

Membership Application (with Health Questionnaire)

S.O.S.F.601/09 CS The Insurer SegurCaixa Adeslas, S.A. de Seguros y Reaseguros - Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid (Spain). Registered in the Commercial Registry of Madrid, book 36733, sheet 213, page M-658265. VAT No.: A28011864.

Group name _____

Application number _____

Incorporation Cancellation Modification

Policy number _____

Certificate number _____

Delegation _____ Effective date _____

Remittance of documentation Customer KAM Company

Mediator Code 1 _____ Mediator Code 2 _____

Holder Data

Surname and First Name _____ NIF/NIE _____

Address: Type of Roadway _____ Street name _____ Street number _____ Floor _____

Post Code _____ Town or City _____

Date of birth _____ Marital Status _____ Gender Male Female Employee Number _____

Telephone no. _____ Mobile phone _____ E-mail address _____

Would the holder wish to be insured by the policy? Yes No Are you requesting exemption from the claims waiting period? Yes No

Do you have any other policy with SegurCaixa Adeslas? No. of Policy _____

Form of payment Monthly Quarterly Bi-monthly Six-monthly Annually

IBAN _____

Product _____ Additional complements _____

Insured Data

Number of Insured _____

1) Surname and First Name _____ NIF/NIE _____

Address _____ Post Code _____ Town or City _____

Date of birth _____ Gender Male Female Relationship _____

Telephone no. _____ Mobile phone _____ E-mail address _____

Do you have any other policy with SegurCaixa Adeslas? No. of Policy _____ Are you requesting exemption from the claims waiting period? Yes No

Product _____ Additional complements _____

2) Surname and First Name _____ NIF/NIE _____

Address _____ Post Code _____ Town or City _____

Date of birth _____ Gender Male Female Relationship _____

Telephone no. _____ Mobile phone _____ E-mail address _____

Do you have any other policy with SegurCaixa Adeslas? No. of Policy _____ Are you requesting exemption from the claims waiting period? Yes No

Product _____ Additional complements _____

3) Surname and First Name _____ NIF/NIE _____

Address _____ Post Code _____ Town or City _____

Date of birth _____ Gender Male Female Relationship _____

Telephone no. _____ Mobile phone _____ E-mail address _____

Do you have any other policy with SegurCaixa Adeslas? No. of Policy _____ Are you requesting exemption from the claims waiting period? Yes No

Product _____ Additional complements _____

OBSERVATIONS

Application Decision: ACCEPTED REJECTED EXCLUSIONS

INFORMATION OF INTEREST TO THE CUSTOMER

In accordance with what is set out in the currently valid Law on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies, the applicant is informed that the insurance undertaking is SegurCaixa Adeslas, S.A. de Seguros y Reaseguros whose fiscal identification number is: A-28011864, and that its registered office is at: Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid (Spain). Registered in the Commercial Registry of Madrid, book 36733, sheet 213, page M-658265, and that the insurance contract which is being requested is subject to Spanish legislation.

1. Furthermore, the applicant is informed that, without prejudice to the possibility of resorting to legal proceedings, the policy holder, the insured party, the beneficiary, injured parties or any of their rightsholders, will be able to file complaints and/or claims against actions on the part of the insurer which he/she considers injurious or which infringe on his/her legally recognised rights or interests as set out in the insurance contract. In accordance with the legislation in force in said regard, the Insurer makes available for said purpose a Customer Service Department (CSD) which said parties may contact in order to file any complaints or claims they may wish to make, when the office or service concerned does not resolve said matter to the satisfaction of these parties. Complaints and claims may be presented at the Customer Service Department of any office of the Insurer open to the public, or sent to the address or email address established for said purpose. The contact details of this service are: Torre de Cristal, Paseo de la Castellana 259C, 28046 Madrid.

The CSD will acknowledge in writing the receipt of any complaints or claims, and will proceed to resolve these on a grounded basis within the legally stipulated maximum term of two months as from the date of presentation thereof.

2. The interested parties may likewise file a complaint or claim with the Claims Service of the Directorate General of Insurance and Pension Funds. In order to do so, they must accredit that two months have expired from the date of presentation of the complaint or claim to the CSD in which time said Customer Service Department failed to resolve the petition or refused to consider or disallowed said petition in whole or in part.

3. Notwithstanding the above actions and any other actions to which the interested parties are entitled pursuant to insurance regulations, said interested parties may take any legal action they deem suitable before the courts of ordinary jurisdiction.

<p>BASIC INFORMATION CONCERNING PERSONAL DATA PROTECTION</p> <p>DATA CONTROLLER SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.</p> <p>PURPOSE Maintenance of the contractual relationship.</p> <p>So that we can contact you to inform you about products and services offered by SegurCaixa Adeslas that might be of interest to you. For this purpose, your data shall be processed to apply profiling/segmentation techniques that will make it possible for the products and services that we might offer you suit your interests and needs as closely as possible. If you do not want us to contact you for this purpose, you can indicate this by ticking the box below.</p> <p><input type="checkbox"/> M I do not want to be contacted to be informed about products or services offered by SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.</p> <p>LEGITIMATION For the management of the insurance contract: the execution of a contract. To provide information about products or services of SegurCaixa Adeslas: the legitimate interest of the data controller.</p>	<p>RECIPIENTS The data shall not be transferred to third parties, unless legally obliged.</p> <p>However, if you provide your consent by ticking the box below, your data may be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services.</p> <p>RIGHTS To access, rectify and have data deleted, and other rights as explained in the additional information.</p> <p>ADDITIONAL INFORMATION You can find more information about the data protection policy of SegurCaixa Adeslas, including how to withdraw consent, in the General Conditions of your insurance policies and/or on the following web page: www.segurcaixaadeslas.es/es/proteccion-de-datos</p>
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You agree that your personal data shall be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services. YES NO

Date _____ Signature _____

