

Important! The hard copy of the signed document need to be send to HQ in Gdańsk, also please send the picture/scan to benefits@getresponse.com

Statement

Concerns Medical Health Care Program provided by LuxMed, based on "LuxMed medical health care for GetResponse employees regulations".

I, the undersigned

employed in GetResponse,

I declare that from

(enter the month and year in which you submit the application):

1. I agree to deduct the below-mentioned amount of money from my monthly salary for Medical Health Care.
2. I apply for Medical Health Care Program provided by LuxMed Ltd. And I will be covered by:

Medical package		Monthly payment
Comfort Plus	Individual package	1 zł
	Partner package	49 zł
	Family package	99 zł
	Senior package 50-75	123,20 zł (per person)
	Senior package 75+	264,20 zł (per person)

3. I agree to entrust personal data, which I mention in point 4, to LuxMed Ltd. in accordance with personal data protection act. LuxMed Ltd. Can process personal data only to execute the agreement between LuxMed Ltd and GetResponse Sp. z o.o.
4. Since I will be covered by the Medical Health Care Package chosen in point 2, I entrust my personal data necessary for Medical Health Care provided by LuxMed Ltd.:

Employee personal data:

Name/names*
Surname*
Birth date*
Pesel*
Mobile phone

Family member I:

Name/names*			
Surname*			
Birth date*			
Pesel*			
Mobile phone			
Relationship	spouse	partner	child

Family member II:

Name/names*			
Surname*			
Birth date*			
Pesel*			
Mobile phone			
Relationship	spouse	partner	child

Family member III:

Name/names*			
Surname*			
Birth date*			
Pesel*			
Mobile phone			
Relationship	spouse	partner	child

Date and signature