

Insurance Application

MARK IN THE CASE OF TRANSFER

Adeslas

Application number Incorporation Modification Transfer

Policy number Certificate number Sub-group num

Delegation Effective date Expiry

Campaign Remittance of documentation Customer Mediator Delegation Zone KAM Group

Mediator Code 1 Mediator Code 2

Transfer Data - (TO BE FILLED IN ONLY IN CASES OF TRANSFER) ⁽¹⁾

No. of Policy of Origin ⁽²⁾ Certificate No. ⁽²⁾ Return of premium

Cancellation of policy in full Cancellation of the insured transferred (REMAINDER OF THE INSURED MAINTAINED)

Policyholder Data

Surname and First Name NIF/NIE

Address: Type of Roadway ⁽⁴⁾ Street name Street number Floor

Postal Code Town or City

Date of birth Marital Status ⁽⁴⁾ Profession ⁽⁴⁾ Gender Male Female

Telephone no. Mobile phone E-mail address

Language of documentation ⁽⁴⁾ Form of payment ⁽⁴⁾ IBAN

Additional Policyholder data (To be filled in ONLY IF POLICYHOLDER IS THE INSURED) (IF THIS SECTION IS FILLED IN IT IS NOT NECESSARY TO FILL IN THE DATA OF POLICYHOLDER AS THE INSURED)

Have you previously been a customer of the Company? Yes No Do you request Exceptions from Exclusions? ⁽⁵⁾ Yes No Participating Providers

No. of Policy of Origin Certificate no.

Details to be filled in ONLY IF YOU TAKE OUT ANY PRODUCT FROM THE RANGE: "ADESLAS COMPANIES AND BUSINESSES" (Legal Person/Tax ID No.).

Are the insured parties ALL employees of the policyholder? ⁽⁶⁾ Yes No

Insured Data

1) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

2) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

3) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

PRODUCT	OBSERVATIONS
---------	--------------

Additional information per insured

Policyholder	Insured 1	Insured 2	Insured 3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Decision: ACCEPTED REJECTED EXCLUSIONS (1), (2), (3), (4), (5) and (6) See instructions on reverse side.

BASIC INFORMATION CONCERNING PERSONAL DATA PROTECTION

DATA CONTROLLER
SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

PURPOSE
Maintenance of the contractual relationship.
So that we can contact you to inform you about products and services offered by SegurCaixa Adeslas that might be of interest to you. For this purpose, your data shall be processed to apply profiling/segmentation techniques that will make it possible for the products and services that we might offer you suit your interests and needs as closely as possible. If you do not want us to contact you for this purpose, you can indicate this by ticking the box below.
 I do not want to be contacted to be informed about products or services offered by SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

LEGITIMATION
For the management of the insurance contract: the execution of a contract.
To provide information about products or services of SegurCaixa Adeslas: the legitimate interest of the data controller.

RECIPIENTS
The data shall not be transferred to third parties, unless legally obliged.
However, if you provide your **consent** by ticking the box below, your data may be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services.

RIGHTS
To access, rectify and have data deleted, and other rights as explained in the additional information.

ADDITIONAL INFORMATION
You can find more information about the data protection policy of SegurCaixa Adeslas, including how to withdraw consent, in the General Conditions of your insurance policies and/or on the following web page: www.segurcaixaadeslas.es/es/proteccion-de-datos

You agree that your personal data shall be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services. YES NO

Date Signature

INFORMATION OF INTEREST TO THE CUSTOMER

In accordance with what is set out in the currently valid Law on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies, the applicant is informed that the insurance undertaking is SegurCaixa Adeslas, S.A. de Seguros y Reaseguros whose fiscal identification number is: A-28011864, and that its registered office is at: Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid (Spain). Registered in the Commercial Registry of Madrid, book 36733, sheet 213, page M-658265, and that the insurance contract which is being requested is subject to Spanish legislation.

