



NON COMMITAL TRANSLATION OF THE PORTUGUESE ORIGINAL AND BINDING VERSION OF THE "HEALTH INSURANCE AGREEMENT-INSURANCE POLICY" APPLICATION FORM.
 THIS NON COMMITAL TRANSLATION IS PROVIDED UPON REQUEST OF THE PERSON TO BE INSURED. IT IS NOT INTENDED TO BE A SUBSTITUTE OF THE ORIGINAL VERSION IN THE PORTUGUESE LANGUAGE WHICH IS THE ONLY BINDING VERSION OF THE "GROUP LIFE INSURANCE POLICY - HOUSING CREDIT" APPLICATION FORM.

**HEALTH INSURANCE PROPOSAL
 MULTICARE INDIVIDUAL**

<input type="checkbox"/> N.º of client	<input type="checkbox"/> New Insurance Policy	<input type="checkbox"/> Change	N.º
If you are employed in Group CGD, indicate your employee's number		Company	CGD Agency
Identification/Acceptance	Company	Signature	Technical Services

1. APPLICANT / POLICY HOLDER (THIS INFORMATION IS MANDATORY. WRITE IN CAPITAL LETTERS AND FILL IN ONE LETTER PER SQUARE, DO NOT SHORTEN YOUR SURNAME NOR YOUR FIRST THREE NAMES)

Name	Cód.	
Address		
Town	Postcode	Municipality
Home telephone	Mobile phone	E-mail
Work telephone	Fax	Marital status
Date of birth	ITIN	ID N.º
BIN*	Occupation	Gender <input type="checkbox"/> F <input type="checkbox"/> M

*To credit the Insurance Company's co-payment of Medical Expenses.

2. POLICY INFORMATION (CHOOSE THE BEST OPTION)

Insurance Policy Start Date	Company Services	Payment option	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Mandatory payment by banktransfer in CGD account. Periodicity in accordance with the minimum amount settled
I authorise CGD to debit the amount mentioned in accordance with the insurance premium in the following				
BIN				

3. COVERED INDIVIDUALS (THIS INFORMATION IS MANDATORY. WRITE IN CAPITAL LETTERS AND FILL IN ONE LETTER PER SQUARE, DO NOT SHORTEN YOUR SURNAME NOR YOUR FIRST THREE NAMES)

Is the Policy Holder insured? YES NO

1. INSURED 1 (HOLDER)

Name		
Shortened name	Date of birth	
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Occupation	ITIN
Home telephone	Mobile phone	E-mail

2. INSURED 2

Name		
Shortened name	Date of birth	
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Occupation	ITIN
Home telephone	Mobile phone	E-mail

3. INSURED 3

Name		
Shortened name	Date of birth	
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Occupation	ITIN
Home telephone	Mobile phone	E-mail

4. SUMMARY OF COVER (CHOOSE THE COVER REQUIRED)

MultiCare PLANS	Basic I	Basic II	Basic III	Vip
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. MANDATORY QUESTIONNAIRE (ACCORDING TO ART.º 11 OF DL 142/2000 OF 15TH JULY)

The risk that you intend to cover is or has been totally or partially covered by any other Insurance Policy/Policies? No Yes If so, in which Insurance Company? _____

Concerning this/these Insurance Policy/Policies, are there any debts related to the premium's lack of payment? No Yes

6. INFORMATION ABOUT MULTICARE'S NETWORK(S)

How would you like to be informed about MultiCare's Network(s)? Printed document (ask MultiCare's Customer Support Services)

7. STATEMENTS/PERMISSION

The Insurance Policy proposed in this form is valid on the 15th day after being handed to the Insurance Company, except if in the meantime the Applicant is notified of its refusal, anticipated acceptance or of the need to gather additional information to evaluate the risk.

However, the insurance policy will only be at use when the premium or initial fraction is paid.

All personal details on this form will be processed and stored by the Company and are destined to its exclusive use in the scope of pre-contractual and contractual terms celebrated with their clients, including renewals. The details will be kept to allow the holder's identification until the end of the contract.

The holder will have free access to his details, with a periodicity not inferior to one year since the gathering or first access as long as a written request is submitted, and is able to correct any inaccurate information in terms of the law.

These details may be disclose to judicial and administrative authorities, as long as they meet the Insurance Company's legal obligations.

