

Solicitud de seguro

DKV Integral • DKV Modular • DKV Mundisalud
DKV Residentes • DKV Top Health® • DKV SaludPlus&Company



(Completar sólo los recuadros en blanco. Los recuadros sombreados serán rellenados por el departamento correspondiente de DKV Seguros.)

Sucursal	Oficina	Ramo	Número	Orden	N.º Aseg.	Fecha efecto	Fecha vencimiento	1.º Rbo. Fco.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						Día Mes Año	Día Mes Año	

Nombre del centro de trabajo Código C. Trabajo

(Completar sólo para solicitud de suplementos.)

Sucursal	Oficina	Ramo	Número de póliza	Orden de póliza	Fecha de efecto del suplemento	<input type="checkbox"/> Inclusión
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Exclusión
					Día Mes Año	<input type="checkbox"/> Modificación

Tomador del seguro (Escribir en letras mayúsculas)

Apellidos o razón social Nombre

N.I.F./C.I.F./N.I.E. Domicilio Código postal

Localidad Prov. Teléfono Teléfono móvil

Fax Fecha nacimiento Medio de contacto: Teléfono Móvil Fax E-mail E-mail trabajo

E-mail trabajo @ E-mail personal @

Hombre Mujer Nacionalidad Código Obrando por cuenta Castellano Catalán Gallego Euskera Alemán Inglés

Profesión

Sustituye a la póliza: Sucursal Oficina Ramo Número Orden E.C. Sí No

¿Desea recibir información detallada de los actos médicos realizados? (sólo para DKV Integral y DKV Modular) Sí No

Claves de la entidad

Periodo Cobro Agencia gestora Agencia cobradora Póliza/Recibo No Sí

Domicilio de cobro de recibos IBAN

Domicilio de reembolso IBAN

Modalidad de seguro de salud que desea contratar:

DKV Integral Complet Plus Classic Élite

Módulo opcional: Reembolso de ginecología, obstetricia y pediatría

DKV Modular (Marcar con una X las coberturas seleccionadas. Es necesario marcar como mínimo una cobertura de salud y una de accidentes)

Coberturas Salud:

Asistencia primaria Especialistas y otros medios de diagnóstico Hospitalización Asistencia sanitaria en caso de accidente

Coberturas Accidentes: Básico: 1 2 3 4 5

DKV Mundisalud

Plus Elite Premium Elección

Cobertura básica + Repatriación + Best Care

DKV Top Health® Sin franquicia Franquicia 600 EUR Franquicia 1.200 EUR

Complet Classic

DKV Residentes Basic Coverage

DKV SaludPlus&Company

For all modalities (Modular and Mundisalud with full health coverage):

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

2) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

3) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

4) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

5) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

6) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

7) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

8) Apellidos Nombre

Sexo		Parentesco		Fecha nacimiento			N.I.F./C.I.F./N.I.E.			Nacionalidad			Código	
Profesión														

Health Statement

All pages will be answered in detail. Even add any discomforts, illnesses or after-effects of accidents that you consider inconsequential. Hyphens and crossovers are not valid as an answer. If you do not have enough space, answer on an attached sheet, stating your name, date and signature. Taker

Personal data of the insured/insured
The order of the insured will be as expressed on

N.I.F. / C.I.F. / N.I.E.

Insured	1	2	3	4	5	6	7	8
Weight (kg)/ Height (cm)	/	/	/	/	/	/	/	/
Use of tobacco (T), alcohol (A) and/or drugs (D) (surround positive) and clarify type and quantity)	T A D	T A D	T A D	T A D	T A D	T A D	T A D	T A D
Diopters: Right Eye/Left Eye	/	/	/	/	/	/	/	/

Health Questionnaire

If the answer to any of the following questions is positive, expand the information in the corresponding line, in the box below the questionnaire and/or provide detailed medical information (make it clear which insured person is in case of hiring several people):

- Do you have or have you ever had any illness, accident, congenital disorder, hereditary familial disease, joint pain as well as some other symptom or pain? (Specify answer) Yes No _____
- Have received, are receiving, or are pending any type of treatment? surgical, medical, pharmacological, rehabilitative or dietary (e.g., hypertensive diet)? (Specify treatments, causes, and dates) Yes No _____
- Have you been hospitalized or are you awaiting hospitalization? (Specify causes and dates) Yes No _____
- Have you had or are you in the process of having any diagnostic tests? (Specify test type, reason, result, and date) Yes No _____

Table of extended declared medical data:

ASEG./Preg. No.	START/END DATE	ORIGIN	LOCATION	TREATMENTS	TESTS & RESULTS	CURRENT SITUATION
EXAMPLE	2005	Back pain	Lumbar	Antiinflammatory	TAC. Lumbar hernia	Nothing, pain seldom
/		By Moving		and rehabilitation	small	
/						
/						
/						
/						
/						
/						
/						
/						
/						

Briefing note

In compliance with article 126 of Royal Decree 1060/2015 of 20 November (ROSSEAR), relating to the particular duty of information in health insurance.