1. Furthermore, the applicant is informed that, without prejudice to the possibility of resorting to legal proceedings, the policy holder, the insured party, the beneficiary, injured parties or any of their rightsholders, will be able to file complaints and/or claims against actions on the part of the insurer which he/she considers injurious or which infringe on his/her legally recognised rights or interests as set out in the insurance contract. In accordance with the legislation in force in said regard, the Insurer makes available for said purpose a Customer Service Department (CSD) which said parties may contact in order to file any complaints or claims they may wish to make, when the office or service concerned does not resolve said matter to the satisfaction of these parties. Complaints and claims may be presented at the Customer Service Department of any office of the Insurer open to the public, or sent to the address or email address established for said purpose. The contact details of this service are: Torre de Cristal, Paseo de la Castellana 259C, 28046 Madrid.

The CSD will acknowledge in writing the receipt of any complaints or claims, and will proceed to resolve these on a grounded basis within the legally stipulated maximum term of two months as from the date of presentation thereof.

2. The interested parties may likewise file a complaint or claim with the Claims Service of the Directorate General of Insurance and Pension Funds. In order to do so, they must accredit that two months have expired from the date of presentation of the complaint or claim to the CSD in which time said Customer Service Department failed to resolve the petition or refused to consider or disallowed said petition in whole or in part.

3. Notwithstanding the above actions and any other actions to which the interested parties are entitled pursuant to insurance regulations, said interested parties may take any legal action they deem suitable before the courts of ordinary jurisdiction.

INSTRUCTION SHEET

- (1) Transfer: This occurs when an SegurCaixa Adeslas client requests a change in product involving the cancellation of the current contract and the signing of a new policy contract. This change must be from one product to another product in the same family (from health insurance to health insurance, from dental to dental, from accident to accident, etc.). Furthermore, the client must have no outstanding payments for the current policy and insurance must be continuous (that is, the cancellation date of the current policy must coincide with the starting date of the new transfer policy, so that there is no time period without insurance).
- (2) In the case of transfer, when all the persons insured by the new policy belong originally to the same contract, the original policy will be included in the "Data transfer" section, in the "Original Policy Number" box in the Application Form (pure transfer).
- (3) In the case of transfer, if the persons insured by the new policy belong originally to different policies, the original policy will be included in the box corresponding to the information of each person insured (section "Insured Person Information", sub section "Only Transfers").
- (4) Codes to be used (see Tables included).
- (5) Claims Waiting Period Exemption: If the policyholder and/or insured request exemption from the claims waiting period, it is necessary to attach to the application the receipts accrediting payment of the previous policy premium, together with the specific and/or general terms and conditions of the product which they had previously contracted.
- (6) **YES:** the insured parties are all employees of the policyholder included in TC-2. All employees are included in the insurance policy.
NO: only some of the employees are included.

