



# APPLICATION FORM

## Cigna Healthcare Plan

FILL IN PRINT · FIELDS MARKED WITH \* ARE MANDATORY.

### HEALTH PLAN

<b>Cigna Salud Plena</b>	<b>Cigna Reembolso</b>	<b>Cigna Salud Selección</b>
<input type="checkbox"/> With Deductibles <input type="checkbox"/> Without Deductibles <input type="checkbox"/> Cigna Dental (optional)	<input type="checkbox"/> Blue <input type="checkbox"/> Gold 80% <input type="checkbox"/> Gold 90%	<input type="checkbox"/> Consultas

### DATE OF INCLUSION\*

\_\_\_/\_\_\_/\_\_\_ (Complete with the month for which registration is requested)

### HOLDER (POLICYHOLDER)

Do you currently have Healthcare insurance with Cigna? Yes  No

Have you been insured with Cigna in the last 5 years? Yes  No

Address\* \_\_\_\_\_

Name\* \_\_\_\_\_ NIF\* \_\_\_\_\_

Address\* \_\_\_\_\_

City/Town\* \_\_\_\_\_ CP\* \_\_\_\_\_ Province\* \_\_\_\_\_

Mobile Phone\* \_\_\_\_\_ Other phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

Date of birth\* \_\_\_\_\_ Occupation \_\_\_\_\_ Gender\* M  F

Have you been covered by other Health insurance during the last 12 months? Yes  No

With what company? (Attach last 12 receipts or insurance certificates detailing coverage) \_\_\_\_\_

### DEPENDENT FAMILY MEMBERS (Fill in if family coverage is contracted)

Last name and name <sup>1</sup>	Kinship (spouse, child...)	Date of birth. (dd/mm/yyyy)	Gender (M/F)	Coverage in recent months <sup>2</sup>	ID/TIN

<sup>1</sup> Indicate full name as you wish for it to appear on your Cigna ID cards.

<sup>2</sup> Attach the last 12 receipts or insurance certificates detailing coverage.

### BANK DETAILS OF THE HOLDER (POLICY HOLDER)\*

IBAN: \_\_\_\_\_

By signing this document, the holder of the bank account (Policyholder) authorizes the direct debit of the premium receipts that the Insurer submits for the collection of the aforementioned premium.

### OBSERVATIONS / ADDITIONAL COVERAGE / COMMENTS

### MEDIATED BY (IF APPLICABLE)

## DATA PROTECTION

The personal data that the applicant / policyholder and insured persons provide to Cigna Life Insurance Company of Europe, SA / NV, Branch in Spain (Cigna) - directly or through their insurance intermediary or medical professionals who attend insured persons under the Arranged Medical Services modality - before and throughout the insurance relationship - will be included in personal data files, whose owner and responsible is Cigna. Its treatment is expressly authorized for the purposes of this insurance, as well as its access and use by the people participating in the insurance activity, including (in the modality of Arranged Medical Services) professionals and centers involved in the provision of healthcare health, reinsurers or co-insurers and other institutions that participate in the management and collection of premiums through any means of payment. Likewise, the processing and transfer of the necessary data for the prevention and investigation of fraud, as well as its treatment for the offering of insurance and / or social healthcare and well-being services by Cigna or companies of its same group (Cigna European Services ( UK) Limited, Branch in Spain), to whom such data may be transferred, is authorized. In particular, personal data will be used to send advertising, promotional or content communications related to the insurance relationship, including electronic commercial communications, for the purposes of Article 21 of Law 34/2002, on Information on Society Services and for the management of its customers by Cigna, in order to adapt our commercial offers to each profile and to make, where appropriate, valuation models, all without prejudice to the right of the affected to express their refusal to the treatment or communication of personal data not directly related to the maintenance, development or control of the contractual relationship, within the terms indicated below. Cigna assures you that the personal data you provide will be treated in accordance with the rules of protection of personal data. We also note that Cigna could transfer your data, only for the best performance of the purpose stated, to entities that collaborate with this company that may be located in places where the level of protection of personal data is not entirely equivalent to that existing in the European Union. Know that you can ask for details of these partner companies whenever you wish. At any time you may exercise the rights of access, modification, cancellation and opposition of the personal data contained in such files, under the terms established in the Organic Law 15/1999, of December 13, on Protection of Personal Data, at the following address: Parque Empresarial La Finca, Paseo del Club Deportivo, 1 -Edificio 14- Planta Baja, 28223, Pozuelo de Alarcón (Madrid) or at [proteccion.datos@cigna.com](mailto:proteccion.datos@cigna.com). If personal data referring to persons other than the owner of the data are included, the person providing the data is responsible for informing said person of the inclusion of such data in the aforementioned files, as well as the rest of the issues indicated in the present section regarding Protection of Personal Data. In the case the request for contracting the insurance is rejected, the data will be kept for 5 years for fraud prevention and investigation.

