

This document in its English version is only of informative character, in case of any interpretation doubts or discrepancies between Polish and English version, the Polish one is applicable



## Declaration of joining foreign travel insurance for key Customers of the LUX MED Group

I hereby declare that I would like to subscribe to foreign travel insurance for key Customers of the LUX MED Group:

Personal information: :

First name	
Last name	
PESEL*	
Date of birth	
Patient's card No.	
Name of the Company within the framework of which the patient is entitled to insurance	
Policy Holder	LUX MED Sp. z o.o.
Insurance option:	one

\* PESEL field must be filled in apart from foreigners and children younger than 3 months

Please give your e-mail address to receive your insurance certificate:

E-mail address:	
If you do not have any e-mail address:	

Mailing address:		

Notice:

The declaration of joining insurance will be subject to verification in order to confirm entitlement to insurance.

If you do not give all personal data required for verification of entitlement to insurance, the document will be send back to the sender for completion







## Steps to take out insurance