Language of documentation

1: Spanish

2: Catalan

Type of Roadway

AG: Housing group

AL: Grove

AP: Apartments

AV: Avenue

BC: Bluff

BD: Descending slope

BL: Unit

BO: Quarter

CH: Chalet

CJ: Lane

CL: Street

CM: Road

CO: Residential settlement

CR: Highway

CS: House

CT: Hill

DS: Disseminated habitat

ED: Building

GL: Square

GR: Group

LG: Place

MC: Market

PD: Rural division

PG: Industrial park

PJ: Passage

PL: Small square

PQ: Park

PR: Prolongation

PS: Promenade

PZ: Plaza

RB: Boulevard

RD: Circle

SD: Rising slope

SN: Path

TR: Crossing

TT: Torrent

UR: Housing Developmen

Marital Status

S: Single

C: Married/Partnered

E: Separated

D: Divorced

V: Widowed

O: Other

Form of Payment

A: Annually

M: Monthly

B: Bi-monthly

S: Six-monthly

T: Quarterly

Relationship

CO: Spouse

HI: Son/daughter

NI: Grandchild

PA: Father or mother

AB: Grandparent,

Great-grandparent

HE: Brother/Sister, cousin

OT: Other

Code	Profession
099	Undefined
900	Clerical worker
939	Farmer
968	Housewife
913	Beekeeper
914	Artist in workshop
969	Sawyer
915	Poultry producer
901	Ground hostess or trade fair hostess
940	Airline hostess
941	Garbage collector
970	Fireman, Policeman, Civil Guard
990	Opera Singer
971	Quarryman not dealing with explosives
916	Postman (delivery)
942	Postman (delivery by vehicle)
943	Bill Collector
944	Salesman working outside of work center
945	Vehicle or machinery driver
917	Concierge (doing maintenance work)
902	Concierge (with no maintenance work)
918	Decorator
972	Professional Athlete
946	Executive traveling frequently
903	Commercial Not working outside work and no loading/unloading/Shop assistant
904	Beauty salon employee/Esthetician
919	Employee engaging in loading/ unloading work without machinery
947	Chemical industry employee
920	School employee (except teachers)
921	Docker
973	Stevedore
974	Student
922	Flower grower-Tree grower
923	Photographer
905	Studio photographer
975	Civil servant
976	Caster
948	Cattle rancher
977	Armed Security Guard
949	Tour guide
924	Herbalist including herb collection
925	Horticulturist
926	Hotel and Restaurant employee / waiter
950	Transformation industry using machinery
951	Recycling industry
952	Industrial/domestic install. on building exteriors
953	Install. / repair heat, antennas, elevators

Code	Profession
927	Industrial/domestic install. in building interiors
978	Gardener (including tree pruning)
954	Gardener (with no tree pruning)
928	Jeweler (manufacture and repair)
979	Retiree / Pensioner
980	Lumberjack
929	Cleaning building interiors
906	Radio /TV announcer in studio
955	Automobile or machinery mechanic or plate worker
981	Courier
982	Miner
967	Not self-employed
930	Office messenger (doing maintenance work)
907	Office messenger (no maintenance work)
931	Bread baker
932	Pastry baker
956	Journalist (national territory)
933	Healthcare personnel in hospital, clinic, ambulatory clinic
934	Healthcare personnel in laboratory or workshop
983	Offshore fisherman
957	Coastal fisherman, navigator with sea days of less than 24 hours
984	Pilot
985	Scaffolding painter
935	Building doorman (doing maintenance work)
908	Building doorman (with no maintenance work)
958	Professional traveling frequently (more than once a week)
909	Professional working in an office
959	Professional specializing in food industry/ Fisherman
986	Professional (theatre, films, TV, music)
987	Sport Activities teacher. Dance
960	Driving school teacher
910	Teacher (pre-school, elementary, secondary)
936	Teacher professional school
937	University professor-experimental sciences
911	University professor- humanities
988	Member of a religious order / Priests
961	Graphic reporter (national territory)
989	Welder (ships and works)
962	Taxi driver
963	University degree holder working outside of offices/shops
912	University degree holder working in offices/shops
964	Construction work on outside of buildings
965	Loading and unloading work using machinery
938	Construction work in building interiors
966	Unarmed security guard

Insurance Application

MARK IN THE CASE OF TRANSFER

Adeslas

Application number Incorporation Modification Transfer

Policy number Certificate number Sub-group num

Delegation Effective date Expiry

Campaign Remittance of documentation Customer Mediator Delegation Zone KAM Group

Mediator Code 1 Mediator Code 2

Transfer Data - (TO BE FILLED IN ONLY IN CASES OF TRANSFER) ⁽¹⁾

No. of Policy of Origin ⁽²⁾ Certificate No. ⁽²⁾ Return of premium

Cancellation of policy in full Cancellation of the insured transferred (REMAINDER OF THE INSURED MAINTAINED)

Policyholder Data

Surname and First Name NIF/NIE

Address: Type of Roadway ⁽⁴⁾ Street name Street number Floor

Postal Code Town or City

Date of birth Marital Status ⁽⁴⁾ Profession ⁽⁴⁾ Gender Male Female

Telephone no. Mobile phone E-mail address

Language of documentation ⁽⁴⁾ Form of payment ⁽⁴⁾ IBAN

Additional Policyholder data (To be filled in ONLY IF POLICYHOLDER IS THE INSURED) (IF THIS SECTION IS FILLED IN IT IS NOT NECESSARY TO FILL IN THE DATA OF POLICYHOLDER AS THE INSURED)

Have you previously been a customer of the Company? Yes No Do you request Exceptions from Exclusions? ⁽⁵⁾ Yes No Participating Providers

No. of Policy of Origin Certificate no.

Details to be filled in ONLY IF YOU TAKE OUT ANY PRODUCT FROM THE RANGE: "ADESLAS COMPANIES AND BUSINESSES" (Legal Person/Tax ID No.).

