
RECOVERY OF THE CONTRACT – Information Sheet

1. What does „recovery“ mean?

→ Recovery of a policy means to re-establish its former status after it has been altered in some way (the premium was reduced or the contract was cancelled or changed into an insurance free of premium).

2. When is recovery possible?

→ Recovery is possible considering the regulations and possible fees and interest on delayed payment.
 → If more than one year has passed since the due date when premium payment was ceased or reduced, to recover the contract the person insured has to submit to Medlife a statement of his/her health.
 → Recovery is possible only by written proposal.

3. If a period of more than one year has passed, may I still recover my contract?

→ Yes, you may recover your contract any time during the policy period by subsequent payment of all premiums that have been left out plus charges for loss of interest. Additionally, we need a written declaration from the person insured about the state of his/her health.
 → A recovery is possible within maximum of 7 years after cancellation, change to premium-free or premium reduction, decisive for calculation of time period is the date of application for recovery.
 → In case of application for recovery during the last three years of duration of the contract, a retroactive recovery to a previous premium amount is NOT possible.

4. Is it possible to recover a policy without subsequent payment of the premiums that have been left out?

→ Theoretically it is possible to recover a contract by any due date during the policy period without paying past premiums, but in this case the sum insured will be re-calculated according to the insured person's current age and state of health, and on basis of the remaining policy period. This option involves heavy losses, and therefore a recovery by subsequent payment of all past premiums is preferable.

5. Will a recovery of my contract lead to an extension of the policy period?

→ No. In the case of subsequent payment of left out premiums the former contract will be entirely re-established with all its former provisions, the policy period remains unchanged.
 → In the case of recovery without payment of past premiums, the policy period also remains unchanged, but the amounts insured in the capital insurance rate as well as all additional rates will be reduced according to the number of premiums actually paid.

6. What are the advantages of recovery?

→ If a client hasn't been able to pay his insurance premiums over a certain period of time, by recovery of his policy he may re-establish the original state of his/her contract.
 → By full recovery of the contract, any losses that have been suffered due to a prior premium reduction or an alteration into a premium-free contract, will be compensated.
 → In the case of recovery by subsequent payment of all left out premiums, full insurance cover at the amount of the original sum insured is granted from the day of recovery of the contract.
 → By granting our clients the possibility of contract recovery during the policy period, insurance contracts may be easily adapted to the policyholder's current financial situation and re-established at a later stage without losses.
 → MEDLIFE provides high flexibility of their contracts for the benefit of their clients.

Health Declaration

Заявление о состоянии моего здоровья

To be filled in by the person to be insured – please mark the right answer with a cross ⊗

Формуляр должен быть заполнен застрахованным лицом – просьба отметить правильный ответ крестиком ⊗

		No Нет	Yes Да	If yes, please state details В случае положительного ответа дать подробные сведения
	Policy No. Номер полиса: Name of person insured:			
1a	Is your health currently affected by any injury or illness? Страдаете ли Вы в настоящее время от расстройства здоровья (травма, заболевание, недуг)?	<input type="radio"/>	<input type="radio"/>	
1b	Is your ability to work currently affected in any way? Ограничена ли Ваша трудоспособность?	<input type="radio"/>	<input type="radio"/>	
2	Do you have a family doctor? If yes, please state his/her name and address. Есть ли у Вас домашний врач? Если да, то просьба указать имя и адрес.	<input type="radio"/>	<input type="radio"/>	
3	Please state your body measurements: Параметры Вашего тела:			Height: cm, Weight: kg Рост: см, Вес: кг
4	Do you currently consume, or have you ever been consuming drugs, or do you regularly take medication? Употребляете или употребляли ли Вы наркотические средства? Принимаете ли Вы регулярно лекарство?	<input type="radio"/>	<input type="radio"/>	
5	Have you received medical treatment, medical advice or any medical observation within the last 5 years, or have you been treated by a psychologist, chiropractor etc. – concerning insufficient functioning or diseases of the heart, lung, kidneys, gallbladder, or have you ever been treated for any mental disease, diabetes, hypertension, cancer, disability? Находились ли Вы в течение последних 5 лет на лечении или под наблюдением врача или лечились ли Вы у психиатра, хиропрактика и т.п. (напр. из-за заболеваний сердца, легких, желудка, почек, желчного пузыря, нервных болезней, заболевания сахарным диабетом или раком, повышенного кровяного давления или инвалидности)?	<input type="radio"/>	<input type="radio"/>	
6	Have you ever been unfit for work for longer than 4 weeks due to illness? Были ли Вы когда-нибудь нетрудо-способными в течение более чем 4 недель в связи с заболеванием?	<input type="radio"/>	<input type="radio"/>	
7	Have you ever had any surgery or received			

	radioactive materials or radiotherapy? Подвергались ли Вы когда-нибудь операции или лечению с применением радиоактивных веществ или лучевой терапии?	<input type="radio"/>	<input type="radio"/>	
8	Have you had any HIV-test? Проходили ли Вы проверку на СПИД?	<input type="radio"/>	<input type="radio"/>	
9	Are you exposed to special hazards at work, like radiation, poisonous substances, explosives, or any other danger? Подвергаетесь ли Вы на Вашем рабочем месте особой опасности, напр. воздействию облучения, ядов, взрывчатых веществ?	<input type="radio"/>	<input type="radio"/>	
10	Do you carry out a dangerous profession, or do you expose yourself to exceptional hazards in your spare time, e.g. as a driver, racing driver, pilot, climber, paraglider etc.? Подвергаетесь ли Вы при выполнении Вашей профессии или в Ваше свободное время особой опасности, н.п. в качестве водителя, гонщика, пилота, лагуна, дельтапланериста?	<input type="radio"/>	<input type="radio"/>	
11	Do you hold any other life or accident insurance or have you applied for one? Имеете ли Вы другое страхование жизни или страхование от несчастных случаев или подавали ли Вы заявление на заключение таких страховых договоров?	<input type="radio"/>	<input type="radio"/>	

.....
Place, date/Место и дата

.....
Insured person's signature/Подпись застрахованного лица

Note:

You can use this form together with the general form for proposed changes in order to apply for a reactivation of the contract and an appreciation of the amount insured.

For a change of person insured (only Rate GEIP) together with the corresponding form . This form needs to be completed, signed by the person insured and submitted to MEDLIFE Insurance Ltd. together with a copy of the insured person's passport and the corresponding form (proposed changes/change of person insured-GEIP).

Данный формуляр заполняется вместе с общим формуляром «заявление на изменение» в случае подачи заявления на восстановление договора или на повышение страховой суммы. В случае подачи заявления на изменение застрахованного лица (исключительно по тарифу GEIP), данный формуляр заполняется вместе с соответствующим формуляром для изменения застрахованного лица. Данный формуляр должен быть заполнен и подписан застрахованным лицом и выслан вместе с копией паспорта застрахованного лица и соответствующим формуляром (заявлением на изменение/заявлением на изменение застрахованного лица-GEIP) обратно в MEDLIFE Insurance Ltd.