorities (including courts of law, fiscal authorities), service suppliers (including re-insurers, premium calculation services suppliers, repair units, clinics, councilors, experts, IT services' developers, archiving companies), intermediaries, other companies of the AXA Group and other recipients expressly empowered by INTER PARTNER ASSISTANCE SA, in compliance with the provisions of the applicable laws on personal data protection and in accordance with the purpose of processing.

Your personal data collected for the conclusion of the insurance contract, for its execution, and for the granting of insurance benefit, shall be kept in the INTER PARTNER ASSISTANCE SA / MEDIHELP database, for the offering phase, for a period of maximum 3 months starting from the moment the Policyholder signs the insurance offer and, after the conclusion of the contract, during the period you are a Policyholder, Client, beneficiary (including any contractual third party, provided that you are the subject of the contract), to which we add the period of time during which data is necessary for INTER PARTNER ASSISTANCE SA to be able to exercise its rights resulting from the insurance contract/contracts and for the fulfilment of obligations resulting from legislation and from internal regulations on storage.

Starting from May 25th 2018 you shall have the following rights resulting from the EU General Data Protection Regulation: right of access, right to rectification or update, right to erasure, right to restrict processing, right to data portability, right to obtain confirmation, right of modifying or withdrawing consent, right to object to processing, right to be notified of any rectification, erasure or restriction of the processing, right of being notified in case data security is breached, right to file a complaint to the National Supervisory Authority for Personal Data Processing.

Please note that, in the instance where you conclude or execute an insurance contract with INTER PARTNER ASSISTANCE SA and you (also) send us the personal data of another person, you need to communicate this Notice to such person and obtain his/her consent, if applicable. In case the personal data communicated belongs to a minor, his/her parent or tutor must be informed. For any inquiries you might have in relation to the exercising of the aforementioned rights or to the withdrawal of your consent, as well as in order to address any other questions regarding the information communicated in this notice, you can contact us at dpo@medihelp.ro.



AGREEMENT REGARDING PERSONAL DATA PROCESSING AND ELECTRONIC COMMUNICATION WITH INTER PARTNER ASSISTANCE SA **ANNEX TO THE NOTICE**

(to be filled out by each person – individual – who is about to enter the insurance policy)

THE UNDERSIGNED

PERSONAL IDENTIFICATION NUMBER (PIN)

RESIDENCE/MAILING ADDRESS

MOBILE TELEPHONE NUMBER

E-MAIL ADDRESS

Based on the legislation applicable starting from 25th May 2018 on personal data protection, namely the EU General Data Protection Regulation (EU Regulation 2016/679, "GDPR"), **I declare:**

PROCESSING OF PERSONAL DATA

1. I expressly give my consent for INTER PARTNER ASSISTANCE SA and MediHelp International to process **my personal data regarding my health**, data which is absolutely necessary for the provision of the insurance service corresponding to the insurance policy I concluded or, as applicable, the effects of which apply to me.

Furthermore, **I agree** to empower the Insurer to perform any investigations, to request documents from treating physicians, which can help with the complete assessment of my health. I authorize any physician, hospital, policlinic or any other health facility that holds data or information and/or documents regarding my health to provide, upon the Insurer's written request, complete information regarding any disease, accident, treatment, examination, consultation or hospitalization I have undertaken.

In the event that an insured Event/Risk occurs, **I empower** the Insurer to undertake all actions for obtaining the documents necessary for establishing the extension of the obligation to pay the Insurance Benefit, exempting from the professional secrecy obligation both the physicians who have examined / treated me, as well as any public or private institution holding information regarding my health and my health history, both during my lifetime and subsequently, in case of death, regardless of the causes.

I have understood that, should I refuse to expressly give my consent on health data processing, INTER PARTNER ASSISTANCE SA will not be able to execute the insurance contract to which I am a party or the effects of which apply to me, including, but not limited to, the payment of compensation.

YES NO NAME AND SURNAME

SIGNATURE

2. I expressly give my consent for INTER PARTNER ASSISTANCE SA and/or MediHelp to send me newsletters about their products and services, including for the improvement of these, benefits that I could access, promotional offers or insurance opportunities (MARKETING PURPOSE).

YES NO NAME AND SURNAME

SIGNATURE

ELECTRONIC CORRESPONDENCE

3. I expressly give my consent to receive electronic correspondence using my contact data given in this form, for the conclusion of the contract and/or its administration, reminders of due invoices, this type of correspondence producing the same effects as the correspondence on paper.

YES NO NAME AND SURNAME

SIGNATURE

I am aware of the NOTICE, I have received a copy and I have freely made my AGREEMENT * choice.

NAME AND SURNAME

DATA/DATE

SIGNATURE

* In case the personal data belongs to a minor, the parent or legal tutor signs the Notice and the Agreement, completes the fields with its data, except for the "Undersigned" and "PIN", where the data of the minor will be filled in.