Are the insured parties ALL employees of the policyholder? ⁽⁶⁾ Yes No

Insured Data

1) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

2) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

3) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

PRODUCT	OBSERVATIONS
---------	--------------

Additional information per insured

Policyholder	Insured 1	Insured 2	Insured 3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Decision: ACCEPTED REJECTED EXCLUSIONS (1), (2), (3), (4), (5) and (6) See instructions on reverse side.

BASIC INFORMATION CONCERNING PERSONAL DATA PROTECTION

DATA CONTROLLER
SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

PURPOSE
Maintenance of the contractual relationship.
So that we can contact you to inform you about products and services offered by SegurCaixa Adeslas that might be of interest to you. For this purpose, your data shall be processed to apply profiling/segmentation techniques that will make it possible for the products and services that we might offer you suit your interests and needs as closely as possible. If you do not want us to contact you for this purpose, you can indicate this by ticking the box below.
 I do not want to be contacted to be informed about products or services offered by SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

LEGITIMATION
For the management of the insurance contract: the execution of a contract.
To provide information about products or services of SegurCaixa Adeslas: the legitimate interest of the data controller.

RECIPIENTS
The data shall not be transferred to third parties, unless legally obliged.
However, if you provide your **consent** by ticking the box below, your data may be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services.

RIGHTS
To access, rectify and have data deleted, and other rights as explained in the additional information.

ADDITIONAL INFORMATION
You can find more information about the data protection policy of SegurCaixa Adeslas, including how to withdraw consent, in the General Conditions of your insurance policies and/or on the following web page: www.segurcaixaadeslas.es/es/proteccion-de-datos

You agree that your personal data shall be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services. YES NO

Date Signature

INFORMATION OF INTEREST TO THE CUSTOMER

In accordance with what is set out in the currently valid Law on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies, the applicant is informed that the insurance undertaking is SegurCaixa Adeslas, S.A. de Seguros y Reaseguros whose fiscal identification number is: A-28011864, and that its registered office is at: Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid (Spain). Registered in the Commercial Registry of Madrid, book 36733, sheet 213, page M-658265, and that the insurance contract which is being requested is subject to Spanish legislation.

1. Furthermore, the applicant is informed that, without prejudice to the possibility of resorting to legal proceedings, the policy holder, the insured party, the beneficiary, injured parties or any of their rightsholders, will be able to file complaints and/or claims against actions on the part of the insurer which he/she considers injurious or which infringe on his/her legally recognised rights or interests as set out in the insurance contract. In accordance with the legislation in force in said regard, the Insurer makes available for said purpose a Customer Service Department (CSD) which said parties may contact in order to file any complaints or claims they may wish to make, when the office or service concerned does not resolve said matter to the satisfaction of these parties. Complaints and claims may be presented at the Customer Service Department of any office of the Insurer open to the public, or sent to the address or email address established for said purpose. The contact details of this service are: Torre de Cristal, Paseo de la Castellana 259C, 28046 Madrid.

The CSD will acknowledge in writing the receipt of any complaints or claims, and will proceed to resolve these on a grounded basis within the legally stipulated maximum term of two months as from the date of presentation thereof.

2. The interested parties may likewise file a complaint or claim with the Claims Service of the Directorate General of Insurance and Pension Funds. In order to do so, they must accredit that two months have expired from the date of presentation of the complaint or claim to the CSD in which time said Customer Service Department failed to resolve the petition or refused to consider or disallowed said petition in whole or in part.

3. Notwithstanding the above actions and any other actions to which the interested parties are entitled pursuant to insurance regulations, said interested parties may take any legal action they deem suitable before the courts of ordinary jurisdiction.

