SANITAS

ENROLMENT FORM

SANITAS HEALTH PLAN

BASIC ☐ CLASSIC ☒ COMPLETE ☐ OTHER ☐ .....

BUPA International

Office	
Inspector Code	
Agent Code	10.515
Company Code	

PERSONAL DETAILS OF THE POLICYHOLDER (IN SPAIN)

Name ..... First surname ..... Second surname ..... ID/Passport .....

Sex: m/f ..... D.O.B.: Day ..... Month ..... Year ..... Address ..... No. ..... Block ..... Stairway ..... Apartment ..... Door .....

Town/City ..... Postcode ..... Province ..... Telephone .....

Company ..... E-mail: ..... Mobile Phone: .....

ADDRESS OF THE POLICY, IF DIFFERENT TO THE ADDRESS OF THE POLICYHOLDER (IN SPAIN)

Street ..... No. ..... Block ..... Stairway ..... Apartment ..... Door .....

Town/City ..... Postcode ..... Province ..... Telephone .....

Company ..... E-mail: ..... Mobile Phone: .....

PERSONAL DETAILS OF INSURED PARTIES TO BE INCLUDED IN THE POLICY

Surnames and Name	Relationship	Sex M	Sex F	Date of Birth Day	Date of Birth Month	Date of Birth Year	ID/Passport

Start date of the policy: ..... (Month) ..... (Year)

Policy No.

Bar

Department

Do you require the supplement SANITAS DENTAL? Yes ☐ No ☐ Are you now or have you ever been a member of Sanitas or BUPA? Yes ☐ No ☐ Previous Policy No. .....

Send documentation and cards to: Policy address ☐ Office ☐ Agent ☐ Address .....

DECLARATION TO BE COMPLETED BY ALL INSURED PARTIES

	1st Insured	2nd Insured	3rd Insured	4th Insured	5th Insured
1. Have you ever undergone any surgery?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
2. Are you scheduled to undergo any surgery?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
3. Have you been admitted to a hospital or a similar institution for observation or treatment?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4. Have you sought medical advice or been treated in the past year for any short-lived symptom, illness or complaint?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5. To the best of your knowledge and belief, are you currently suffering from a passing or chronic illness or complaint?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6. Are any of the applicants pregnant?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

If you have answered "Yes" to any of the above questions, please complete the Sanitas questionnaire providing further information, giving details of each of the circumstances concerning your health indicated above.

Please indicate in which European Country (usually home country), as well as Spain, you wish to have cover:

- ☐ UK
- ☐ Germany
- ☐ France
- ☐ Other. Please specify: .....

This section to be completed by Health Plan Complete members only.

BANK DETAILS OF THE POLICYHOLDER FOR DIRECT DEBIT (IN SPAIN)

Dear Sirs, I should like to request that, with the charge debited to my account, you honour until further notice the orders for payment submitted by Sanitas, S.A. de Seguros in my name.:

Bank or Savings Bank ..... Street ..... Town/City ..... Postcode ..... Province .....

Banking Code ..... No. Agency/Branch ..... CD ..... Account No. ..... Frequency of payment: Annual ☐ Half-year ☐ Quarterly ☐ Monthly ☐

The undersigned declares that all information is present and correct and that no information has been omitted concerning the state of health of each and every person included in this document. Notwithstanding the above, SANITAS, S.A. DE SEGUROS (from hereon SANITAS) reserves the right to request from medical practitioners and institutions, and these are accordingly authorised to provide them to Sanitas, any information related to the health of the persons who have been included in the policy which is deemed necessary for the correct understanding and assessment of the risks to be covered and for the prevention of fraud, allowing conservation of this data, including data related to health, for this end. The interested party recognises that SANITAS reserves the right to accept or reject, partially or wholly, this application for the purposes of subscribing to the insurance. Likewise, and in accordance with legislation governing the protection of data of a personal nature, the insured parties expressly agree that all personal details concerning the Policyholder and any other persons included in this application may be included in files held by Sanitas, for the purpose of serving the activities pertaining to this company, for effective management of the contract, the prevention of fraud and remittance of publicity and commercial offers from the company and those third parties with whom collaboration agreements are reached, authorising us to deal with this data in order to send information that best adapts to the Policyholders specific needs. Likewise, the insured parties expressly authorise the disclosure of said data to companies in the Sanitas Group which are identified in www.jsanitas.com and to related companies dealing in financial, insurance, public medical and/or healthcare or wellbeing products and services, for the remittance of commercial information. The rights of opposition, access, rectification and cancellation of this data, as established in the aforementioned legislation, may be exercised at the Head office of the company, Department of Customer Relations, Ribera del Loira, 52, 28042 Madrid. The Policyholder is responsible for communicating to the other persons declared in the policy, the inclusion of their personal details in the aforementioned files. If the Policyholder's written non-conformance of the above is not received in the period of 30 days from the date of this form, it will be understood that the Policyholder is in conformance with the sending of publicity and the disclosure of data to other companies under the aforementioned terms.

Date .....

Signature of Policyholder

Signature of the Agent/Company