

Data subject access request form – group insurance policy

In connection with the adoption of the EU General Privacy Act, with effect from 25 May 2018 this Regulation applies to the processing of your personal data by MetLife Europe d.a.c., a branch of an insurance company from another member state and MetLife Europe Insurance d.a.c., a branch of an insurance company from another member state, both with the seat of Pribinova 10, 811 09 Bratislava, the Slovak Republic (together collectively as „**MetLife Insurance**“)

Using this form, you can exercise your right to access personal information. This right arises in accordance with Art. 15 of Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive 95/46 / ES (thereinafter General Data Protection - „**GDPR**“).

You have the right to obtain from MetLife Insurance a confirmation if we process certain personal data or a copy of this data. In order to exercise this right, you can also contact the MetLife Insurance with a request you make in a free form. However, if you use the form below, it will significantly speed up our response to your request, it will make it easier for us to communicate with you and provide us with everything we need to inform you.

Your signature on the form or application must be officially certified, except in the cases described below (Instructions for submitting a form). Only in this way will MetLife be able to verify that the data is required by your person and will be able to protect the data.

Instructions for submitting a form

Fill in the form in printed characters as required in each column.

Instructions for submitting a form

The form can be delivered:

- By mail to the headquarters of MetLife Insurance (an officially certified signature is required)
- Personally, at the headquarters of MetLife Insurance during its opening hours (**no official signature is required, Customer Desk clerks will verify your identity**)

Officially certified signature is also not required if you personally collect the required data at MetLife's Customer Desk.



General Data Protection Regulation Article 15 – Subject Access Request

Proof of entitlement

Under the GDPR, only the data subject has a right to ask to see their own records. We normally expect the subject access request to be made by the data subject.

1. Personal details

Full name			
Previous names (if applicable)		Date of Birth	
Current Address			
Daytime telephone number		Email	

2. Group insurance contracts to which you require access

Please provide the numbers of all group insurance contracts (current as well as terminated) for which you request personal details:

Number of group insurance policy	Name of the policy owner (usually it is your employer)

3. Format of information

I wish to get the required information (select one of the options):

<input type="checkbox"/>	By delivering to the email that appears on this form (I confirm that I am the only user it and I do not allow access to others)
<input type="checkbox"/>	Hard copy by mail, sent at my address by registered mail
<input type="checkbox"/>	Collect the information at the MetLife headquarters Customer Desk (you will be prompted in writing to pick up information during the opening hours).

Applicant's declaration

To my knowledge, I am the insured person under the above stated group insurance policy/policies. I request information about beneficiaries that I have entered in the insurance application. If I request other information I mention it here:

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The applicant (Data Subject) acknowledges that:

- Personal data will not be provided if MetLife Insurance does not have it or unless the applicant has previously provided it with the insurance company. MetLife Insurance will inform you about it.
- MetLife Insurance provides a copy of the processed personal data as required free of charge. For additional copies at the request of the Data Subject, MetLife may charge an appropriate fee corresponding to the administrative costs.
- Responding to a request made on this form or on a formally written form, MetLife Insurance responds within one month at the latest. In justified cases within two months, the reason for the extension of this period shall be notified.

We carefully protect all your personal information. For information on the protection of your personal data processing, please refer to the Processing and Privacy Information available at www.metlife.sk in the section Služby pre vás/informácie pre klientov. You can also find the details of MetLife as a personal data processor, the individual processing purposes, the categories of personal data we process, the categories of recipients to whom personal data may be transferred, the overview of your rights and the resources of your personal information as well as information on automated decision and profiling. However, the majority of the information contained therein relates to clients of individual insurance contracts, as in their case we process substantially more personal information than that of group insurance policies insured.

Proof of identification

Proof of name and address is required to ensure we only give information to the correct person.

4. Officially certified signature of the applicant*

An official signature certificate is not required if you personally apply at MetLife's Insurance Customer Desk or if you want to take the information you need personally at MetLife's Insurance Customer Desk. Otherwise, verify your signature officially (notary, birth register office).

Applicant (Data Subject):

Signed at:

Date:

Applicant's
signature

This is part reserved for verification by MetLife insurance only

Identity verified by applicant's ID document at MetLife Insurance Customer Desk (will be used only in cases listed in 4*): *Totožnosť overená podľa dokladu žiadateľa zamestnancom MetLife*

Numer od ID (Číslo dokladu): ID Release Date (Dátum vydania):

Issued by (Vydal - vyplňte presne podľa dokladu totožnosti):

Valid to (Platnosť do):

**Name and surname of the authorized MetLife Insurance clerk/s who verified the identity of the applicant:
(Meno a priezvisko povereného zamestnanca, ktorý overil totožnosť žiadateľa)**

V Bratislave

Dňa

Podpis
a pečiatka
zamestnanca