

Health Insurance Request

FULL INSURANCE

The policyholder and beneficiary

Name and Last name	
NIE / I.D./Passport	
Address in Spain	
City in Spain	
Zip code in Spain	
Telephone in Spain	
Birth date	
Country of origin	
City of origin	
Bank account in Spain	
Effective date	

***All fields are required**

The insured declares on this document the following medical information:

Is the insured in good health?	
Have you been hospitalized in the last 3 years?	
Have you been recommended whit any medical or surgical treatment recently?	
Has the insured suffered any pathologies or injuries?	
Is the insured pregnant?	

*** Answer YES or NO**

This health questionnaire with data policyholder and beneficiary is the basis for the insurance of the policy and the contracting states if any answered with truth. Otherwise, proceed to the immediate cancellation of the policy and the claim for damages caused.

The policyholder and beneficiary

Name and Last Name	
NIE / I.D.	
Signature	