

## Insurance application

Space reserved for the label

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

(Complete the white boxes only. The shaded boxes will be filled out by the relevant department at DKV Seguros)

Branch	Office	Field	Number	Order	Ins. no.	Effective date	Due date	1 <sup>st</sup> Physical Bill
						Day Month Year	Day Month Year	

Name of work centre  Code Work C.

(Only complete for requesting supplements.)

Branch	Office	Field	Policy number	Policy type	Effective date for the supplement	<input type="checkbox"/> Inclusion
					Day Month Year	<input type="checkbox"/> Exclusion
						<input type="checkbox"/> Modification

### Policyholder (Write in capital letters)

Surname or registered name  First Name

N.I.F./C.I.F./N.I.E.  Registered Address  Postcode

Town/City  Prov.  Telephone  Mobile phone

Fax  Birth date  Contact:  Telephone  Mobile  Fax  E-mail  Work e-mail

Work e-mail  @  Personal e-mail  @

Man  Woman  Nationality  Code  Acting on behalf of  Spanish  Catalan  Galician  Euskera  German  English

Profession

Replacement of policy: Branch  Office  Field  Number  Order  EWP Yes  No

Do you wish to receive detailed information on medical procedures carried out? (only for DKV Integral and DKV Modular) Yes  No

### Company codes

Period  Collection  Managing agency  Collection agency  Policy/Receipt  0 No  1 Yes

Address for collection of receipts IBAN

Account for reimbursements IBAN

### Type of insurance wishing to take out:

DKV Integral  Complet  Plus  Classic  Élite

Optional module: Reimbursement for gynaecology, obstetrics and paediatrics

DKV Modular (Mark the selected cover with an X. You must mark at least one healthcare and one accident cover)

#### Health Cover:

Primary care  Specialists and other diagnostic resources  Hospitalisation  Healthcare in the event of an accident

Accident Cover: Basic:  1  2  3  4  5

#### DKV Mundisalud

Complet  Plus  Classic  Elite  Premium  Elección

DKV Residentes  Basic cover  Basic cover + Repatriation + Best Care

DKV Top Health®  Without excess  Excess EUR600  Excess EUR1,200

#### DKV SaludPlus&Company

For all types (Modular and Mundisalud with comprehensive healthcare cover):

You wish to apply for the cover in the DKV Network of Healthcare Services by paying an additional premium and selecting the risk involved for those health problems (illnesses or injuries) and/or medical conditions (pregnancy or gestation) prior to the taking out the insurance.

Total premium . . .  Yes  No



**Health declaration**

All pages should be answered in detail. You should even include any discomfort, illness, or accident scars that you may consider to be irrelevant. Dashes and crosses are not considered valid answers. If you do not have sufficient space, you can reply on an attached sheet including your name, date, and signature for reference.

Space reserved  
for the label

Policyholder 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Personal details of the insured person/persons**

The order of the insured persons will be as expressed on page 2 of the insurance application.

Insured persons	1	2	3	4	5	6	7	8
Weight (Kg) / Height (cm)	/	/	/	/	/	/	/	/
Tobacco use (T), alcohol (A) and/or drugs (D) (circle any relevant and indicate the type and quantity).	TAD ..... .....	TAD ..... .....	TAD ..... .....	TAD ..... .....	TAD ..... .....	TAD ..... .....	TAD ..... .....	TAD ..... .....
Diopres: right eye/left eye	/	/	/	/	/	/	/	/

**Health questionnaire**

If any of your responses to the following questions are affirmative, please supply further information on the corresponding line, in the box following the questionnaire, and/or supply detailed medical information (making clear which of the insured persons it refers to if you are applying for several people):

- 1. Do you have or have you had any illness, accident, congenital disorder,  
hereditary illness, joint pain, or any other symptom or pain?  
(Please specify in your response)  Yes  No .....

---



---

- 2. Have you received, do you receive, or are you due to receive any type of  
surgical, medical, pharmaceutical, rehabilitative, or dietary treatment.  
(e.g. hypertension diet)? (Please specify treatments, causes and dates)  Yes  No .....

---



---

- 3. Have you been hospitalised or are you due to be hospitalised?  
(Please specify causes and dates)  Yes  No .....

---



---

- 4. Have you had any diagnostic tests carried out or are you due to have any?  
(Please specify type of test, reason, result and date)  Yes  No .....

