
RECOVERY OF THE CONTRACT – Information Sheet

1. What does „recovery“ mean?

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

2. When is a recovery possible?

→ A recovery is possible considering contracts which STARTED 1.1.2017 OR LATER.

Contracts with a starting date BEFORE 1.1.2017 CANNOT be recovered (also not recovery to a once higher premium)

→ Since reduction, cancellation or change into free of premium a maximum period of 4 years must have passed.

→ In the case of a recovery, all premiums due since the date of re-establishment must be immediately paid in full.

→ It is not possible to recover policies which started BEFORE 1.1.2017, neither is it possible to re-establish an earlier higher premium in these cases.

→ A recovery is possible only by written proposal.

3. How does the recovery procedure work considering deadline of 4 years?

→ Example: Start of contract 1.8.2017, insurance free of premium as at 1.8.2019

→ Premium free change as per 1.8.2019 plus 4 years results in 1.8.2023 as LATEST POSSIBLE deadline at which a reactivation can be done.

→ The written reactivation proposal must reach Medlife AT THE LATEST until 31.8.2023, in order that a retroactive reactivation starting with 1.8.2019 can be done. If the proposal reaches Medlife AFTER 31.8.2023 no recovery shall be possible.

→ All premiums due since 1.8.2019 must be paid. The technical execution of recovery will be done AFTER premium payment has reached the policy account.

→ IMPORTANT: The time limit of 4 years is the MAXIMUM period, of course a reactivation can be done if the time period is LESS than 4 years.

4. Can I recover my contract after more than one year?

→ Provided that a written declaration about the unchanged state of health of the insured person is available, a recovery of the insurance cover is possible within the framework of the general conditions.

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

→ No, all premiums must be paid immediately.

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

→ No, the former contract will be entirely re-established, i.e. the policy period remains unchanged either.

7. Is there default interest in case of recovery?

→ No, the contract is calculated as if the full annual premium had always been paid on time.

8. Can I skip years on my contract and recover in this manner?

→ A recovery can only be carried out without any gaps, an omission of years is not intended.

9. What are the advantages of recovery?

→ The client shall NOT have ANY ADDITIONAL COSTS whatsoever in case of premium payment following 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 a 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.

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 ⊗

Policy No. Номер полиса:		No Нет	Yes Да	If yes, please state details В случае положительного ответа дать подробные сведения
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, лазуна, 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.

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. 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.