

FILL OUT FORM USING CAPITAL LETTERS · FIELDS MARKED WITH * ARE REQUIRED.

CIGNA SALUD DENTAL (optional)

Yes, I want to add the Cigna Dental coverage to my policy.

START DATE*

___/___/___ (Please fill in the month the policy starts)

POLICYHOLDER

Do you currently have an insurance policy with Cigna Healthcare? Yes No

Surname* _____

Name* _____ ID Number _____

Address* _____

Town* _____ Post Code* _____ Province* _____

Móbil Phone * _____ Other phone number _____ E-mail* _____

Date of Birth* _____ Profession _____ Sex* Male Female

Have you been covered by any other healthcare insurance in the last 12 months? Yes No

DEPENDANTS (fill out if requesting family cover)

Surname and name ⁽¹⁾	Relationship (pouse, hild,...)	Date od Birth (dd/mm/yyyy)	Sex (M/F)	ID

(1) Indicate surname and name as you wish them to appear on your cards.

OBSERVATIONS/ ADITONAL COVERS/ COMMENTS

DATA PROTECTION

Cigna Life Insurance Company of Europe, SA / NV, Spanish Branch ("Cigna"), will treat the data relative to the applicant / policyholder (in case of individual policies), insured and beneficiary (jointly, the "Interested Party"), acting as the Data Controller, for the purposes and according to the legitimate grounds (lawfulness) indicated below: (a) the management of the application and / or insurance contract; (b) compliance with legal obligations; and (c) fraud prevention and investigation, based on legitimate interest. The data of the Interested Party (including health) will be collected directly from the Interested Party or through other sources (intermediary, employer in case of corporate policy or medical providers, among others). Cigna will share the personal data of the Interested Party with third parties, including recipients located in countries that do not guarantee an adequate level of protection (United States). At any time, the Interested Party may exercise, among others, their rights of access, rectification, erasure, portability, limitation of treatment and revocation of treatment by means of communication to Parque Empresarial La Finca, Paseo del Club Deportivo, 1, Edificio 14 - Planta Baja, 28223 Pozuelo de Alarcón (Madrid) or at: CGHB-EU-Privacy@cigna.com.

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. (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 7.3 of the General Conditions).