



HEALTH QUESTIONNAIRE

Cigna Health Care Plan

Complete a questionnaire for each person and submit to **Fax: 91 418 49 43**, or alternatively scanned to the address: **administracion@cigna.com**. If the applicant is dependant of a policyholder, please fill in the full name of the policyholder in the section "ADDITIONAL COMMENTS".

COMPLETE USING BLOCK LETTERS. THE FIELDS MARKED WITH * ARE MANDATORY.

PERSONAL INFORMATION

Name* _____ NIF* _____

Surname* _____

Gender* M F Weight* kg. Height* cm. Smoker Yes No

Date of Birth* _____ Profession / Occupation _____

Address* _____

City _____ Zip Code* _____ Province* _____

Mobile Phone* _____ Other Phone _____ E-mail* _____

POLICYHOLDER INFORMATION

Name of policyholder*: _____ NIF* _____

MEDICAL HISTORY

Have you received medical treatment or have you been diagnosed with any of the diseases / illnesses following? If the answer is yes, mark with an "X" the appropriate box and use the space "EXTEND ANSWER" to broaden the marked answer. You must provide any medical report that is in your power, in order to assess the risk of the insured person and agile the proceedings of potential hiring of the health insurance.

Cardiovascular	Traumatology	Digestive system	Neurological disease
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Intestinal problems	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Myocardial infarction / Angina Pectoris	<input type="checkbox"/> Column / Knee Pathology	<input type="checkbox"/> Gastric problems	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Circulatory disorder (venous)	<input type="checkbox"/> Other	<input type="checkbox"/> Liver	<input type="checkbox"/> Stroke (Thrombosis)
<input type="checkbox"/> Not specified thoracic pain		<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Arterial Hypertension			
<input type="checkbox"/> High Cholesterol (>200mg/dl)			
<input type="checkbox"/> Other			

Other pathologies	Genitourinary disease	Endocrinology	Bronchopulmonary disease	Psychiatric treatment
<input type="checkbox"/> Polyps	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Antidepressants / anxiolytics
<input type="checkbox"/> Tumor/Cancer	<input type="checkbox"/> Mammary pathology	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Alcohol / drug abuse
<input type="checkbox"/> Other	<input type="checkbox"/> Uterine / ovarian pathology	<input type="checkbox"/> Other	<input type="checkbox"/> Asthma/Emphysema	<input type="checkbox"/> Other
	<input type="checkbox"/> Other		<input type="checkbox"/> Respiratory distress	
			<input type="checkbox"/> Other	

MARK WITH AN X WHERE APPROPRIATE

Have you previously filled out a questionnaire Cigna? Yes No

Are you or have you been insured with Cigna health insurance? Yes No

Have you been operated or are you awaiting any surgery? Yes No

Have you been admitted to a medical center for treatment, observation or completion of diagnostic tests in the last 10 years? Yes No

Do you suffer from any immune disorder or infectious contagious disease? Yes No

Do you suffer any infectious disease? Yes No

Are you currently taking any medication or have any symptoms of illness, pain or discomfort? Yes No

Are you currently receiving any medical treatment or rehabilitation? Yes No

Are you suffering from any congenital defect, alteration or any disease not mentioned above? Yes No

EXTEND ANSWER

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS IN SECTION "MEDICAL HISTORY" YOU MUST COMPLETE THIS CHART.

Description of the medical process	Date of the process	Treatment you were subjected.	Medical consequences	Current situation of the process

IMPORTANT: You must provide all medical information as well as the reports and results of diagnostic tests in relation with the diseases / pathologies declared in this questionnaire. Not presenting these documents could cause delays in your insurance registration process. In the same way, any doctor who would have assessed or attended the signatory of this document due to diseases / pathologies mentioned above in this document, is relieved of professional secrecy and may inform the company when required.

ADDITIONAL COMMENTS

ACCURACY: The undersigned declares that the answers and documents provided (or that will be provided in the future) are accurate and complete, and recognizes that they serve as a key element for assessment of risk by Cigna. In case of withholding or misrepresentation when completing this statement or its annexes, the insured person loses the right to benefits that were guaranteed, reserving Cigna the right to terminate the policy.