1. Objective risk factors to be considered in the premium rate to be applied in the successive renewals of the policy (in any of the types of coverage that are contracted in the health insurance)

The premium of each insured person is calculated on the basis of the following objective risk factors: age and geographical area. If the mathematical methods used by DKV Seguros to calculate the risk premium reveal any other significant objective risk factor, it will be informed that it will be included in the calculation of the rate before the policy is renewed.

Other factors also play a role in the calculation of the premium, such as the increase in the cost of care and the medical technological innovations that are incorporated into the coverage.

In the case of group policies, the result of the group and the number of premium brackets applied will also be taken into account in the renewals.

The premiums for the current financial year for individual health products can be consulted on dkvseguros.com and will also be available at the DKV Seguros offices.

2. Termination of the contract

DKV Seguros has the right to terminate the contract in the event that the policyholder does not pay the first or subsequent premiums, in accordance with the provisions of point 4 of this information notice. DKV Seguros may also terminate the contract by means of a communication addressed to the policyholder, within a period of one month from the time it became aware of any reservation or inaccuracy by the policyholder or the insured when completing the insurance application and the health declaration.

In this case, if DKV Seguros has paid any compensation or assumed any benefit, it may claim a refund of the amount.

Likewise, DKV Seguros may terminate the contract if the risk worsens due to a change of address, habitual profession and the start of high-risk or extreme leisure or sports activities.

3. Contract Extension

The policy will be tacitly extended for annual periods. DKV Seguros may oppose such an extension by notifying the policyholder in writing at least two months before the end of the current year.

Likewise, the policyholder may oppose the extension of the policy, at least one month before the expiry date expressed therein, provided that DKV Seguros is indisputably notified.

Except if the policyholder or the insured person has given an uncertain answer to the health questionnaire or fails to comply with any of their legal or contractual obligations and if there is an aggravation of the risk (due to a change of address, habitual profession and the start of leisure or sports activities of high or extreme risk), the insurance contract will be automatically extended from year to year. and DKV Seguros will not terminate the policy for those who remain in it for three consecutive years. This waiver by DKV Seguros of its right to oppose the continuation of the policy is conditional on the policyholder accepting that the premiums will vary annually in accordance with the technical criteria set out in section 1 of this information notice, and that the policyholder accepts the modifications to the general conditions that are proposed to all policyholders in the same sector in order to adapt the policy to the new realities and that do not entail limitations on the rights already contracted.

4. Policy Rehabilitation

In the event of non-payment of the second or successive premiums, or their instalments, DKV Seguros' coverage will be suspended one month after the date on which the premium or fraction thereof is due.

If DKV Seguros does not claim payment within six months of the due date, the contract will be deemed to have been terminated. If the contract is not terminated or terminated in accordance with the above conditions, the coverage reverts to non-retroactive effect twenty-four hours after the day on which the policyholder pays the premium.

5. Freedom of choice of provider

(a) Health care insurance:

This health care insurance is based on the free choice of doctors and hospitals, among those detailed in the "DKV Health Services Network" agreed throughout the national territory (different depending on the type of insurance contracted). (b) Mixed insurance for reimbursement of expenses:

Expense reimbursement insurance is based on a mixed system of coverage, in which the insured can freely choose between:

- > Access to the provision of the service, through the free choice of doctors and hospitals detailed in the "DKV Health Services Network" agreed throughout the national territory (different depending on the type of insurance contracted), known as the modality of own means.
- > Go to any doctor or centre of their choice, not included in the "DKV Health Services Network" agreed by the entity, known as the third-party means modality, and request reimbursement of the amount of the invoices paid by them, in the percentage and with the limits established in the table of coverage and limits attached to the particular conditions of the policy.

Under no circumstances will DKV Seguros compensate or reimburse in cash the cost of invoices issued by doctors or centres included in the "DKV Health Services Network" that corresponds to them according to the type of insurance contracted, if the insured person has not previously identified themselves with their DKV MEDICARD® card.

The right to freedom of choice of doctor and centre means that DKV Seguros is not directly liable, jointly or severally liable for the acts of the doctors, over which DKV Seguros has no capacity to control due to the protection of professional secrecy, the confidentiality of health data and the prohibition of intrusion by third parties into the healthcare activity. As medicine is an activity of means and not of results, DKV Seguros does not guarantee the successful completion of the medical acts covered by the policy. Information on the "DKV Health Services Network" is available on the customer service telephone number 976 506 000, the bank's offices and on the DKV Seguros website (dkvseguros.com).

