



INSURANCE APPLICATION

Name of the product to be contracted:

Application No.:

To be completed by Sanitas

Policy no: _____ Bar: _____ Effective from: _____

Department: _____ Agent Code: _____ 2nd Broker Code: _____

Office: _____ Manager Code: _____ Employee Code: _____

To be completed by the Broker:

Name: _____ DGS Registration no: _____

PART OF **Bupa****IMPORTANT:** It is necessary to submit, in addition to this application form, the questionnaire referring to **CONFIDENTIAL MEDICAL INFORMATION** in order to complete the process of registering new Insureds correctly.**DETAILS OF THE INSURANCE POLICYHOLDER**

Surname(s): _____ Given Name(s): _____

ID Document n°: _____ Tax ID card Passport NIE _____ Gender: Male FemaleDate of Birth: / / Nationality: _____

Company: _____

ADDRESS AND BANK DETAILS OF THE POLICYHOLDER

Street: _____ N°: _____ Block: _____ Staircase: _____ Floor: _____ Flat: _____

Town: _____ Postcode: _____ Province: _____

Telephone 1: _____ Telephone 2: _____ e-mail: _____

BANK DETAILS: IBAN: _____ CURRENT ACCOUNT: _____

BIC CODE: _____ PAYMENT FREQUENCY: Annual Six-monthly Quarterly Monthly**ADDRESS OF THE FIRST INSURED ON THE POLICY IF DIFFERENT FROM THE POLICYHOLDER'S ADDRESS**

Street: _____ N°: _____ Block: _____ Staircase: _____ Floor: _____ Flat: _____

Town: _____ Postcode: _____ Province: _____

SEND DOCUMENTATION TO: **The agent**

Street: _____ N°: _____ Block: _____ Staircase: _____ Floor: _____ Flat: _____

Town: _____ Postcode: _____ Province: _____

DETAILS OF THE INSURED(S)**INSURED 1**

IF THE POLICYHOLDER IS ALSO INSURED, HE OR SHE MUST APPEAR AS INSURED 1

Full name (surnames first): _____ Gender M/F: _____ Date of Birth: _____

Telephone 1: _____ Telephone 2: _____ Profession: _____

E-mail address: _____ NIF Passport NIE: _____

Document n°: _____

Are you now (or have you previously been) a member of Sanitas or BUPA? Yes No Previous Policy n°: _____Have you switched from a different Insurance Company Yes No Previous Insurer: _____**INSURED 2**

Relationship with Insured 1

Full name (surnames first): _____ Gender M/F: _____ Date of Birth: _____

Telephone 1: _____ Telephone 2: _____ Profession: _____

E-mail address: _____ NIF Passport NIE: _____

Document n°: _____

Are you now (or have you previously been) a member of Sanitas or BUPA? Yes No Previous Policy n°: _____Have you switched from a different Insurance Company Yes No Previous Insurer: _____**ADD-ONS CONTRACTED**

Do you wish to contract any of the add-ons? (Only valid if compatible with the product)

FOR ALL INSURED(S)

- Dental cover
- Medicines
- Cover in USA
- Optical cover
- Road/work accident coverage
- Family assistance
- Others _____

FOR POLICYHOLDER

- I.T. Guarantee
- Others _____

FOR SELECTED INSURED(S)

- Reimbursement of expenses I1 I2 Others _____
- Indicate insured capital: _____ €
- Reimbursement (Gyn/Ped)
- Optical cover
- Accidents
- Indicate insured capital: _____ €
- Income (hospital subsidy)
- Alternative Medicine

Signature of the Policyholder / Insured

Signature of the Broker

Date:

_____ on (month) (day) (year)

I declare that I have answered truthfully all of the questions contained in this application form and I acknowledge that I have received the **Insurance Information Prior to Contracting** contained in this application form and in the additional Prior Information Note. I hereby give my consent to the direct debit mandate for the insurance premium and the processing of the personal details also stipulated overleaf.If you do not wish to receive commercial information from SANITAS, mark this box .If you do not wish to receive commercial information from other companies related to SANITAS, mark this box .If you do not wish your personal details to be transferred to other companies related to SANITAS for the sending of commercial information, mark this box .

INFORMATION PRIOR TO CONTRACTING

By signing the front of the present insurance application form, the Policyholder acknowledges that he or she has been informed, on the date of the present, of the information indicated below pursuant to the provisions contained in article 96 of Law 20 dated July 14th, 2015, and in article 122 and 126 of the Regulations developing the same, that he or she has received, at his or her email address stipulated on the insurance application form, or in hard copy if no address is furnished, the additional Prior Information Note for the product referred to in the application form.

APPLICABLE LEGISLATION.

The Insurance Contract Act (Law 50 dated October 8th, 1980), the Insurers and Reinsurers (Organization, Oversight and Solvency) Act (Law 20 dated July 14th, 2015), and the Regulations developing the same (Royal Decree 1,060 dated November 20th, 2015).

INSURER.