INSTRUCTION SHEET

- (1) Transfer: This occurs when an SegurCaixa Adeslas client requests a change in product involving the cancellation of the current contract and the signing of a new policy contract. This change must be from one product to another product in the same family (from health insurance to health insurance, from dental to dental, from accident to accident, etc.). Furthermore, the client must have no outstanding payments for the current policy and insurance must be continuous (that is, the cancellation date of the current policy must coincide with the starting date of the new transfer policy, so that there is no time period without insurance).
- (2) In the case of transfer, when all the persons insured by the new policy belong originally to the same contract, the original policy will be included in the "Data transfer" section, in the "Original Policy Number" box in the Application Form (pure transfer).
- (3) In the case of transfer, if the persons insured by the new policy belong originally to different policies, the original policy will be included in the box corresponding to the information of each person insured (section "Insured Person Information", sub section "Only Transfers").
- (4) Codes to be used (see Tables included).
- (5) Claims Waiting Period Exemption: If the policyholder and/or insured request exemption from the claims waiting period, it is necessary to attach to the application the receipts accrediting payment of the previous policy premium, together with the specific and/or general terms and conditions of the product which they had previously contracted.
- (6) **YES:** the insured parties are all employees of the policyholder included in TC-2. All employees are included in the insurance policy.
NO: only some of the employees are included.

Language of documentation

1: Spanish

2: Catalan

Type of Roadway

AG: Housing group

AL: Grove

AP: Apartments

AV: Avenue

BC: Bluff

BD: Descending slope

BL: Unit

BO: Quarter

CH: Chalet

CJ: Lane

CL: Street

CM: Road

CO: Residential settlement

CR: Highway

CS: House

CT: Hill

DS: Disseminated habitat

ED: Building

GL: Square

GR: Group

LG: Place

MC: Market

PD: Rural division

PG: Industrial park

PJ: Passage

PL: Small square

PQ: Park

PR: Prolongation

PS: Promenade

PZ: Plaza

RB: Boulevard

RD: Circle

SD: Rising slope

SN: Path

TR: Crossing

TT: Torrent

UR: Housing Developmen

Marital Status

S: Single

C: Married/Partnered

E: Separated

D: Divorced

V: Widowed

O: Other

Form of Payment

A: Annually

M: Monthly

B: Bi-monthly

S: Six-monthly

T: Quarterly

Relationship

CO: Spouse

HI: Son/daughter

NI: Grandchild

PA: Father or mother

AB: Grandparent,

Great-grandparent

HE: Brother/Sister, cousin

OT: Other

Code	Profession
099	Undefined
900	Clerical worker
939	Farmer
968	Housewife
913	Beekeeper
914	Artist in workshop
969	Sawyer
915	Poultry producer
901	Ground hostess or trade fair hostess
940	Airline hostess
941	Garbage collector
970	Fireman, Policeman, Civil Guard
990	Opera Singer
971	Quarryman not dealing with explosives
916	Postman (delivery)
942	Postman (delivery by vehicle)
943	Bill Collector
944	Salesman working outside of work center
945	Vehicle or machinery driver
917	Concierge (doing maintenance work)
902	Concierge (with no maintenance work)
918	Decorator
972	Professional Athlete
946	Executive traveling frequently
903	Commercial Not working outside work and no loading/unloading/Shop assistant
904	Beauty salon employee/Esthetician
919	Employee engaging in loading/ unloading work without machinery
947	Chemical industry employee
920	School employee (except teachers)
921	Docker
973	Stevedore
974	Student
922	Flower grower-Tree grower
923	Photographer
905	Studio photographer
975	Civil servant
976	Caster
948	Cattle rancher
977	Armed Security Guard
949	Tour guide
924	Herbalist including herb collection
925	Horticulturist
926	Hotel and Restaurant employee / waiter
950	Transformation industry using machinery
951	Recycling industry
952	Industrial/domestic install. on building exteriors
953	Install. / repair heat, antennas, elevators