## IMPORTANT NOTE ON DATA PROTECTION

If you or your dependant family members have been insured with Cigna in the last five (5) years prior to the signing this policy, we inform you that in order to proceed with the registration of your insurance and that of your dependent family members, it is necessary to unblock the automated data that could continue registered for all legal purposes, in the computer systems of the company. If you do not consent to the unblocking of the data, you cannot proceed to register in the insurance. If any of the dependents is of legal age, this consent must be provided in the health questionnaire.

## INFORMATION FOR THE POLICYHOLDER

In accordance with the provisions of Law 20/2015, of 14 July, on the organization, supervision and solvency of insurance and reinsurance companies, and their development regulations, Cigna provides you with the following information prior to the signing of your Insurance contract:

a. That the law applicable to this insurance contract is Law 50/1980, of October 8, on Insurance Contracts. b. That the insurance contract is entered into with Cigna Life Insurance Company of Europe, SA / NV, Branch in Spain, domiciled at Parque Empresarial La Finca, Paseo del Club Deportivo, 1 - Edificio 14 - Planta Baja, (28223) Pozuelo de Alarcón, Madrid. That Cigna Life Insurance Company of Europe, SA / NV, Branch in Spain, is a branch of Cigna Life Insurance Company of Europe, SA / NV, private limited company, incorporated under Belgian Law, with registered office in Belgium, Avenue Cortenberg, 52, Brussels, organization subject to the supervision of the National Bank of Belgium, being also subject to said regulator, as an insurer that operates in Spain under the Regime of Right of Establishment, in matters relating to liquidation.c). That in the case of any complaint or claim about the insurance, the Beneficiary, Insured person or the person entitled by any of them, can contact the following instances for its resolution:

(i) In writing to the Incidences Service of Cigna Life Insurance Company of Europe, SA/NV Sucursal en España, Parque Empresarial La Finca, Paseo del Club Deportivo 1, Edificio 14, Planta Baja, (28223) Pozuelo de Alarcón - Madrid, or via Email to [servicio.incidentes@cigna.com](mailto:servicio.incidentes@cigna.com). (ii) Once the internal channel of the Insurer, referred to in the previous section, has been exhausted, the administrative claim procedure may be initiated before the Claims Service of the General Directorate of Insurance and Pension Funds. To do so, the claimant must prove that the period of two months from the date of presentation of the claim before the Incidences Service has elapsed, without it having been resolved or the admission of the claim denied or dismissed. (iii) In case of dispute, Insured persons may claim, under Article 24 of the Insurance Contract Law, before the Court of First Instance corresponding to his domicile.

Likewise, the insured persons may voluntarily submit their differences to arbitration decision in the terms set forth in Article 57 and following of Royal Legislative Decree 1/2007, of November 16, which approves the revised text of the General Law for the Defense of Consumers and Users and their rules of development, without prejudice to the provisions of Law 60/2003 of December 23, on Arbitration, in the event that the parties submit their differences to the decision of one or more arbitrators.

Likewise and without prejudice to the actions to be brought before the courts, the Policyholder, the Insured and Beneficiaries may claim, pursuant to Article 119 of the Law on the Regulation, Supervision and Solvency of the Insurance and Reinsurance Companies before the General Directorate of Insurance Companies if they consider that the Insurer has engaged in abusive practices or has infringed the rights derived from the insurance contract.

The undersigned hereby requests the inclusion of the indicated person(s) in the sections "Holder" and / or "Dependent Family Member" in the aforementioned Policy, which Coverage and General Conditions expressly declare to know and accept.

**Signature of the Insurance Holder  
(policyholder)\***

**Signature of the broker (if applicable)**

**Date\***

The policyholder declares to have received prior to the signing of this document all the information required in article 96 LOSSEAR and articles 122, 123 and 126 ROSSEAR (Member State and Control Authority, applicable legislation, claims bodies, applicable criteria in the renewal of the policy and update of premiums in successive periods). Likewise, the policyholder declares to understand and agrees with the limiting clauses regarding the rights of the insured person, expressly including those that appear in articles 1, 2, 3 and 4 of the General Conditions, as well as on behalf of all the insured persons to be included in the insurance, which is ratified expressly by the signing of the Insured Holder. The Policyholder of the Insurance states that, prior to the inclusion of the Insured Persons in the insurance policy, the former has provided them such information and will duly provide all future Insured Persons such information, as well as any other information that might affect the rights and obligations of the Insured Persons by virtue of General, Particular and Special Conditions of this Policy, especially insofar as information and consent to handling of personal data (article 8.3 of the General Conditions).