SANITAS, SOCIEDAD ANÓNIMA DE SEGUROS, has its registered office at Calle Ribera del Loira 52 (28042 Madrid, Spain) and tax ID no A-28037042. The supervision and monitoring of its activities corresponds to the Directorate General for Insurance and Pension Funds at the Ministry of the Economy and Competitiveness. Through its website, SANITAS will publish the statutory reports on its financial situation and solvency status within the terms foreseen in current legislation.

ACCEPTANCE OF TERMS AND CONDITIONS. NOTIFICATIONS.

If and when this insurance application is accepted, SANITAS will send an email to the Policyholder at the address provided by the latter on this application form. This email will feature a link allowing the Policyholder to register on the website and choose a Security Password.

Once he/she has obtained the password, the Policyholder must access www.sanitas.es, where the General and Particular Terms and Conditions of his/her policy are available; these must be accepted by clicking on the boxes provided for this purpose, which constitutes the respective signing of the aforementioned terms and conditions. The use of the Security Password will be legally equivalent, for all purposes, to the Policyholder's handwritten signature. The Policyholder may download these terms and conditions, and request that SANITAS send him/her the aforementioned contract documentation on paper. It is essential that he/she accept these conditions and activate his/her insurance card to be able to use the services referred to in the policy contracted with full guarantees.

The Policyholder authorizes SANITAS to record any telephone communications and the computing and remote electronic records generated by accessing the SANITAS service. Such recordings and records may be used as evidence in any legal or arbitration proceedings which might arise between the two parties.

The Policyholder authorizes SANITAS to use his/her mobile telephone number and email address to send him/her any notifications, communications and information related to his/her policy by electronic means, provided current legislation so allows. The Policyholder accepts that any notification sent by SANITAS to the physical or email address or telephone number provided by the Policyholder when the application for insurance is made will be fully valid and effective until such time as a change in these details are notified to SANITAS.

The Policyholder will pass on the terms and conditions agreed and indicated in the previous paragraphs to any Insured parties in the policy who might wish to register and obtain their own security password, and hereby accepts the full legal validity of said terms and conditions, both on his/her own behalf and on behalf of the aforementioned Insured parties.

At any time during the contractual relationship, the Policyholder shall have the right to obtain the contract terms and conditions on paper and to change the remote communication techniques used to enter into the insurance contract.

COMPLAINTS HANDLING BODIES.

In the event of any complaint regarding the insurance contract, the Policyholder, Insured, beneficiary, harmed third party or successor in rights of any of the above must address their complaint for resolution:

1. To the Complaints Handling Department of SANITAS, by means of a signed letter (with the claimant's National Identification Document or a document accrediting their identity) addressed to the Insurer at Calle Ribera del Loira 52, 28042 Madrid or sent to fax number (+34) 915 852 468 or by email to the address reclamaciones@sanitas.es. We shall acknowledge receipt in writing and shall issue a formal reasoned resolution in writing within the maximum legal term of two months from the date of submission of the complaint.
2. Once the Insurer's internal complaints process has been exhausted, or if the

client does not accept the resolution reached, it will be possible to lodge a complaint in writing, facilitating the claimant's National Identification Document or a document accrediting their identity before the Directorate General for Insurance and Pension Funds. For this purpose, the claimant must show that the term stipulated for the resolution of the claim has elapsed or that consideration of the claim has been refused or the claim submitted has been rejected.

3. Please be informed that SANITAS is not attached to any consumer rights board, without prejudice to the Insured's right to follow the administrative and legal proceedings specified in the complaints procedure set down in the General Terms and Conditions of their policy.
4. In any case, it will be possible to resort to the competent Courts, which shall be those corresponding to the Insured's address.

RENEWAL, TERMINATION, UPDATING OF PREMIUMS AND OTHER INFORMATION.

