



Part of Bupa

INSURANCE APPLICATION FORM

Inception date requested: 01 month year Number of insureds to include:

Name of the product to be purchased:

☐ New policy ☐ Inclusion add-on for all insureds on the existing policy

☐ Change of policy In case of change of policy, previous policy no.:

To be completed by Sanitas

Application form no.: Plan code: Policy n°: Bar: Departament:
Branch: Manager Code: Employee Code:

To be completed by the broker

Name and surname / Business name:

Broker type: ☐ Agent Agency Code: DGS Registration n°:
☐ Broker Sanitas Broker Code: DGS Registration n°:

Policyholder details

Name and surname / Business name: Sex: ☐ Male ☐ Female

Date of birth: day month year Nationality:

ID Document n°: ☐ Tax ID ☐ Passport ☐ Residence Permit ☐ National ID Document (EU citizens)

Mobile Number: Telephone 2: Email:

Company:

Bank details

IBAN: Account no: BIC:

Payment frequency: ☐ Annual ☐ Six-monthly ☐ Quarterly ☐ Monthly

Policyholder's address

Street: No. Block: Staircase: Floor: Flat:

Town/City: Postcode: Province:

Address of the first insured on the policy if different from the policyholder's

Street: No. Block: Staircase: Floor: Flat:

Town/City: Postcode: Province:

Send documentation to:

Broker

Street: No. Block: Staircase: Floor: Flat:

Town/City: Postcode: Province:

ADD-ONS PURCHASED (for all insureds)

Do you wish to purchase any of the add-ons below? (only valid if compatible with the product)

- ☐ Digital
☐ Dental Modality:
☐ Clínica Universidad de Navarra
☐ Pharmacy
☐ Traffic/work accidents
☐ Other:

Inception date

01 / /
01 / /
01 / /
01 / /
01 / /
01 / /

Product code
To be completed by Sanitas

Policyholder / Insured's Signature

Broker's Signature

Date: day month 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 and in the Information about the insurance product document associated to the application form. I hereby give my consent to the direct debit order for the insurance premium and to the processing of the personal details also stipulated overleaf.

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. SANITAS is under no obligation whatsoever as a result of this application, and reserves the right to accept or reject it for the purposes of taking out the policy.

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 using the code sent to the mobile phone number provided in this form. The use of the Password code will be legally equivalent, for all purposes, to the Policyholder's handwritten signature. Sanitas may deny the insured cover if the policyholder does not accept the policy terms and conditions.

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.

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. Under no circumstances will Sanitas oppose the extension if the insured is over 65 years old, provided that they have been insured with Sanitas for 5 years or more and without any missed payments, or if they are undergoing treatment for one of the serious diseases listed below, which was first diagnosed during the period the insured was included on the policy, (Active oncological processes; Tributary heart diseases of surgical or interventional treatment; Organ transplants; Complex orthopaedic surgery in evolution phase; Degenerative or demyelinating diseases of the nervous system; Acute kidney failure; Torpid chronic respiratory failure; Chronic hepatopathy (excluding those of alcohol origin); Acute Myocardial Infarction with heart failure; Macular degeneration.
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.
 - 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
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. For healthcare policies the insured can access the professionals on the medical chart corresponding to the product purchased under the terms and conditions and with the limits set out in the general terms and conditions. For reimbursement products there will be no access limits, provided that the medical service is included in the cover.
6. You can read the report about Sanitas' financial situation and solvency at: <http://corporativo.sanitas.es/>
7. You can check the premiums applicable for every age range and the supplementary optional cover available at www.sanitas.es
8. If the policy is taken out through a sales representative employed by Sanitas, the nature of their remuneration will comprise the salary agreed between Sanitas and the employee.

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.

Basic Data Protection Information

DATA CONTROLLER.

SANITAS, SOCIEDAD ANÓNIMA DE SEGUROS (Sanitas), C/ Ribera del Loira, 52, 28042 Madrid, Spain, shall process the personal data, including the personal health data of the applicant, policyholder and insureds (data subjects). Details of the Data Protection Officer: dpo@sanitas.es.

MAIN PURPOSES AND LAWFULNESS.

The personal data of the data subjects, including their health data (personal data), shall be processed for the following purposes.

Analyse the financial solvency of the applicant/policyholder, by consulting-credit information file systems, based on the legitimate interest of Sanitas in identifying possible fraudulent conduct.

Formalise, develop and implement the insurance contract, with the possibility of using automated decision-making to manage the policy. If you take out the policy and are the policyholder or an insured, to provide and cover the care service included in the insurance contract, being able to request and obtain information about the health of the insureds from healthcare professionals and being able to create profiles based on personal data to send you personalised information, such as tips to help you to take care of your health. These two purposes of processing are legitimised by the need to implement the insurance contract and manage the healthcare and social care systems and services.

Conduct research in order to design the care models included in the contract, by creating profiles, for the purpose of preventive healthcare for the insured as part of the cover included in the contract. Processing necessary to implement the insurance contract and manage the healthcare service or treatment.

Manage provision of the health promotion service included in the insurance contract, to do which Sanitas manages the design of personalised health plans, and others, as a consequence of the profiles created based on the insured's personal data. Processing necessary to implement the contract and manage the healthcare service or treatment.

Manage the actuarial risk in order to set the appropriate price in each case, and other purposes. This processing is necessary in order to fulfil the regulations applicable to insurance and reinsurance companies and for managing healthcare and social care systems and services.

Create profiles based on the personal data of the data subjects, including their health data, for marketing purposes, including sending marketing information via electronic means, based on the consent of the data subject or on legitimate interest in the case of the policyholder or insured. Profiling may be necessary in order to anticipate the health needs of the policyholder/insured and therefore, improve the services, based on the legitimate interest of Sanitas in offering the best possible services to support the policyholder/insured in taking care of their health and the need for processing to manage the healthcare and social care systems and services.