The holder of this information authorises the Insurance Company to (except if they submit a written request in the "comments" section refusing consent):

- a) provide his details to other companies of the Group, as long as the same levels of protection are applied, as long as they use those details according to their social object and as long as they are compatible with the gathering purposes;
- b) collect additional personal details by Public Organisms, specialized companies and other private entities in order to confirm or complement the information gathered to manage the contractual relationship.

8. COMMENTS

I have read and understood the pre-contractual information on this document.

I declare to have answered truthfully and completely to every question and I am aware that any incomplete, inaccurate or omitted statements, that may falsely lead the Insurance Company, make this contract null and void, regardless of the date in which the company is informed about it.

Policy Holder's Signature

Date

INFORMATIVE NOTE
 To be handed to the Policy Holder

Basic Coverage	Basic I	Basic II	Basic III	Vip
Medical assistance in terms of In-Patient care	€ 10.000	€ 10.000	€ 25.000	€ 50.000
Childbirth, Cesarean and Involuntary Interruption of Pregnancy ⁽¹⁾	—	€ 1.000	€ 2.500	€ 5.000
Medical Assistance in terms of Out-Patient care	—	€ 1.000	€ 2.500	€ 2.500
Dental care	—	—	€ 250	€ 375
Additional Overseas Coverage	—	—	—	Yes
Coinsurance				
Medical assistance in terms of In-Patient care, Childbirth, Cesarean and Involuntary Interruption of Pregnancy	80% exclusively within the Multicare Network			
Medical Assistance in terms of Out-Patient care				
Out-Patient Consultations				
MultiCare Network ⁽²⁾	—	100%	100%	100%
Out-Of-Network	—	60%	60%	80%
Out-Patient Complementary Diagnostic Tests				
MultiCare Network ⁽³⁾	—	100%	100%	100%
Out-Of-Network	—	35%	35%	35%
Out-Patient Therapies				
MultiCare Network	—	90%	90%	90%
Out-Of-Network	—	60%	60%	80%
Dental care				
MultiCare Network	—	—	80%	80%
Out-Of-Network	—	—	60%	80%
Additional Overseas Coverage				
Out-Of-Network	—	—	—	80%

(1) Sum Insured included in the amount of the Medical assistance in terms of In-Patient care.

(2) Co-Payments: €11,5 on Physician Appointments; €22 on Physician Visits; €34 on Permanent Medical Assistance.

(3) Co-Payments: X-Ray (€5); Ecography (€22); Computer Assisted Tomography (€20); Magnetic Resonance Imaging (€50); Other Out-Patient Complementary Diagnostic Tests (10%).

1. Waiting Period

- Medical assistance in terms of In-Patient care: 180 days in case of illness and 0 days in case of accident.
 - Childbirth, Cesarean and Involuntary Interruption of Pregnancy: 360 days
 - Medical Assistance in terms of Out-Patient care: 60 days
- The days are to be counted from the contract's start date.

2. Care Systems

MultiCare Network

When using the Multicare's Network Medical Services, through the payment of a 20 % client's Coinsurance (Medical assistance in terms of In-Patient care; Childbirth, Cesarean and Involuntary Interruption of Pregnancy; Dental care). The only Services that require a Co-Payment by the client in the Medical Assistance in terms of Out-Patient care are the Consultations (€11,5 on Physician Appointments; €22 on Physician Visits; €34 on Permanent Medical Assistance) and Out-Patient Complementary Diagnostic Tests (€5 X-Ray; €22 Ecography; €20 Computer Assisted Tomography; €50 Magnetic Resonance Imaging; 10 % Other Out-Patient Complementary Diagnostic Tests). In Out-Patient Therapies, a client's 10% Coinsurance is applied.

Reimbursement

When using Medical Services Out-Of-Network, in the allowed Plans, the Insurance Company will later pay the expenses, according to the following values: Medical Assistance in terms of Out-Patient care (60% in Basic II and Basic III ; 80% in Vip); Out-Patient Complementary Diagnostic Tests (35%); Dental care (60% in Basic III ; 80% in Vip). The Additional Overseas Coverage is exclusively applied in this system and is only available in the Vip Plan.

The Coverage that works exclusively in MultiCare Network:

- Medical assistance in terms of In-Patient care ; Childbirth, Cesarean and Involuntary Interruption of Pregnancy
- Phone Call Assistance in case of emergency
- Emergency Transport
- Medical Home Care
- Permanent Medical Assistance

This Coverage is always needed of previous contact with MultiCare's Contact Center.

