

4. Details of Residency and Nationality

1. Principal country of residence
(The country where you will live for at least 180 days during policy year):
2. Nationality
3. Is anyone listed in this application away from the principal country of residence listed above for more than 120 days in one year? Yes No
If yes, please give details:

5. Your method of payment

Cash or Debit card issued by Malta bank/internet banking

6. Medical History Declaration

Please note (i) No liability will be accepted for any medical condition which originated before the date of enrolment or which was foreseeable at the time of application unless such medical condition has been declared to and accepted by Atlas. (ii) Failure to notify Atlas Healthcare of a medical condition may result in your policy being invalidated.

If you are in any doubt you must disclose the medical condition. Full and complete details must be given in respect of each person to be covered.

	You	Spouse/ partner	Child 1	Child 2	Child 3	Child 4	Child 5
	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)
a. Present physical defects or medical conditions							
b. Consultations with specialists or hospital admittance/s in the last 5 years							
c. Consultations with a family doctor in the last 2 years							
d. Routine checks within the last 5 years (e.g. mammograms, smear tests, etc).							
e. Have you ever given birth by caesarean section							
f. Are you or any applicant aware that you are or may be pregnant at the time of making this application?							

If you have answered yes to any of the above, please give full details including names of medical conditions, relevant dates, treatment received including drugs, present state of health and foreseeable need for further treatment.

Declaration

I/We declare that I/we have read this application and to the best of my/our knowledge and belief all statements are true and correct whether they relate to me/us or my dependants, and that no material fact that can influence the acceptance or assessment of this insurance has been withheld. If there is any doubt as to whether a fact is material I understand that I must disclose it. This declaration and the information given on this application shall be the basis of the contract between me/us and Atlas Insurance PCC Limited. If this form has been completed by another person on my/our behalf this person shall be my/our agent and not the agent of Atlas Healthcare. I/We agree to read my/our Membership Handbook and be bound by the conditions of the said agreement unless I/we cancel my/our enrolment within 15 days of acceptance.

Data Protection Statement – you will see this sign where we ask you to give personal or sensitive information.

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter '**Atlas Insurance**', '**us**', '**our**', '**we**') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about **you** or relating to **you** and/or to any other person/s (**family member/s**) whom **you** insure with **Atlas**.

In completing all the forms related to **your policy** or claims, **you** confirm **your** understanding and acceptance of the terms in **our** Data Protection and Privacy Statement. **You** hereby warrant that **you** have informed **your family member/s** why **we** asked for this information and what **we** will use it for and have obtained the necessary explicit verbal consent to process such data for the purposes mentioned below.

Atlas collects and processes information about **you** and **your family member/s** for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and **policy**, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). **Atlas** may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose **your** and **your family members'** information from/to other entities in order to conduct **our** business including:

- managing claims, which may require **us** to obtain data including medical information from healthcare providers (including any medical practitioner, any public or private hospital, clinic, laboratory or other medical facility), and/or **your** employers (for company schemes) and which **you** hereby authorise to provide the information;
- administering policies with:
 - our** associated companies
 - introducers, intermediaries, agents or brokers when these are appointed by **you**,
 - the policyholder (in the case of corporate policies),
 - insurance principals, reinsurers and co-insurersincluding third parties providing services to these;
- helping **us** prevent or detect crime by sharing **your** information with regulatory and public bodies in **Malta** or, if applicable, overseas, including the police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations;
- our** third party suppliers or service providers to whom **we** may outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw **your** consent to **Atlas** processing **your** personal information which is processed with **your** consent, e.g. direct marketing, at any time. **You** have the right to access **your** personal data and ask **Atlas** to update or correct the information held or delete such personal data from our records if it is no longer needed for the purposes indicated above. **You** may exercise these and other rights held in **Atlas** Data Protection and Privacy Statement, by contacting our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 419 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt. Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If **you** and **your family member/s** consider that the processing of personal data by **Atlas** is not in compliance with data protection laws and regulations, **you** and **your family member/s** may lodge a complaint with **us** and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>.

If **you** wish to view the full **Atlas** Data Protection and Privacy Statement, for a better understanding of how we use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Please tick the boxes below to choose how you would like to receive updates about our products and services, promotions, special offers and news from Atlas Healthcare Insurance Agency Limited and/or any other subsidiary companies of Atlas Holdings Limited:

Email Telephone Post SMS

Signature of Subscriber:

Date: DDMMYYYY

Please note that all persons aged 18 or over must sign and date this form.

Signature:

Date: DDMMYYYY

Signature:

Date: DDMMYYYY

Signature:

Date: DDMMYYYY

You are advised to keep a record of all information supplied in connection with this application including any letters you send to us in connection with it. If you would like a copy of this application form please let us know. Calls may be recorded for quality and assurance purposes. The completed application form is to be sent to our offices immediately or if you are looking to join a group scheme, pass this application back to your group secretary in a sealed envelope if you prefer. If received more than three weeks after completion a new form will be required. Should there be any material change in answers given in this application before you receive notice of cover, we must be advised immediately.

Additional notes

For office use only


Basis of underwriting:

Intermediary / Branch:

Documents attached:	Passport(s) / identification document(s)		Proof of address (Lease agreement)		Copy of health declaration provided to Identita	
	Yes	No	Yes	No	Yes	No

Contact us:

Atlas Healthcare Insurance Agency Limited
Abate Rigord Street
Ta' Xbiex XBX 1121
Malta

 +(356) 2132 2600

 health@atlas.com.mt

 atlas.com.mt

Calls may be recorded and/or monitored for quality assurance, training and as a record of our conversation



Registered address: 419 Ta' Xbiex Sea Front Ta' Xbiex XBX 1021 Malta
Atlas Healthcare Insurance Agency Limited (C32603) is authorised under the Insurance Distribution Act to act as Enrolled Insurance Agent for Atlas Insurance PCC Limited (C5601) (AIPL). AIPL is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets. Both entities are regulated by the Malta Financial Services Authority.

Reinsured by AXA PPP healthcare Limited.
Registered office: 20 Gracechurch Street, London EC3V 0BG, United Kingdom. Registered in England
No. 3148119. © AXA PPP healthcare Limited 2026.