---



---

**Chart for details of any medical information declared:**

INS./QUES. No.	START/END DATE	SOURCE	LOCATION	TREATMENT	TESTS AND RESULTS	CURRENT SITUATION
EXAMPLE	2005	Back pain due to moving home	Lumbar	Anti-inflammatory medication and rehabilitation	CAT Herniated disc minor	Nothing, pain on rare occasions
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						
/						

## Briefing note

In compliance with article 126 of Royal Decree 1060/2015 of 20 November (ROSSEAR), regarding the private duty of information in health insurances.

### 1. Objective risk factors to be considered in the premium rate to apply in successive renewals of the policy (in all categories of health insurance cover taken out)

The premium for each insured person is calculated according to the following objective risk factors: age and geographical area. If the mathematical methods used by DKV Seguros for calculating the risk premium reveal any other significant objective risk factors, these will be included in the calculation of the premium before the renewal of the policy.

Other factors also intervene in the calculation of the premium, such as the increase in the health care cost and the medical technology innovations that are incorporated into the insurance cover.

In the case of collective policies, the result of the group and the number of layers of premiums applied will also be taken into account in the renewal of contracts.

Premiums for the current year for health products in individual modality can be viewed in [dkvseguros.com](http://dkvseguros.com) and will also be at your disposal in DKV Seguros branches.

### 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 premium or successive premiums, in accordance with the provisions of point 4 of this information bulletin. DKV Seguros can also cancel the contract by informing the policyholder, within one month of becoming aware of the secrecy or inaccuracy of the policyholder or insured person with respect to the insurance request or health declaration.

In this case, if DKV Seguros has paid any compensation or has assumed any service provision, it may request that the corresponding sum be reimbursed.

Furthermore, DKV Seguros can terminate the contract if the risk increases due to a change in residence, habitual profession or the commencement of leisure or sport activities with a high or extreme risk.

### 3. Renewal of the contract

The policy will be renewed by tacit agreement for successive annual periods. DKV Seguros can oppose said renewal by way of written notification to the policyholder, at least two months prior to the conclusion of the policy year.

The policyholder can also oppose the renewal of the policy, at least one month prior to the maturity date written therein, provided that DKV Seguros are notified in an indisputable way.

Unless the policyholder or the insured person has responded in an uncertain way on the health questionnaire or has breached any of his legal or contractual obligations, and if a risk is increased (due to a change in residence, habitual profession or the commencement of leisure or sport activities with a high or extreme risk), the insurance contract will automatically be renewed year to year, and DKV Seguros will not terminate the policy for those who contract the insurance for three consecutive yearly periods. By waiving its right to object to the continuity of the policy, there is the condition that the policyholder accepts that premiums vary from year to year, in accordance with the technical criteria laid out in section 1 of this briefing note, and that the policyholder accepts the modifications to the general terms and conditions that may be proposed to all insured persons in the same insurance category, with an aim to adapt the policy to new realities and which do not implicate limitations to the rights that have already been contracted.

### 4. Policy rehabilitation

In the event of non-payment of the second premium or subsequent premiums, the cover of DKV Seguros will be suspended one month after the maturity date of said premium or instalment.

If DKV Seguros does not receive the payment within the six months following said maturity, the contract will be understood as terminated.

If the contract is not restored or terminated in accordance with the aforementioned conditions, the cover will become effective twenty-four hours after the day on which the policyholder pays the premium.

### 5. Freedom of choice of the provider

a) Health insurance:

This health insurance is based on the free selection of doctors and medical centres, among those detailed in the 'DKV Network of Healthcare Services', which covers the whole national territory (and varies according to the insurance modality contracted).

b) Mixed insurances with reimbursement of expenses:

The insurance with expense reimbursement is based on a mixed cover system, in which the insured person can choose freely among:

- > Accessing the service via the free selection of doctors and hospital centres included in the 'DKV Network of Healthcare Services', which covers the whole of Spain (and varies according to the insurance category contracted), known as the own services category.
- > Going to any doctor or centre not included in the 'DKV Network of Healthcare Services', approved by the company, known as the external services category, and requesting a reimbursement for the amount paid, in accordance with the percentages and limits established in the table of cover and limits annexed to the specific terms and conditions of the policy.

Under no circumstances will DKV Seguros provide cash compensation or reimbursement for the cost of bills issued by doctors or centres included in the 'DKV Network of Healthcare Services', depending on the insurance modality contracted, if the insured person did not previously identify him or herself with the DKV Medi-Card®.

The right to freely choose a doctor or centre implicates the absence of direct, joint or subsequent liability of DKV Seguros with regard to the actions of such doctors or centres, where DKV Seguros has no control capacity owing to the protection of professional secrecy, the confidentiality of health details and the prohibition of third parties gaining access to data in the health sector. As medicine is an activity of means and not results, DKV Seguros cannot guarantee the positive outcome of medical acts that the policy covers.