The Coverage that works exclusively in Reimbursement:

- Additional Overseas Coverage

The Coverage that works simultaneously in MultiCare Network and Reimbursement:

- Medical Assistance in terms of Out-Patient care
- Dental care

3. Access

Presenting the MultiCare card, the client may access directly to the Health Care Services of Multicare Network, when needing the medical acts that don't require a previous authorization:

- General and Family Medicine (General Practice)
- Gynaecologist/Obstetrician
- Paediatrician
- Dental care (Plans Basic III and Vip)
- Ophthalmology

To access the remain Specialities/Services, the client must ask for a previous authorization by calling the MultiCare's Contact Center.

4. Duration of the Contract

The contract may be celebrated by a certain period of time or by one year and following. In this last situation, the policy will be automatically renewed if the premium is paid, except if any of the parts denounces the contract, according to the requirement established in the General Conditions.

5. Contract rescission options

1. The Policy Holder can rescind this contract whenever he wants, by sending a written notice to the Insurance Company with, at least, 30 days of advance considering the date when the rescission will produce its effects.
2. The Insurance Company can only rescind this contract or exclude any Insured:
 - a) for the lack of premium paid, as defined by the law.
 - b) In case of fraud or attempted fraud, by the Policy Holder, the Insured or by the Beneficiary with the complicity of the Policy Holder, taking the rescission immediate effects from the date of the Insurance Company's communication.
 - c) Based on other law standards.

6. Right to resign

1. The individual Policy Holder has a 30 day deadline, from the date when the Insurance Policy is received, to resign the contract effects, by sending a registered letter to the Insurance Company Head Office.
2. Exercising the right to resign leads to the cancellation of the contract, as well as all its obligations, since the beginning.
3. Exercising the right to resign does not entitle the Policy Holder to any compensation.
4. When the exercise of the right to resign is based on any difference between the conditions of the contract and the information given, the Insurance Company will return the previously paid premium, ceasing any right to the commission from the mediator.
5. In every other situation, the exercise of the right to resign gives the Insurance Company the right to a premium, proportionally calculated concerning the contract's duration, as well as the policy cost.
6. The right to resign cannot be exercised by collective Policy Holders; neither can be applied to the contracts with duration equal or inferior to 6 months and/or to Group Insurance policies.

7. Payment options and premium payment period

1. The premium or initial fraction is due when the contract is celebrated and its efficiency depends on its payment.
2. Without contradicting the disposed in number 5, the following premium or fractions are due on the dates settled in the Policy.
3. According to the law, the Insurance Company will make a written notification to the Policy Holder, with up to 60 days before the following premium or fractions are due. However, if the payment has been agreed to be paid in fractions with a periodicity inferior to quarterly, the Insurance Company may not issue the notification mentioned above, establishing in the contract documents the amounts of fractions, deadlines of payment and consequences of its lack.
4. The contract will not be renewed, if a premium of a subsequent annuity or first fraction is not paid on the established date. The lack of payment of any other premium fraction, on the established date, leads to the automatic and immediate cancellation of the contract.
5. In the case the contract is celebrated with a variable premium or entitled by an open policy, the following premium or fractions are due when the receipt is issued, according to the Specific Terms or Special Terms and Conditions.
6. The lack of payment on the date of warning of an additional premium, caused by a change of coverage without risk aggravation from the Policy Holder, determines that the change has no effect, maintaining the same contractual conditions.

8. Tax benefits

The premium paid each year is deductible on the IRS, according to the law.

9. Customer Support Service - 21 780 57 80

Available 24h for emergency situations. Available from Monday to Friday (8a.m. to 12p.m.) and on Saturdays (9a.m. to 2p.m.) for other situations or for information requests.

10. Applicable legislation, competent court of justice and arbitration.

The Insurance Company applies the Portuguese Law to this contract. However, the different parties may come to an agreement and apply a different law, as long as their intentions are honest and the chosen law is related to any element of the contract. To solve any dispute arising from this contract, the qualified juridical district is the one of the place where the policy was issued, safeguarding the possibility of intervention by the Portuguese Insurance Institute and arbitration.

This piece of information does not clear you from reading and analysing the Specific and General Terms and Conditions of the requested Plan.