

Health Insurance Amendment Form



To: Allianz S.A.L.
Hazmieh – Lebanon

I, the undersigned _____, owner of contract no. _____ ask you to proceed with the below mentioned endorsement (s) as of _____

- Subject :** Modification of Hospitalization Class from _____ to _____
 Add Ambulatory Healthcare Plan 85% 100%
 Remove Ambulatory Healthcare Plan
 Add NSSF for : _____
 Remove NSSF for : _____

Other requests: _____

- Medical Questionnaire-

I declare, under my own responsibility, that the dependants insured under this policy and I are in good health and haven't been involved in any accident or suffered from any illness or disease. We aren't under any medical surveillance or undergoing any medical treatment or medical investigations (Radiology, laboratory tests...) and haven't been operated upon or confined to a hospital.

Otherwise: _____

In addition, I am totally willing to pay the premiums that result from the above mentioned request.

By signing this format, I hereby acknowledge having been provided with Allianz S.A.L.'s Privacy Notice (available at the company's website: www.allianz.com.lb) and thus give my consent to Allianz S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities Allianz S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to Allianz S.A.L.

I also agree and acknowledge that Allianz S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

The below data is mandatory to proceed with the request

Mobile: _____ / _____ E-Mail: _____ @ _____

Date: _____

Signature: _____

Signing this document does not bind the company to complete the endorsement to the existing insurance.