

INSURANCE APPLICATION FORM

DKV Dentsalud Classic •
DKV Dentsalud Colectivo Classic •
DKV Dentsalud Elite • Dentsalud Colectivo Elite

SPACE RESERVED
FOR LABEL



(Only complete white boxes, shaded boxes will be completed by the appropriate department of DKV Seguros.)

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|--------------------------|
| Branch | Office | Line | Number | Order | Client N° | Effective date | Expiry date | 1 st receipt. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year | <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year | <input type="text"/> |

(Complete for supplement application only.)

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|
| Branch | Office | Line | Policy N° | Order | Effective date of supplement | <input type="checkbox"/> Inclusion |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year | <input type="checkbox"/> Exclusion |
| | | | | | | <input type="checkbox"/> Modification |
| | | | | | | <input type="checkbox"/> Servisalud (only Dentsalud Classic) |

Policy holder (Capitals)

| | | | | | | | | | |
|-------------------------|---|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Surname or company name | | | | | Name | | | | |
| <input type="text"/> | | | | | <input type="text"/> | | | | |
| ID n° | Address | | | | | | Post code | | |
| <input type="text"/> | <input type="text"/> | | | | | | <input type="text"/> | | |
| City/Town | Province | Tel. | Mobile Tel. | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| Fax | D.O.B. | Means of contact: | | | Tel. | Mobile | Fax | E-mail | E-mail-work |
| <input type="text"/> | <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|---|----------------------|---|
| E-mail-work | @ | E-mail-personal | @ |
| <input type="text"/> | | <input type="text"/> | |

| | | | | | | | | | | | | |
|--------------------------|--------------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Male | Female | Nationality | Code | Employed | Self | Salaried | Castilian | Catalan | Galician | Basque | German | English |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Profession

Substitutes the policy:

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Branch | Office | Line | Number | Order |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Company codes

| | | | | |
|--|----------------------|----------------------|----------------------|--|
| Period | Charge | Admin. Agency | Charge Agency | Policy/Receipt |
| <input type="text"/> A <input type="text"/> 6-m <input type="text"/> Q <input type="text"/> M <input type="text"/> U | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> 0 No <input type="text"/> 1 Yes |

Payment account

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Entity | Office | Check digit | Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Refund account

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Entity | Office | Check digit | Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Insurance modality you wish to take out

- DKV Dentsalud Classic
- DKV Dentsalud Colectivo Classic
- DKV Dentsalud Elite
- DKV Dentsalud Colectivo Elite

¡Vive la Salud!

Insured persons (Indicate code for each person for their sex and relationship)

Relationship 0 Holder 1 Spouse 2 Son 3 Daughter 4 Father 5 Mother 6 Relative 7 Others Sex M Male F Female

1) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

2) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

3) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

4) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

5) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

6) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

7) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

8) Surname Name

Sex Relationship DOB ID N° Nationality Code

Day Month Year

Profession

PRELIMINARY INFORMATION FOR THE POLICY HOLDER

Preliminary Clause

This contract is subject to Insurance Contract Law 50/1980 dated October 8. The control of the activities of the insurance company DKV Seguros y Reaseguros S.A.E. (henceforth DKV Seguros) situated at Avda. César Augusto 33, 50004 Zaragoza corresponds to the Kingdom of Spain, and in particular to the Ministry of Economy via the General Directorate of Insurance and Pension Funds.

The Application, Health Declaration, the separate General, Particular and Special Conditions and the related Supplements or Appendices are integral parts of the contract. The transcriptions or references to legal precepts require no acceptance.

For the resolution of any conflicts that may arise with DKV Seguros, the policy holders of the insurance policy, beneficiaries, affected third parties or representatives of any of these, can make their complaint in the following ways:

- › Visiting any of DKV Seguros' offices or sending the complaint by mail or fax to the Clients' Attention Service at the address: Avda. César Augusto 33, 50004 Zaragoza, telephone 902 499 499, fax 976 28 91 35, or via e-mail by sending it to: atencioncliente@dkvseguros.es. The client can select the way in which he would like the reply to be made and the address to send it to. The complaint will be answered in writing within two months. The Regulations of the Clients' Attention Service of DKV Seguros are available from DKV Seguros' offices.
- › Once this term has elapsed and if the client is not fully satisfied with the proposed solution, he may visit the Commissioner for the Defence of Clients of Financial Services, situated at Pº. de la Castellana 44, (28046 Madrid), where on showing the previous procedure made to DKV Seguros, he will be able to make an official appeal.
- › In addition to the described complaints procedures, the client may also bring a legal claim before the corresponding Courts.

Protection of personal data

The policy holder declares that he is aware, in an expressed and precise way, of the existence of a file belonging to DKV Seguros. This file comprises personal data for automatic processing (including health data) provided in the health application and, where applicable, that of reports or medical examinations, besides that obtained during the validity of the contract in order to fulfil its objectives.

The personal data will be processed automatically, with the following purposes:

- a) For administrative purposes of the activities of the insurance company. This administration represents, among other functions, those of the evaluation and limitation of the risk, the claims procedure, the payment of the premium, the payment of benefit, the administration of preventive plans and health promotion and additional services to the policy. To do so, personal data will be given to those providing insurance services, to the co-insurer and/or re-insurer of the risk, to the mediator that intermediates in the negotiation of the insurance contract and to the financial entities through which payments for the premiums and the compensation must be made. Also, personal data will be made available to insurance companies that form part of the DKV Seguros and also to computer files linked to the insurance sector for statistical purposes or for fighting against fraud.
- b) To inform clients about products, preventive plans and promotion of health and services. To do so, personal data will be made available to other companies that form part of the DKV Seguros and /or to other companies linked to DKV Seguros, which collaborate with them in the promotion and marketing of products and services that may be of the client's interest.

The policy holder is obliged to inform the other insured persons and beneficiaries that their personal data has been collected for processing by DKV Seguros.

To exercise your rights to access, modify, cancel or object to your personal data, you should contact DKV Seguros (Asesoría.Jurídica), Apartado de Correos 90 (50080 Zaragoza) or via e-mail on asesoria.juridica@dkvseguros.es.

Authorisation of access to health information

Henceforth and during the validity of the contract, the insured persons authorise DKV Seguros, with the aim of evaluating, defining and updating and administering the risk, to check the data necessary regarding their state of health, from present or past insurance contracts, and medical reports provided by professionals and health care centres that they have attended.

Similarly, according to Articles 16.3 and 18 of the Law of Insurance Contracts during the validity of the contract, the insured persons authorise the medical services of DKV Seguros to collect, directly from professionals, data or medical information, with the sole purpose of negotiating, settling and auditing the insurance contract. Health care professionals that have examined, advised and treated the insured persons are specifically released from their professional code of secrecy and are authorised to provide DKV Seguros with precise information, even when the insured persons have died.

Ratification and closing of the insurance contract

By means of his signature, the policy holder ratifies and expresses his conformity with all the manifestations made in the insurance application whose content he is aware of, understands and accepts. He also recognises having received the relative preliminary information for the particular nature of the insurance. The policy holder ratifies, especially, the clauses relating to the treatment and protection of personal data and authorisation of access to health information -stated although not having been supplied personally by himself- and declares that neither concealment nor circumstances exist that can influence the evaluation of the risk covered by DKV Seguros or the rejection of the coverage requested.

The policy holder/insured person declares that the data supplied regarding the insured persons' state of health is truthful and that no concealment or circumstances exist that may affect the calculation of the risk covered by the company or the rejection of the coverage requested.

Signed in _____ on _____ of _____ 20 ____

Policy Holder