Preliminary information for the policyholder

Preliminary Clause

This contract is subject to Law 50/1980, of 8 October, on insurance contracts. The control of the insurance activity of DKV Seguros, S.A.E. (hereinafter, DKV Seguros), with registered office at Torre DKV, Avda. María Zambrano, 31 (50018 Zaragoza), corresponds to the Kingdom of Spain and, specifically, to the Ministry of Economy, through its Directorate-General for Insurance and Pension Funds.

The contract comprises the following parts: the preliminary insurance information document (insurance application), the health declaration, the general, particular and special conditions separately and the supplements or appendices issued to it. Transcriptions or references to legal precepts do not require acceptance.

In order to resolve any disputes that may arise with DKV Seguros, policyholders, beneficiaries, injured third parties or persons to whom the rights of any of them derive may submit their claim to the following bodies:

- At any of DKV Seguros' offices, at the DKV Seguros Customer Defence Service or through our Customer Service.
- Complaints can be sent by post to DKV Seguros' Customer Protection address: DKV Tower, Avenida María Zambrano 31, 50018 Zaragoza; By e-mail: defensacliente@dkvseguros.es. Or by phone by calling our Customer Service number: 976 506 000.
- The customer will be able to choose the way in which they wish to be answered and the address to which the answer will be sent. The file will be processed in writing, unless any prior modality is specified, within a maximum period of two months. DKV Seguros' Customer Service Regulations are available at the bank's branches.
- After the two-month period, if the customer disagrees with the proposed solution, they may contact the Claims Service of the Directorate-General for Insurance and Pension Funds, with address at Paseo de la Casatellana 44, 28046 Madrid.
- Once the preliminary processing with DKV Seguros has been accredited, an administrative file will be initiated.
- Notwithstanding the foregoing remedies, you may bring a claim before the appropriate Jurisdiction.

Privacy and personal data protection rights

The policyholder declares to be informed, expressly and precisely, about the following terms:

Data Controller

DKV Seguros y Reaseguros SAE (hereinafter, the company) is the data controller and is expressly authorised by the policyholder to process the personal data they have provided about themselves or other beneficiaries of the policy.

Purpose of processing and legal basis

The company will incorporate and process the personal data (including health data) provided in the insurance application and, where applicable, those derived from medical reports or examinations, in addition to those obtained during the term of the contract to make it possible to comply with the contract and, once cancelled, for the purpose of dealing with possible complaints and claims and until the statute of limitations of the legal deadlines.

Your personal data will be processed on the legal basis of the contractual relationship, compliance with legal obligations and legitimate interest, in particular for the purpose of:

- Manage the company's insurance activity. This management involves, among other functions, assessing and delimiting risk, processing claims, collecting insurance bills, communicating changes in economic conditions, paying benefits, and managing prevention and health promotion plans and additional insurance services.
- Subsidiarily, we carry out actions with aggregated data for statistical purposes, fraud detection and prevention, scientific and market research. Under no circumstances will we make decisions solely based on automated processing, including profiling, if these may have negative legal effects on you.
- To keep you informed about promotions and improvements to the contracted product, or about other products and services of the DKV Seguros group in which we consider that you may have a reasonable expectation of being informed and that will be, in any case, similar to the one contracted; or others from the ERGO insurance group, which may be of interest to you.

Main recipients

Depending on the purpose, your personal data may be communicated to:

- The insured service providers, the co-insurer or reinsurer of the risk, the mediator who mediated in the marketing of the insurance contract and the financial institutions through which the collection of receipts and payment of benefits must be made, as well as all health professionals or hospital groups that invoice us for these services.
- Companies that are part of the ERGO group and other companies linked to DKV Seguros or that collaborate with it in the promotion and marketing of products and services that may be of interest to them, in which case communication will always be governed by the principle of data minimisation.
- The DKV Integralia Foundation, including its subsidiaries, which provides the contact centre service to our policyholders, as well as to third parties, professionals in consultancy and specialised advice, related to health and insurance. The policyholder is obliged to inform the other insured persons and beneficiaries that their personal data has been collected by DKV Seguros for these purposes and purposes.

Retention of Information

Your data will be kept throughout the life of the policy and, once the contractual relationship has ended, for the minimum periods established by law in order to be able to deal with complaints and claims.

Once cancelled, the company will keep the data for seven years and they will be definitively deleted once the mandatory retention periods of the documentation of article 30 of the Commercial Code, as well as the limitation periods of actions contemplated in article 23 of Law 50/1980, of 8 October, have expired in their entirety. of Insurance Contract, which may be applicable.

