

1 Essential Personal Data

Identification Personal Data

Name	<input type="text"/>	Surname	<input type="text"/>	Title	<input type="text"/>
Client Number (Birth Identification Number)	<input type="text"/>	Citizenship	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	<input type="text"/>		

Contact Address (Address of the permanent residency shall be taken out from the Central Register of Inhabitants)

Street	<input type="text"/>	Descriptive/Indicative Number	<input type="text"/>
Municipality	<input type="text"/>	Postal Code	<input type="text"/>

Legal Representative 1

Name	<input type="text"/>	Surname	<input type="text"/>	Title	<input type="text"/>
Client Number (Birth Id. Number)	<input type="text"/>	Date of Birth	<input type="text"/>	Citizenship	<input type="text"/>
				State of insurance	<input type="text"/>

Legal Representative 2

Name	<input type="text"/>	Surname	<input type="text"/>	Title	<input type="text"/>
Client Number (Birth Id. Number)	<input type="text"/>	Date of Birth	<input type="text"/>	Citizenship	<input type="text"/>
				State of insurance	<input type="text"/>

Categories of the Client (Please, mark off)

<input type="checkbox"/> Person without any taxable income (private payer)	<input type="checkbox"/> Self-employed person	<input type="checkbox"/> Employee	State:	<input type="checkbox"/> Child / student	<input type="checkbox"/> Maternity leave
				<input type="checkbox"/> Retired person	<input type="checkbox"/> Unemployed

Banking Details of the Self-employed Person

Account Number	<input type="text"/>	Bank Code	<input type="text"/>
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2 Personal Data for Electronic Communication and Other Personal Data

E-mail	<input type="text"/>	Telephone Number	<input type="text"/>
Bank Account Number	<input type="text"/>	Bank Code	<input type="text"/>
Present health insurance company	<input type="text"/>		

Reason of alteration of the health insurance company (Please, mark off)

<input type="checkbox"/> Recommendation of the medical practitioner	<input type="checkbox"/> Recommendation of the employer	<input type="checkbox"/> The OZP marketing campaigns
<input type="checkbox"/> Recommendations of friends	<input type="checkbox"/> Recommendation of the OZP staff	<input type="checkbox"/> OZP benefits

Declaration

I hereby declare that all personal data mentioned in this application form are true and complete. Under my signature I also confirm my will to become a client of the OZP. By my signature I further ask for registration with the OZP and I empower Mgr. Petr Mikita, Head of Branch Offices Department, to sign my application on my behalf and submit it with the OZP in such a way that I can change my health insurance company in the nearest possible term according to Act No. 48/1997 Coll., on Public Health Insurance and Amendment of Certain Related Acts, as amended. In the interest of fast settlement of change of my health insurance company, I agree that my representative shall be entitled to eventually entrust further representative.

Date	<input type="text"/>	Signature	<input type="text"/>
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This part shall be filled in by the OZP

1 Information About Processing of Personal Data

Personal data shall be processed by controller, **Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví**, Identification No.: 47114321, with its registered office in Prague 4, Roškotova 1225/1, Postal Code 140 00, entered into the Commercial Register kept by the Municipal Court in Prague, File No. A 7232. Contact details of the Data Protection Officer shall be: e-mail: dpo@ozp.cz, telephone number: 261105196, address of the OZP registered office.

The purpose of processing of the personal data shall be **performance of the public health insurance** based on the Act No. 48/1997 Coll., on Public Health Insurance and Amendment and Addition of Certain Related Acts, as amended, Act No. 280/1992 Coll., on Departmental, Specialized, Business and Other Health Insurance Companies, as amended, and Act No. 592/1992 Coll., on Public Health Insurance Premiums, as amended. The legal ground of processing of the personal data shall be Article 6(1) lit. c) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), (hereinafter referred to as the „Regulation“), processing is necessary for compliance with a legal obligation to which the controller, as a health insurance company, is subject to.

Providing of the essential personal data shall be obligatory and the client shall be obliged to provide these personal data (otherwise it shall not be possible to fulfil the lawful purpose of processing by the OZP). Providing of the personal data under point 2 on the previous page is voluntary and it is aimed to secure the effective communication between the client and the OZP. The OZP shall also be able to provide you information and news about its activities and services focused on your health. The OZP shall keep your personal data for the period of insurance duration, further for the period of 10 years after settlement of mutual obligations and for the necessary period of time as regards evidence of paid medical services.

In case you provided the OZP with your email and mobile telephone number, the OZP shall create for you free of charge an access to secured portal VITAKARTA, where you can find your remote access to your personal account containing data on medical services paid out from public health insurance according to Section 43(2) of Act No. 48/1997 Coll. This portal is aimed also to serve as a communication channel between the client and the OZP, while the client shall be able to draw benefits offered by the OZP. Access details are temporary and activation of your access is completely voluntary. If you are a legal representative, you may take advantage of the portal also for your represented individuals. Services of VITAKARTA portal are completely free of charge,

You shall have the **right** to request the access to the personal data and information under provision of Article 15 of the Regulation, the right to its rectification (amendment) in sense of the Article 16 of the Regulation or, as the case may be, the right to erasure of the personal data in sense of Article 17 of the Regulation, the right of the restriction of the processing under Article 18 of the Regulation respectively, the right to object the processing in accordance to Article 21 of the Regulation, the right to lodge a complaint with the supervisory authority, namely with the Office for Protection of the Personal Data (in Czech: Úřad pro ochranu osobních údajů). If it was likely that a certain case of the breach related to the security of the personal data is to result into the high risk vis-à-vis rights and freedoms of natural persons, the OZP shall notice you, as the data subject, without any delay.

The OZP shall be entitled to process your name, surname, address and electronic contact details for the purpose of providing you with the information and news about its activities and services aimed at your health based on the **legitimate interest** according to Article 6(1) lit. f) of the Regulation. You shall have the right to any time **object** the processing in accordance to Article 21 of the Regulation. Based on your objection the OZP shall not process your personal data for such a purpose. Reason of alteration of the health insurance company shall be processed by the OZP for the purpose of evaluation of its promotional activities and possible offers to medical practitioners and employers of the OZP's events aimed at health support. At the same time, based on the legitimate interest on the protection of your personal data against their misuse, the OZP shall kindly ask you for performance of the recorded verification telephone call merely for the purpose of confirmation of your interest on change of the health insurance company.

2 Consent to the Providing of Products and Services Offers by the Partners of the OZP Aimed at Your Health Support

In accordance with Article 6(1) lit. a) of the Regulation you may below grant a free, specific, informed and unambiguous consent to the processing of your personal data in the scope of name, surname, address and electronic contact details for the purpose of providing you with the offers of products and services of the contractual partners of the OZP mentioned on the website www.ozp.cz. Such offers relate to support of your health. Granting of the consent is voluntary and it shall not any how affect your relationship with the OZP. Moreover to the rights stated above, you shall have the right to any time recall your consent in writing on the address of the OZP: Roškotova 1225/1, 140 00 Prague 4 or at dpo@ozp.cz. You shall also have the right to data portability under Article 20 of the Regulation.

I agree

You can read more information about processing of personal data at the website www.ozp.cz (Section **Informace • Ochrana osobních údajů**). You may also contact directly the OZP Data Protection Officer who is an English speaker. For contact details, please see above.