INFORMATION UPDATE: The declarant is obliged to inform Cigna any circumstance that may alter or modify the statements contained in this health questionnaire, the attached documents or the information provided later during the risk assessment that may befall from the subscription date thereof until the registration as an insured person, when appropriate.

COVERAGE: Cigna reserves the right to accept, reject or limit the coverage requested. The undersigned acknowledges and accepts the content of the coverage of the insurance that he/she is going to take out, with its limitations and exclusions (Articles 2, 3 and 4 of the General Conditions), remaining expressly excluded (including but not limiting, unless agreed otherwise), among other diseases referred to in Article 4, pre-existing diseases, congenital diseases, plastic surgery, reconstructive and / or cosmetic treatments as well as treatments not recognized by the Collegial Medical Organization (OMC).

PROTECTION OF PERSONAL DATA: The personal data that the applicant / policyholder and insured persons facilitate Cigna Life Insurance Company of Europe SA / NV, Branch in Spain (Cigna) - directly or through their insurance intermediary or through medical professionals who provide care to insured persons in the modality of Agreed Medical Services - before and throughout the insurance relationship - will be included in files of personal data, whose owner and responsible is Cigna. Its treatment is expressly authorized for own insurance purposes, as well as access and use by persons involved in its insurance activity, including (in the modality of Agreed Medical Services) professionals and centers involved in providing sanitary assistance, reinsurance companies or co-insurers and other entities acting in the management and collection of premiums through any means of payment. Likewise, the processing and transfer of data necessary for the prevention and investigation of fraud is authorized, as well as its treatment for offering insurance and / or socio-sanitary and wellbeing services by Cigna or companies of the same group (Cigna European Services (UK) Limited, Branch in Spain) to whom it can be transferred. In particular, personal data will be used for sending advertising, promotional communications or of content related to the insurance relationship, including electronic commercial communications, for the purposes of Article 21 of Law 34/2002 of Services of the Society of Information and for management of its customers on the part of Cigna, in order to adapt our commercial offers to their profile and to perform, where appropriate, valuation models, all without prejudice to the right of the affected to explicitly express refusal to treatment or communication of personal data not directly related to the maintenance, development or control of the contractual relationship under the terms indicated below. Cigna ensures that the personal information you provide will be treated in accordance with regulations on protection of personal data. We also inform you that Cigna could transfer your data, solely for the best accomplishment of the purpose for which you provided it to us, to entities that collaborate with this company that may be located in places where the level of protection of personal data is not entirely equivalent to that existing in the European Union. Know that you can ask for details of these partner companies whenever you desire. At any time you may exercise your right of access, rectification, cancellation and opposition of the personal data contained in such files, under the terms established in Law 15/1999, of December 13th, on Protection of Data of Personal Nature at the following address: La Finca Parque Empresarial, Paseo del Club Deportivo 1 -Edificio 14- Planta baja, 28223, Pozuelo de Alarcón (Madrid) or at: proteccion.datos@cigna.com. Should personal data concerning people other than the owner of the data be included, the one providing the data is responsible for informing of the inclusion of their data in the aforementioned files and of the remaining issues indicated in this section on Protection of Personal Data. In case of rejection of the request for signing, data will be kept for 5 years for fraud prevention and investigation.

IMPORTANT NOTICE ON DATA PROTECTION: If you or your dependents have been insured with Cigna in the last five (5) years prior to the signing of 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 deblock the automated data that could continue registered to all legal purposes, in the computer systems of the company. Not consenting the deblocking of the data, will cause the cancellation of the insurance registration process. If any of the dependents is of age, consent must be provided in the health questionnaire.

SIGNATURE OF THE REPRESENTING PARTY

(IF IT IS YOUR LEGAL REPRESENTATIVE INCLUDE YOUR NAME AND RELATIONSHIP WITH THE DECLARANT)

Signature

At _____, on _____ of 201__