In the case of life insurance, the retention period will be ten years, in compliance with the regime established in articles 28 to 30 of Royal Decree 304/2014, which approves the regulations of Law 10/2010 on the Prevention of Money Laundering.

Information Rights

You have the right to obtain free of charge from the company information about our processing record, the recipients of your data and information about the processing of personal data about you or minors included in the policy.

In the event that your data is processed, you may, upon accreditation of your name, surname and ID number, exercise your rights of access, portability of your identification data, rectification (in the case of inaccurate data), deletion, limitation and opposition to the processing of your personal data, as well as to revoke the consent given, if applicable, being informed in that case of the consequences of doing so. To do so, you can write to DKV Seguros (Data Protection Officer), PO Box 8021 (50018 Zaragoza).

If you would like more information on privacy or how to exercise your rights, you can consult the Privacy Policy on our website www.dkvseguros.com, register in the customer area or write to the section mentioned above. Finally, you can also contact our Data Protection Officer at the e-mail address dpogrupodkv@dkvseguros.es.

If you do not agree with our response, you may contact the competent Supervisory Authority to lodge the complaint you deem appropriate; in Spain, the Spanish Data Protection Agency. More information is available at www.agpd.es.

Authorization for Access to Health Information

From this moment and throughout the term of the contract, the insured authorise DKV Seguros, in order to assess, delimit, update and manage the risk, prevent the disease and promote health, to check any data that is necessary on their state of health, whether they come from previous or currently current insurance contracts or from medical reports provided by the professionals and health centres that have treated them.

Likewise, in accordance with articles 16.3 and 18 of the Insurance Contract Law, during the term of the contract, the insured authorise the medical services of DKV Seguros to collect, directly from health professionals, medical data or information, for the sole purpose of managing, paying and auditing the insurance contract. Healthcare professionals who have examined, advised and treated insured persons are expressly released from their professional secrecy and are authorised to provide DKV Seguros with the necessary information, even when the insured persons have died.

Ratification and Closing of the Insurance Application

By signing, the policyholder expressly ratifies and agrees to all the statements made in the insurance application, the content of which he/she knows, understands and accepts. It also acknowledges that it has received preliminary information regarding the particularities of the insurance. In particular, the policyholder ratifies the clauses relating to the processing and protection of personal data and the authorisations for access to health information, reaffirms the declaration of the state of health of the insured persons – stated even if it has not been filled in in their own handwriting – and declares that there has been no concealment or circumstances that could influence the assessment of the risk covered by DKV Seguros or in the case of the insured persons. the denial of the requested coverages.

Likewise, you declare that you are aware that DKV Seguros will not cover any benefit derived from or related to health conditions prior to taking out the insurance that are not reflected in the health declaration.

In _____ to _____ of _____ of _____

Policyholder's personal signature

Dental Health Questionnaire (only for Mundisalud Premium, Top Health and Residents).



1. When did the patient have the last dental treatment? Why?

Date	Motivo
Assure. 1 _____	_____
Assure. 2 _____	_____
Assure. 3 _____	_____
Assure. 4 _____	_____
Assure. 5 _____	_____
Assure. 6 _____	_____
Assure. 7 _____	_____
Assure. 8 _____	_____

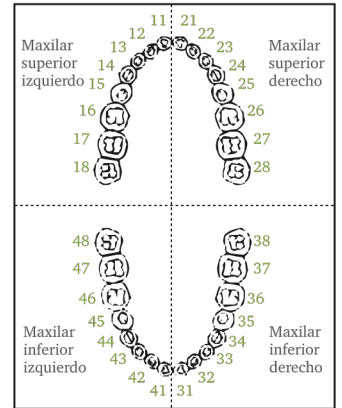
If the answer to any of the questions below is yes, please provide more information in the following table:

2. Has the patient had regular check-ups or preventive check-ups in the last 3 years? If yes, indicate the treatment.

	Yes	No	
Assure. 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 3	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 4	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 6	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 7	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assure. 8	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Are you waiting for or planning oral treatment? Which one?

	Yes	No	
Aseg. 1	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____



Estado dental actual (Cuadro de números de dientes y de códigos de lesiones)

B = dañados o con desperfectos

C = sustituidos o reparados

- Assure. 2
- Assure. 3
- Assure. 4
- Assure. 5
- Assure. 6
- Assure. 7
- Assure. 8

A = absent

Insured Person No.	1	2	3	4	5	6	7	8
Tooth/Injury	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/

The policyholder/insured declares that the data provided in relation to the state of health of the insured persons are truthful, and that there is no concealment or circumstances that may influence the assessment of the risk covered by the company, or the rejection of the coverage requested.

In _____ to _____ of _____ of _____

Policyholder's personal signature