



Application for Health Insurance

Type of Policy	Agent Name
	ASISA (Asistencia)

Shaded fields to be filled in by ASISA (Asistencia Sanitaria Interprovincial de Seguros, S.A.U.)

<input type="checkbox"/> Register Policy	<input type="checkbox"/> Modify Policy Details <small>Enter policy number and only fill in data to be modified</small>	<input type="checkbox"/> Cancel Policy
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<input type="checkbox"/> Health <input type="checkbox"/> Dental	Product	Nº Insureds	Policy Start Date (DD/MM/YYYY) / /
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POLICY HOLDER

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Address	Nº, Flat, Floor, Door
Town	Province	Post code
Mobile	E-mail	Fax
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:
How did you hear about us? <input type="checkbox"/> Media <input type="checkbox"/> Sales agent <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other		If you come from another healthcare entity, can you tell us which one? <input type="checkbox"/> Yes <input type="checkbox"/> No

INSURED PARTY 1

N.I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Home <input type="checkbox"/> Dona	Marital status
Nationality		Profession
Street	Address	Nº, Flat, Floor, Door
Town	Province	Post code
Mobile	E-mail	Fax
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:
If you come from another healthcare entity, can you tell us which one?		

INSURED PARTY 2

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Home <input type="checkbox"/> Dona	Marital status
Nationality		Profession
Street	Address	Nº, Flat, Floor, Door
Town	Province	Post code
Mobile	E-mail	Fax
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:
If you come from another healthcare entity, can you tell us which one?		

INSURED PARTY 3

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Home <input type="checkbox"/> Dona	Marital status
Nationality		Profession
Street	Address	Nº, Flat, Floor, Door
Town	Province	Post code
Mobile	E-mail	Fax
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:
If you come from another healthcare entity, can you tell us which one?		

SEPA DIRECT DEBIT STANDING ORDER

Bank Account Holder

IBAN

Payment method: Monthly Bi-monthly Quarterly Six-monthly Yearly

Before signing, please read the basic information on data protection shown overleaf

Policy Holder:

Date and Signature:

/ /

Policy issuance is dependent up on the Company's acceptance of this application.



HEADING	BASIC INFORMATION ON DATA PROTECTION
Party responsible for processing	ASISA ASISTENCIA SANITARIA INTERPROVINCIAL, S.A.U.
Purpose	<ul style="list-style-type: none"> - To fulfil, control and execute the healthcare services guaranteed in the insurance policy. - To send commercial communications on assets and/or services of the ASISA Group.
Legal base	<ul style="list-style-type: none"> - The legal base for treatment of your personal data is the execution of the insurance policy between the policy holder and ASISA. - Also, commercial communications sent are based on the consent requested, although under no circumstances will the withdrawal of said consent affect the execution of the contract.
Recipients of data transfers	<ul style="list-style-type: none"> - ASISA Group companies and partners thereof. - Doctors, medical centres, hospitals and other institutions or persons, identified as providers of healthcare services in the List of Medical staff drawn up by ASISA or posted on its website, www.asisa.es. - Tax Authorities.
Rights	You are entitled to exercise your right to access, rectify or withdraw, limit treatment, oppose, request data portability or request to not be subject to a decision solely based on automated data treatment, as well as to withdraw the consent provided.
Further information	You can address your communications to the Data Protection Officer (DPO) of Grupo ASISA (DPO@grupoasisa.com), and consult detailed additional information on data protection on the ASISA website: www.asisa.es