Code	Profession
927	Industrial/domestic install. in building interiors
978	Gardener (including tree pruning)
954	Gardener (with no tree pruning)
928	Jeweler (manufacture and repair)
979	Retiree / Pensioner
980	Lumberjack
929	Cleaning building interiors
906	Radio /TV announcer in studio
955	Automobile or machinery mechanic or plate worker
981	Courier
982	Miner
967	Not self-employed
930	Office messenger (doing maintenance work)
907	Office messenger (no maintenance work)
931	Bread baker
932	Pastry baker
956	Journalist (national territory)
933	Healthcare personnel in hospital, clinic, ambulatory clinic
934	Healthcare personnel in laboratory or workshop
983	Offshore fisherman
957	Coastal fisherman, navigator with sea days of less than 24 hours
984	Pilot
985	Scaffolding painter
935	Building doorman (doing maintenance work)
908	Building doorman (with no maintenance work)
958	Professional traveling frequently (more than once a week)
909	Professional working in an office
959	Professional specializing in food industry/ Fisherman
986	Professional (theatre, films, TV, music)
987	Sport Activities teacher. Dance
960	Driving school teacher
910	Teacher (pre-school, elementary, secondary)
936	Teacher professional school
937	University professor-experimental sciences
911	University professor- humanities
988	Member of a religious order / Priests
961	Graphic reporter (national territory)
989	Welder (ships and works)
962	Taxi driver
963	University degree holder working outside of offices/shops
912	University degree holder working in offices/shops
964	Construction work on outside of buildings
965	Loading and unloading work using machinery
938	Construction work in building interiors
966	Unarmed security guard

Insurance Application

MARK IN THE CASE OF TRANSFER

Adeslas

Application number Incorporation Modification Transfer

Policy number Certificate number Sub-group num

Delegation Effective date Expiry

Campaign Remittance of documentation Customer Mediator Delegation Zone KAM Group

Mediator Code 1 Mediator Code 2

Transfer Data - (TO BE FILLED IN ONLY IN CASES OF TRANSFER) ⁽¹⁾

No. of Policy of Origin ⁽²⁾ Certificate No. ⁽²⁾ Return of premium

Cancellation of policy in full Cancellation of the insured transferred (REMAINDER OF THE INSURED MAINTAINED)

Policyholder Data

Surname and First Name NIF/NIE

Address: Type of Roadway ⁽⁴⁾ Street name Street number Floor

Postal Code Town or City

Date of birth Marital Status ⁽⁴⁾ Profession ⁽⁴⁾ Gender Male Female

Telephone no. Mobile phone E-mail address

Language of documentation ⁽⁴⁾ Form of payment ⁽⁴⁾ IBAN

Additional Policyholder data (To be filled in ONLY IF POLICYHOLDER IS THE INSURED) (IF THIS SECTION IS FILLED IN IT IS NOT NECESSARY TO FILL IN THE DATA OF POLICYHOLDER AS THE INSURED)

Have you previously been a customer of the Company? Yes No Do you request Exceptions from Exclusions? ⁽⁵⁾ Yes No Participating Providers

No. of Policy of Origin Certificate no.

Details to be filled in ONLY IF YOU TAKE OUT ANY PRODUCT FROM THE RANGE: "ADESLAS COMPANIES AND BUSINESSES" (Legal Person/Tax ID No.).

Are the insured parties ALL employees of the policyholder? ⁽⁶⁾ Yes No

Insured Data

1) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

2) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

3) Surname and First Name NIF/NIE

Address Postal Code Town or City

Date of birth Profession Gender Male Female Relationship ⁽⁴⁾ Medical Team

Telephone no. Mobile phone E-mail address

Have you previously been a customer of the Company? Yes No Are you requesting exemption from the claims waiting period? ⁽⁵⁾ Yes No

ONLY IN THE CASE OF TRANSFER: No. of Policy of Origin ⁽³⁾ Certificate no. ⁽³⁾

PRODUCT	OBSERVATIONS
---------	--------------

Additional information per insured

Policyholder	Insured 1	Insured 2	Insured 3

Application Decision: ACCEPTED REJECTED EXCLUSIONS (1), (2), (3), (4), (5) and (6) See instructions on reverse side.

BASIC INFORMATION CONCERNING PERSONAL DATA PROTECTION

DATA CONTROLLER
SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

PURPOSE
Maintenance of the contractual relationship.
So that we can contact you to inform you about products and services offered by SegurCaixa Adeslas that might be of interest to you. For this purpose, your data shall be processed to apply profiling/segmentation techniques that will make it possible for the products and services that we might offer you suit your interests and needs as closely as possible. If you do not want us to contact you for this purpose, you can indicate this by ticking the box below.
 I do not want to be contacted to be informed about products or services offered by SegurCaixa Adeslas, S.A. de Seguros y Reaseguros.