Information regarding the DKV Network of Healthcare Services is available by calling customer services on 976 506 000, by visiting the entity's branches, or on the DKV Seguros website ([dkvseguros.com](http://dkvseguros.com)).

## Preliminary information for the policyholder

### Preliminary clause

This contract is subject to Insurance Contract Act 50/1980 of 8 October. The supervision 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), registered in Spain and, specifically, to the Ministry of the Economy, via its Directorate-General of Insurance and Pension Funds.

The following elements comprise the contract: preliminary insurance information document (insurance application), the health declaration, the insurance company's informative note, the general, specific and special terms and conditions, and the supplements or appendices that accompany them. Transcripts or references to legal precepts do not need to be accepted.

In order to resolve any conflicts that may arise with DKV Seguros, the policyholders, beneficiaries, damaged third parties or persons who may acquire the rights of any of the above, can present a claim in any of the following ways:

- At any of the DKV Seguros branches, before the Customer Defence Service of DKV Seguros or through our Customer Services.
- Claims can also be sent by mail or to the address of the DKV Seguros Customer Defence Service: Torre DKV, Avenida María Zambrano 31, 50018 Zaragoza; by e-mail: [defensacliente@dkvseguros.es](mailto:defensacliente@dkvseguros.es); or by calling the following phone number: 976 506 000 for our Customer Services.
- The customer can choose the form in which they wish to receive a response, and indicate the address to which responses can be sent. The claim will be processed in writing, if no other way has been previously specified, within a maximum of two months. Customers can consult the company's Customer Services Regulations at DKV Seguros branches.
- After a two-month period has elapsed, if the customer disagrees with the proposed solution, he may contact the Claims Service of the Directorate-General for Insurance and Pension Funds, which is domiciled at Paseo de la Castellana 44, 28046 Madrid.
- Once confirmed in advance with DKV Seguros, administrative proceedings can be initiated.
- Without prejudice to any previous claim, you may also bring a legal claim before the corresponding Courts.

### Privacy and personal data protection rights

The insurance policyholder declares that he/she is expressly and accurately informed of the following terms:

#### Responsible party for data processing

DKV Seguros y Reaseguros SAE (hereinafter, the 'company') is the responsible party for data processing, and is expressly authorised by the policyholder to process the personal information provided, for both him/herself and other beneficiaries on the policy.

#### Purpose of data processing and legal basis

The company will incorporate and process the personal data (including health data) provided in the insurance application and, where relevant, information derived from medical reports or certificates, as well as that obtained during the term of the contract, in order to comply with the contract and, once cancelled, for the purpose of dealing with potential claims or complaints, until the legal statutory periods have elapsed.

Your personal data will be processed on the legal basis of the contractual relationship, compliance with legal obligations and legitimate interest, specifically with a view to:

- Manage the company's insurance activity. Among other functions, this process involves assessing and determining risk, processing claims, charging insurance payments, communicating changes to financial conditions, paying provisions, and managing prevention and health promotion plans, along with additional insurance services.
- We also carry out activities with aggregated data for statistical purposes, detecting and preventing fraud, and scientific and market research. We will never make any decisions on the sole basis of automated data processing, including profile elaboration, if such decisions can entail negative legal effects for you.
- Keep you **informed on promotions and improvements** regarding the contracted product, or on other products and services that DKV Seguros considers may be of interest to you, which, in any case, will be specific to the contract holder; or on other products of the ERGO insurance group that may be of interest to you.

#### Main recipients

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

- Insurance service providers, the co-insurer or the risk reinsurer, the broker involved in selling the insurance contract, and to financial institutions through which bills and provision payments are to be made, as well as to all healthcare professionals or hospital groups that charge for such provisions.
- Companies that form part of the ERGO group or other companies associated with DKV Seguros, or which collaborate with it in promoting and marketing products and services that may be of interest to you, in which case the 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 insurance policyholders, and to third parties, consultation and specialised advice professionals, regarding health and the insurance sector.

The insurance policyholder is compelled to inform other insured persons and beneficiaries that their personal details have been collected by DKV Seguros for such processing and purposes.

### Retention of information

Your details will be retained throughout the lifetime of the policy, and once the contractual relationship has ended, during the minimum legally established periods for the purpose of dealing with claims and complaints.

Once cancelled, the company will store the data for seven years, and will delete them permanently once all obligatory retention periods have elapsed, by virtue of article 30 of the Code of Commerce, as well as any limitation periods defined in article 23 of Act 50/1980, of 8 October, on Insurance Contracts, which may be applicable.