Transfer personal data, including personal health data, to companies in the Sanitas group in order to send marketing information, including via electronic means, based on, where appropriate, the profile of the data subject and on their prior consent and for the purpose of anticipating the health needs of the data subject, the group companies creating profiles and performing statistical analyses in order to improve the services provided by group companies and offer them to the policyholder/insured, depending on their individual characteristics, based on the consent given.

Transfer of Personal Data, including personal health data, to third parties for marketing purposes, which may be based on the data subject's profile, based on the consent they have given, or in order to ensure the effectiveness of the contractual relationships with the data subject (for example, transfer to reinsurance companies) based on the legitimate interest of Sanitas in managing the risk undertaken, and the need for processing in order to manage healthcare and social care systems and services.

RECIPIENTS.

Group companies and collaborating third-party companies, as set out in the previous section, in addition to public bodies and others, when required by law. In addition, third-party service providers as data processors. As some of these are located in countries outside the European Economic Area, Sanitas has adopted appropriate guarantees. More information in the International Transfers section at www.sanitas.es/RGPD.

SOURCE.

The personal data of the data subjects is generated as a consequence of providing the service and comes from brokers, insurance agents or collaborating third parties.

RIGHTS.

Access to, rectification and erasure of personal data, withdraw the consent given, oppose automated decision-making, where applicable, and other rights, as explained in the Additional Information.

ADDITIONAL INFORMATION.

Available at www.sanitas.es/RGPD. Failure to accept the processing included below does not condition the application or insurance contract with Sanitas. Unless specified otherwise, by selecting any of the following options, by signing this clause, the applicant gives SANITAS their consent to process the data subject's personal data, including health data, for all of the purposes specified below:

Yes ☐ No ☐ I consent to receive marketing communications from Sanitas Seguros, S.A about the products and services of (i) Sanitas Group companies and (ii) collaborating companies (from the sectors specified below) and personalised according to my interests, preferences and statistical information.

Yes ☐ No ☐ I consent to my data being transferred to Sanitas Group companies so that they can send me marketing communications based on my customer profile.

Yes ☐ No ☐ I consent to my data being transferred to Sanitas Group companies for processing, including profiling for the purposes of medical research and statistics, which enable Sanitas Group (i) to perform actions associated with preventive medicine and (ii) to improve how it provides its services.

More information at www.sanitas.es/RGPD/seguros/consentimientos.

I have read and understand the information provided in relation to personal data processing.

Date:

day month year

Applicant/Policyholder/Insured's Signature



Part of Bupa

INSURED'S DETAILS

Health questionnaire

- ☐ New policy ☐ Change of policy
☐ Inclusion of an insured on the policy ☐ Inclusion of add-on in existing cover

To be completed by Sanitas

Application form no.: _____ Policy n° _____
Policyholder's name and surname / Business _____

To be completed by insured no.

Name and Surname: _____ Sex: ☐ Male ☐ Female
Date of birth: day _____ month _____ year _____ Relation to the first insured: _____
Mobile number: _____ Telephone 2: _____ Inception date requested: 01 month _____ year _____
E-mail: _____ Nationality: _____
ID Document n°: _____ ☐ Tax ID ☐ Passport ☐ Residence Permit no. ☐ National ID Document (EU citizens) (ciudadanos de la UE)
Are you, or have you been a member of Sanitas or Bupa? ☐ Yes ☐ No Previous policy no.: _____
Have you previously been insured by another insurance company? ☐ Yes ☐ No Which?: _____

Health questionnaire:

1. Weight: _____ kgs. Height: _____ cms.
2. Do you have or have you had a disease or accident in the last 5 years that required medical treatment? ☐ Yes ☐ No
If yes, please give details _____
3. Have you been admitted to hospital or had an operation or do you have one scheduled shortly? ☐ Yes ☐ No
If yes, please give details _____
4. Are you currently under medical treatment or monitoring? ☐ Yes ☐ No
If yes, please give details _____
5. Have you recently had any medical tests or have you any scheduled? ☐ Yes ☐ No
If yes, please give details _____
6. Do you have any undiagnosed symptoms or pain that appears constantly or repeatedly? ☐ Yes ☐ No
If yes, please give details _____

Questions for statistical purposes:

If you wish, you may answer the following questions on a voluntary basis. Failure to answer does not affect the validity of your insurance application.

1. Are you a smoker or did you use to smoke more than 20 cigarettes a day less than a year ago? ☐ Yes ☐ No
2. Do you drink more than 4 units of alcohol a day? ☐ Yes ☐ No
3. How would you classify your quality of sleep?
☐ Good. I wake up rested and it is restorative
☐ Fine. It depends on the day
☐ Bad. I do not feel rested when I wake up or I feel I have not had enough sleep

Add-ons that can be purchased by the insured (only valid if compatible with the product)

| Add-on | Inception date | Product code To be completed by Sanitas |
|--|----------------|---|
| <input type="checkbox"/> Opticians | 01 / / | |
| <input type="checkbox"/> Cost reimbursement. Insured capital: _____ € | 01 / / | |
| <input type="checkbox"/> Income (Hospitalisation Subsidy) | 01 / / | |
| <input type="checkbox"/> Accidents (Specify insured's profession): _____ | 01 / / | |
| <input type="checkbox"/> Other: _____ | 01 / / | |

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 and in the Information about the insurance product document associated to the application form.

Policyholder / Insured's Signature

Broker's Signature

Date: day _____ month _____ year _____