LEGITIMATION
For the management of the insurance contract: the execution of a contract.
To provide information about products or services of SegurCaixa Adeslas: the legitimate interest of the data controller.

RECIPIENTS
The data shall not be transferred to third parties, unless legally obliged.
However, if you provide your **consent** by ticking the box below, your data may be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services.

RIGHTS
To access, rectify and have data deleted, and other rights as explained in the additional information.

ADDITIONAL INFORMATION
You can find more information about the data protection policy of SegurCaixa Adeslas, including how to withdraw consent, in the General Conditions of your insurance policies and/or on the following web page: www.segurcaixaadeslas.es/es/proteccion-de-datos

You agree that your personal data shall be communicated to CaixaBank, S.A. and to companies of the "la Caixa" Group so that they can contact you to inform you about their products or services. YES NO

Date Signature

INFORMATION OF INTEREST TO THE CUSTOMER

In accordance with what is set out in the currently valid Law on the Regulation, Supervision and Solvency of Insurance and Reinsurance Companies, the applicant is informed that the insurance undertaking is SegurCaixa Adeslas, S.A. de Seguros y Reaseguros whose fiscal identification number is: A-28011864, and that its registered office is at: Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid (Spain). Registered in the Commercial Registry of Madrid, book 36733, sheet 213, page M-658265, and that the insurance contract which is being requested is subject to Spanish legislation.

1. Furthermore, the applicant is informed that, without prejudice to the possibility of resorting to legal proceedings, the policy holder, the insured party, the beneficiary, injured parties or any of their rightsholders, will be able to file complaints and/or claims against actions on the part of the insurer which he/she considers injurious or which infringe on his/her legally recognised rights or interests as set out in the insurance contract. In accordance with the legislation in force in said regard, the Insurer makes available for said purpose a Customer Service Department (CSD) which said parties may contact in order to file any complaints or claims they may wish to make, when the office or service concerned does not resolve said matter to the satisfaction of these parties. Complaints and claims may be presented at the Customer Service Department of any office of the Insurer open to the public, or sent to the address or email address established for said purpose. The contact details of this service are: Torre de Cristal, Paseo de la Castellana 259C, 28046 Madrid.

The CSD will acknowledge in writing the receipt of any complaints or claims, and will proceed to resolve these on a grounded basis within the legally stipulated maximum term of two months as from the date of presentation thereof.

2. The interested parties may likewise file a complaint or claim with the Claims Service of the Directorate General of Insurance and Pension Funds. In order to do so, they must accredit that two months have expired from the date of presentation of the complaint or claim to the CSD in which time said Customer Service Department failed to resolve the petition or refused to consider or disallowed said petition in whole or in part.

3. Notwithstanding the above actions and any other actions to which the interested parties are entitled pursuant to insurance regulations, said interested parties may take any legal action they deem suitable before the courts of ordinary jurisdiction.

INSTRUCTION SHEET

- (1) Transfer: This occurs when an SegurCaixa Adeslas client requests a change in product involving the cancellation of the current contract and the signing of a new policy contract. This change must be from one product to another product in the same family (from health insurance to health insurance, from dental to dental, from accident to accident, etc.). Furthermore, the client must have no outstanding payments for the current policy and insurance must be continuous (that is, the cancellation date of the current policy must coincide with the starting date of the new transfer policy, so that there is no time period without insurance).
- (2) In the case of transfer, when all the persons insured by the new policy belong originally to the same contract, the original policy will be included in the "Data transfer" section, in the "Original Policy Number" box in the Application Form (pure transfer).
- (3) In the case of transfer, if the persons insured by the new policy belong originally to different policies, the original policy will be included in the box corresponding to the information of each person insured (section "Insured Person Information", sub section "Only Transfers").
- (4) Codes to be used (see Tables included).
- (5) Claims Waiting Period Exemption: If the policyholder and/or insured request exemption from the claims waiting period, it is necessary to attach to the application the receipts accrediting payment of the previous policy premium, together with the specific and/or general terms and conditions of the product which they had previously contracted.
- (6) **YES:** the insured parties are all employees of the policyholder included in TC-2. All employees are included in the insurance policy.
NO: only some of the employees are included.

