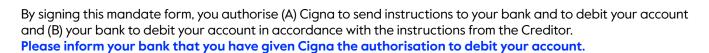


SEPA DIRECT DEBIT MANDATE



As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

_			٠.		
•	ro	~	Ιŧ	$\overline{}$	•
•	ľ	u	ľ	u	r

Name Cigna International Health Services BV

Address Plantin en Moretuslei 299

2140 Antwerpen

Identifier BE74ZZZO4I4783I83

Mandate reference (reserved for the creditor)

_					
п	_	_	-	_	-
		ю	т	п	ır

Name - First name

Cigna pers. ref. no. or product name

Date of birth

Address

Postal code City/Town Country

Swift/BIC

Account number - IBAN

This account number may be used for the reimbursement of my medical expenses

I would like the reimbursment of my medical expenses to come in a different account:

Name - First name

Bank name

Bank address

Swift/BIC

Account number - IBAN

I accept the terms and conditions. I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provisions of misleading information or the withholding of information related thereto is an offence punishable by Law. I hereby confirm that I have read and fully understood Cigna's Data Protection Notice (https://www.cignahealthbenefits.com/en/privacy). If I provide Cigna with personal information relating to others, I will make them aware of Cigna's Data Protection Notice.

Date (d-m-y) Location

Signature