1. Renewal. Unless otherwise established in the policy, the insurance contract is of annual duration, calculated from the date it enters into force, and it will be tacitly extended for successive periods of one year unless either of the parties opposes said extension by communicating this fact to the other party, giving 2 months' notice if SANITAS effects this notification and 1 month if it is the Policyholder. The only cases in which SANITAS waives the right to oppose the extension are set out on the additional Prior Information Note provided to the Policyholder.
2. Termination of the contract (generally speaking, without prejudice to the provisions of statute and in the General and Particular Terms and Conditions of the policy).
 - a) SANITAS may terminate the policy:
 - In the event of any inaccuracy or withholding of information by the Policyholder when completing the health questionnaire for the Insured/s. Such termination shall take effect by means of a declaration addressed to the Policyholder within 1 month from when SANITAS becomes aware of the inaccuracy or withholding of information.
 - In the event of any inaccurate indication of the Insured's date of birth, should the correct date of birth when the contract enters into force exceed the admission limits established by SANITAS.
 - If, due to the fault of the Policyholder, the initial premium is not paid on maturity, unless SANITAS opts to require payment through enforcement. In the event of non-payment of subsequent premiums, instalment payments or co-payments, then art. 15 of Law 50/1980 and the Terms and Conditions of the policy shall apply.
 - b) The Policyholder may terminate the policy in the following cases by notifying SANITAS of this fact in writing:
 - On receipt, in due course, of a notification from SANITAS regarding a variation in the amount of the premiums payable for the next annual period. In such cases, the termination shall take effect from the conclusion of the annual period in course, provided that the Policyholder notifies SANITAS at least one month prior to the aforesaid date.
 - Whenever there is a change in the national medical staff of SANITAS, provided that this change affects at least 50% of those professionals making up its staff prior to the change.
3. Objective risk factors to be considered in the rate of the premium to be applied in successive renewals of the policy: age of each Insured; geographical area for the provision of the services; variation in the costs of health-care services; frequency of the use of benefits; inclusion of technological medical innovations or new insured cover.
4. The Policyholder is not entitled to have the policy reinstated.
5. The additional Prior Information Note furnished to the Policyholder includes, among other circumstances, pertinent information on:
 - Optional ancillary guarantees offered in the policy, over and above the cover.
 - Limits and terms and conditions on the freedom to choose the service provider.
 - Applicable premium tariffs.

DIRECT DEBIT MANDATE

Through the signature placed on the front of this form, the Policyholder and Debtor for the insurance premium authorizes Sanitas S.A. de Seguros to present a direct debit for the amount corresponding to the insurance premium for the policy referred to on this application form and any other amount payable by the Policyholder in

connection with said policy. Furthermore, the bank indicated is authorized to effect the said debits against the Policyholder's account following the instructions received from Sanitas S.A. de Seguros.

PROCESSING OF THE PERSONAL DETAILS OF THE POLICYHOLDER AND INSURED PARTIES

The details collected through the present document are confidential and subject to protection. Applicants undertake that all information furnished to the Insurer is true and that no information has been excluded regarding the health status of each Insured. SANITAS is under no obligation as a result of this application and reserves the right to accept it or reject it for the purposes of taking out the insurance.

The applicant accepts that all the personal details relating to the Policyholder and the Insured parties will be included in SANITAS files for guaranteeing the correct execution of the contract, complying with obligations set down in applicable regulations, performing the company's activities, including the delimitation of associated risk, complaints or the management of re-insurance or co-insurance, the offering of comprehensive care programmes, an understanding of the reasons for the rejection of this application or for the cancellation of the policy, customer retention programmes and the prevention of fraud.

The Policyholder and Insured hereby empower the Insurer to request their personal and health-related details from any health professionals, medical centres, hospitals and organizations with which it may maintain co-insurance or re-insurance relations and vice versa, and the Policyholder and Insured therefore authorize the latter to provide such information to each other in order to manage the insurance, re-insurance or co-insurance, to offer any comprehensive care programmes, to improve knowledge and assessment of the risks to be covered, to prevent fraud, to determine health-care attention, to pay the health-care providers or to reimburse the Insured for the expenses incurred for health-care and to deal with any complaints presented by the Insured parties themselves.

In order to prevent fraud, the Insured parties give their express consent for SANITAS to retain the details necessary for this purpose, for retention programmes and risk selection, even when the contract is not entered into or after the relationship has terminated.

If the Policyholder/Insured party does not consent to his/her details being included in these files and their subsequent use, the insurance contract cannot be entered

into.

The Policyholder and Insured hereby consent to the sending, by any means, including electronic commercial communications, advertising or other offers from SANITAS and third parties with whom it may establish collaboration agreements in connection with financial products and services, insurance, health and social services and/or wellbeing services, and hereby authorize SANITAS to process their personal details in order to send them information that adapts to their specific needs, even if the insurance is ultimately not taken out.

In addition, the Policyholder/Insured party expressly authorize the transfer of their personal details to companies in the SANITAS Group identified on www.sanitas.es, and the assignment thereof to any other entity with which collaboration agreements may be entered into for the effectiveness of the contractual relations with the Policyholder and Insured, in connection with the co-insurance or re-insurance of the risk, as well as for sending commercial information related to financial products and services, insurance, health and social services and/or wellbeing services.

The Policyholder is responsible for informing all the Insured parties in the policy of the inclusion of their details in the aforementioned files and the use that the Insurer intends to make of them so that they may exercise any rights they deem appropriate with the company. The Policyholder states that he/she has the consent of the Insured parties for their personal details to be given to SANITAS and for SANITAS to provide the Policyholder with the identifying information on the medical services of the Insured parties covered by the policy, unless SANITAS is released in writing by the Policyholder from its legal duty to supply information, or this is so requested by any of the Insured parties.

The right to access, correct, cancel and oppose the use of these details as specified in the applicable legislation may be exercised at the company's head office: Calle Ribera del Loira 52, 28042 Madrid, through the Legal Department or "Mi Sanitas" at <https://www.sanitas.es/misanitas/online/clientes/contacto/index.html>.