With life insurance policies, the retention period is ten years, in compliance with the regime established in articles 28 to 30 of Royal Decree 304/2014, which approves the regulation of Act 10/2010 on the Prevention of Money Laundering.

### Right of information

You have the right to obtain information from the company free of charge, regarding our data processing registry, the recipients of your data and information regarding your personal data processing, or that of minors included on the policy.

If your details are subject to processing, and after accrediting your full name and national ID document, you can exercise your rights of access, portability of identification details, rectification (in the case of inaccurate details), removal, limitation and opposition with respect to the processing of your personal data, and to revoke your consent if relevant, and will be informed in this case of the consequences of such. To do this, you can write to DKV Seguros (Data Protection Officer), apartado de correos 8021 (50018 Zaragoza).

If you want more information on privacy and how to exercise your rights, you can consult the Privacy Policy on our website, [www.dkvseguros.com](http://www.dkvseguros.com), and log in to the customer area, or write to the aforementioned address. Finally, you can get in touch with our Data Protection Officer by emailing [dpogrupodkv@dkvseguros.es](mailto:dpogrupodkv@dkvseguros.es).

If you do not find out response satisfactory, you can contact the competent Supervisory Authority to file a claim; in Spain, this is the Agencia Española de Protección de Datos. For more information, go to [www.agpd.es](http://www.agpd.es).

### Authorising access to health information

From this moment and during the entire term of the contract, the insured persons authorise DKV Seguros, with a view to assess, set out, update and manage risk, prevent illness and promote health, to verify all information that may be necessary regarding their state of health, whether from previous insurance contracts or contracts that are in force currently, or from medical reports provided by professionals and health clinics that have seen to them.

Furthermore, in accordance with articles 16.3 and 18 of the Insurance Contract Act, during the term of the contract, the insured persons authorise DKV Seguros' medical services to collect medical data and information directly from health professionals, with the sole purpose of managing, paying for, and auditing the insurance contract. Health professionals who have examined, assessed and treated the insured persons are expressly released from their secrecy obligation and authorised to provide the information required to DKV Seguros, even if an insured person is deceased.

### Confirmation and closing of the insurance contract

By signing the contract, the policyholder confirms and expressly states their compliance with all of the statements made in the insurance application, confirming that they know, understand, and accept the content within it. They also recognise that they have received all of the preliminary information regarding the specificities of the insurance. The policyholder confirms, in particular, the clauses referring to the processing and protection of personal information, and the authorisation to access health information, and reaffirms the state of health declaration of the insured persons - declared even if this has not been provided in his own handwriting - and declares that no information has been concealed, and that there are no circumstances that could influence the risk assessment on which the cover of DKV Seguros, or the rejection of the requested cover, has been based.

Furthermore, he declares that he is aware that DKV Seguros will not cover any provision derived from or related to states of health prior to taking out the insurance contract, which are not expressly reflected in the health declaration.

In \_\_\_\_\_, on \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

Signature of the policyholder

Dental health questionnaire (only for Mundisalud Premium, Top Health and Residentes).

If any of your responses to the following questions are affirmative, please supply further information in the following table:



1. When did the patient receive his last dental treatment? Why?

	Date	Reason
Insu. 1	_____	_____
Insu. 2	_____	_____
Insu. 3	_____	_____
Insu. 4	_____	_____
Insu. 5	_____	_____
Insu. 6	_____	_____
Insu. 7	_____	_____
Insu. 8	_____	_____

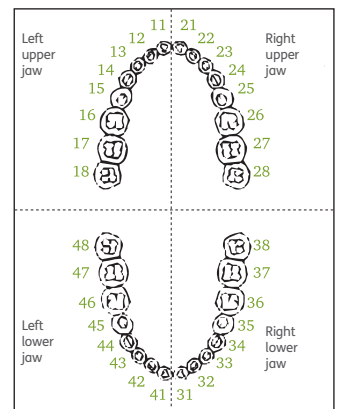
2. Has the patient attended preventive check-ups in the last 3 years?

If so, indicate the treatment.

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

3. Is he waiting to receive or is going to receive any dental treatment? Which treatment?

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



Current dental state (Teeth panel and injury codes)

- A = missing
- B = damaged or with imperfections
- C = replaced or repaired

Insured person No.	1	2	3	4	5	6	7	8
Tooth / injury	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/

The policyholder/insured person reaffirms the details provided regarding the state of health of the insured persons and declares that no information has been concealed, and that there are no circumstances that could influence the risk assessment on which the cover of DKV Seguros, or the rejection of the requested cover, has been based.

In \_\_\_\_\_, on \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

Signature of the policyholder