Language of documentation

1: Spanish

2: Catalan

Type of Roadway

AG: Housing group

AL: Grove

AP: Apartments

AV: Avenue

BC: Bluff

BD: Descending slope

BL: Unit

BO: Quarter

CH: Chalet

CJ: Lane

CL: Street

CM: Road

CO: Residential settlement

CR: Highway

CS: House

CT: Hill

DS: Disseminated habitat

ED: Building

GL: Square

GR: Group

LG: Place

MC: Market

PD: Rural division

PG: Industrial park

PJ: Passage

PL: Small square

PQ: Park

PR: Prolongation

PS: Promenade

PZ: Plaza

RB: Boulevard

RD: Circle

SD: Rising slope

SN: Path

TR: Crossing

TT: Torrent

UR: Housing Developmen

Marital Status

S: Single

C: Married/Partnered

E: Separated

D: Divorced

V: Widowed

O: Other

Form of Payment

A: Annually

M: Monthly

B: Bi-monthly

S: Six-monthly

T: Quarterly

Relationship

CO: Spouse

HI: Son/daughter

NI: Grandchild

PA: Father or mother

AB: Grandparent,

Great-grandparent

HE: Brother/Sister, cousin

OT: Other

Code	Profession
099	Undefined
900	Clerical worker
939	Farmer
968	Housewife
913	Beekeeper
914	Artist in workshop
969	Sawyer
915	Poultry producer
901	Ground hostess or trade fair hostess
940	Airline hostess
941	Garbage collector
970	Fireman, Policeman, Civil Guard
990	Opera Singer
971	Quarryman not dealing with explosives
916	Postman (delivery)
942	Postman (delivery by vehicle)
943	Bill Collector
944	Salesman working outside of work center
945	Vehicle or machinery driver
917	Concierge (doing maintenance work)
902	Concierge (with no maintenance work)
918	Decorator
972	Professional Athlete
946	Executive traveling frequently
903	Commercial Not working outside work and no loading/unloading/Shop assistant
904	Beauty salon employee/Esthetician
919	Employee engaging in loading/ unloading work without machinery
947	Chemical industry employee
920	School employee (except teachers)
921	Docker
973	Stevedore
974	Student
922	Flower grower-Tree grower
923	Photographer
905	Studio photographer
975	Civil servant
976	Caster
948	Cattle rancher
977	Armed Security Guard
949	Tour guide
924	Herbalist including herb collection
925	Horticulturist
926	Hotel and Restaurant employee / waiter
950	Transformation industry using machinery
951	Recycling industry
952	Industrial/domestic install. on building exteriors
953	Install. / repair heat, antennas, elevators

Code	Profession
927	Industrial/domestic install. in building interiors
978	Gardener (including tree pruning)
954	Gardener (with no tree pruning)
928	Jeweler (manufacture and repair)
979	Retiree / Pensioner
980	Lumberjack
929	Cleaning building interiors
906	Radio /TV announcer in studio
955	Automobile or machinery mechanic or plate worker
981	Courier
982	Miner
967	Not self-employed
930	Office messenger (doing maintenance work)
907	Office messenger (no maintenance work)
931	Bread baker
932	Pastry baker
956	Journalist (national territory)
933	Healthcare personnel in hospital, clinic, ambulatory clinic
934	Healthcare personnel in laboratory or workshop
983	Offshore fisherman
957	Coastal fisherman, navigator with sea days of less than 24 hours
984	Pilot
985	Scaffolding painter
935	Building doorman (doing maintenance work)
908	Building doorman (with no maintenance work)
958	Professional traveling frequently (more than once a week)
909	Professional working in an office
959	Professional specializing in food industry/ Fisherman
986	Professional (theatre, films, TV, music)
987	Sport Activities teacher. Dance
960	Driving school teacher
910	Teacher (pre-school, elementary, secondary)
936	Teacher professional school
937	University professor-experimental sciences
911	University professor- humanities
988	Member of a religious order / Priests
961	Graphic reporter (national territory)
989	Welder (ships and works)
962	Taxi driver
963	University degree holder working outside of offices/shops
912	University degree holder working in offices/shops
964	Construction work on outside of buildings
965	Loading and unloading work using machinery
938	Construction work in building interiors
966	Unarmed security guard