

APPLICATION FOR A CHANGE IN THE INSURANCE POLICY

Number of Insurance Policy:

First Name and Surname / Corporate Name / Name of the Policyholder:

Personal ID Number/ Company ID Number:

Type of Change		New Data - Proposed Change in the Insurance Policy	
<input type="checkbox"/> Surname/Name	<input type="checkbox"/> Corporate Name		
<input type="checkbox"/> Address of Permanent Residence / Registered Office of the Policyholder / Insured		Street, Street Number, Apartment Number:	
		City:	Postcode:
		State:	Telephone:
<input type="checkbox"/> Correspondence Address of the Policyholder's Residence / Registered Office		Street, Street Number, Apartment Number:	
		City:	Postcode:
		State	Telephone:
<input type="checkbox"/> Enter / Change E-mail:		E-mail:	
<p>Consent to Electronic Correspondence</p> <p>The Policyholder agrees <input type="checkbox"/> / <input type="checkbox"/> does not agree to the sending of correspondence related to the administration of this insurance contract and the settlement of insurance events resulting from the insurance coverage provided by this insurance contract electronically to the above-mentioned email address. The consent in this application overrules the disagreement stated in the insurance contract and will also apply in relation to the following correspondence related to the administration of the above-mentioned insurance contract. The policyholder or the insured may at any time request the insurer or financial agent through whom the policyholder negotiated this insurance contract to send any document related to this insurance contract also in paper form. In the event of a change in the email address intended for communication with the insurer, the policyholder undertakes to inform the insurer immediately of the said change of email address.</p>			
<input type="checkbox"/> Frequency of Premium Payment/Change possible only to the policy anniversary date/		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
<input type="checkbox"/> Establish/cancel indexation of the sum insured /Change possible only to the policy anniversary date/		<input type="checkbox"/> Indexation of the sum insured	<input type="checkbox"/> NO indexation of the sum insured
<input type="checkbox"/> Another Formal Change /Formal Errors - Typos/			



ŽZPZ_2023/02/01

The policyholder hereby requests the above change in the insurance policy. At the same time, the Policyholder acknowledges that the Insurer is entitled not to accept the required changes in the insurance policy on the basis of the data provided in this Application for a change in the insurance policy provided, unless the insurer provides written documents proving the change, which should be made to the policyholder based on this request.

In on

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First Name, Surname / Corporate Name and
Signature of the Policyholder

Information on Personal Data Protection

An Insurer as a branch of an insurance company from another Member State in accordance with Article 6 (1) (b) of Regulation (EU) 2016/679 of the European parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (hereinafter referred to as the "GDPR Regulation") is authorized as a contracting party to process the personal data of the other contracting party without its consent for the purpose of fulfilling the insurance contract.

Additional information pursuant to the provisions of Article 13 et seq. GDPR regulations concerning information and access to personal data, including the rights of the client as a data subject, are published by the insurer and provided to the client on the website www.premium-ic.sk. This information may also be provided in writing upon request.

