



# Individual Policies

## Cigna Healthcare Health Plan

### Health Plan

Cigna Salud Plena	Cigna Salud Reembolso	Cigna Salud Selección	Cigna Salud Dental
With Deductibles	Blue	Asistencia Médica	Dental franquiciado
Without Deductible	Gold 80%	Ambulatoria	
Cigna Dental (optional)	Gold 90%		

### Date of Inclusion\*

\_\_\_\_\_ (Complete with the month for which registration is requested)

### Holder (Policy holder)

Do you currently have Healthcare insurance with Cigna? Yes No  
 Have you been insured with Cigna in the last 5 years? Yes No

Surnames \_\_\_\_\_  
 Name \_\_\_\_\_ NIF \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ CP \_\_\_\_\_ Province \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Other phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Occupation \_\_\_\_\_ Gender M F  
 Have you been covered by other Health insurance during the last 12 months? Yes No  
 With what company? (Attach last 12 receipts or insurance certificates detailing coverage) \_\_\_\_\_

### Dependent Family Members (Fill in if family coverage is contracted)

Last name and name*	Kinship (Spouse, Child, other)	Date of birth (mm/dd/aa)	Gender (M/F)	Mobile Phone / Email	NIF

\*Indicate full name as you wish for it to appear on your Cigna Healthcare ID cards.

### Bank details of the holder (policy holder)\*

IBAN: \_\_\_\_\_

By signing this document, the holder of the bank account (Policyholder) authorizes the direct debit of the premium receipts that the Insurer submits for the collection of the aforementioned premium.

### Mediated by (if applicable)

### Observations / additional coverage / comments

Limitation of 300 characters

## Data protection

**Controllers:** Personal data (including health data) that Applicant/Policyholder or a Member provides directly or through an insurance intermediary or a medical professional delivering care under the Arranged Medical Services modality, as a result of the submission of an application or the formalization, execution, and performance of the insurance contract, shall be processed by and under the responsibility of Cigna Life Insurance Company of Europe, SA/NV, Sucursal en España ("Cigna").

**Purpose of the Processing:** Cigna processes personal data for the purposes of formalizing the policy, managing the insurance contract, complying with the contractual commitments acquired (including the processing of data by professionals and medical centers for the purposes of delivering care under the Arranged Medical Services modality), managing co-insurance and re-insurance, processing claims, preventing and combatting fraud and generally, guaranteeing fulfillment of the insurance contract and meeting all relevant legal obligations. In addition, Cigna shall process personal data to carry out statistical analyses and studies for pricing and risk selection purposes, conduct insurance method studies, improve our services and product offering and/or our offer of social, healthcare, and well-being services that may be of interest to you. Data shall be stored insofar as they are necessary for the purpose of, and according to the legal basis for, the processing in accordance with the applicable legislation. We shall store your personal information while we have a contractual and/or commercial relationship with you, or until you exercise your right to request erasure or restriction of the processing of your personal data or to object to processing. In such cases, data shall remain blocked, and processing shall be limited to addressing potential liabilities during the timeframes allowed.

**Grounds for Legitimate Processing:** The legal basis for the processing is the execution of the insurance contract and the fulfillment of the obligations set out in the applicable regulations. The processing of data in connection with our own product offering is based on the legitimate interest of Cigna to promote its products. referida, cuya Cobertura y Condiciones Generales declaran conocer y aceptar expresamente.

**Recipients:** Personal data may be disclosed to other entities of the Cigna Group and other insurers for co-insurance or re-insurance purposes. Personal data may also be disclosed to shared filing systems created for pricing and risk-selection purposes, as well as conducting insurance method studies and preventing and combatting fraud.

**Rights:** If you wish to access, rectify, erase, or restrict the processing of your personal data, object to such processing, or receive your personal data (data portability), kindly send a written request to the registered office address of the Controller, which is located at Parque Empresarial La Finca, Pº del Club Deportivo, I -Edificio I4- First Floor, 28223, Pozuelo de Alarcón, Madrid. Please state "LOPDGDD" in your request and enclose a copy of an official document confirming your identity. You may also call Cigna at... or email [CGHB-EU-Privacy@Cigna.com](mailto:CGHB-EU-Privacy@Cigna.com) to contact our Data Protection Officer (DPO). If personal data concerning persons other than the data subject are involved, the person disclosing said data must inform said persons, to all effects, that their data have been shared with Cigna, and explain the rest of the provisions regarding the protection of personal data as included in this section. We hereby inform you that you have the right to seek remedy from Spain's Data Protection Agency through the Agency's website ([www.agpd.es](http://www.agpd.es)). To learn more about this, please read our Privacy Policy on [www.cignasalud.es](http://www.cignasalud.es).

## Important notice on data protection

If you or your dependents were insured by Cigna at any time within the five (5) years prior to the date of enrollment in this Plan, Cigna may need to unblock data, including health data, concerning you or your dependents that may continue to be on our records to all legal effects in order to process your enrollment or that of your dependents. If you do not give your consent to the unblocking of said data, we will not be able to process your enrollment. By signing and returning this document to Cigna, you expressly agree to the terms of this clause.

## Information provided to the policy holder

In accordance with the provisions of Law 20/2015, of July 14th, on management, supervision and solvency of insurance and reinsurance companies, and its development regulations, Cigna provides you the following information, prior to signing of your insurance contract: a. The law applicable to this insurance contract is the Law 50/1980 of October 8th, on Insurance Contract. b. The insurance contract is celebrated with Cigna Life Insurance Company of Europe SA / NV, Branch in Spain, located at Parque Empresarial La Finca, Paseo del Club Deportivo, I - Edificio I4 - First Floor, (28223) Pozuelo de Alarcón, Madrid. Cigna Life Insurance Company of Europe SA / NV, Branch in Spain, is a branch office of Cigna Life Insurance Company of Europe SA / NV, a limited liability private company incorporated under Belgian Law, established in Belgium, at Plantin en Moretuslei 309, 2140 Antwerp, entity subject to the supervision of the National Bank of Belgium, being also subject to such regulator, as an insurance company that operates in Spain under the Right of Establishment, in matters related to liquidation. c). That in the case of any complaint or claim about the insurance, the Beneficiary, Insured person or the assignee of any of them, may be addressed to the following bodies for solving:

(i) In writing to the Incidents Service of Cigna Life Insurance Company of Europe SA / NV Branch in Spain, Parque Empresarial La Finca, Paseo del Club Deportivo I, Building I4, First Floor, (28223) Pozuelo de Alarcón - Madrid, or at the email address: [servicio.incidencias@cigna.com](mailto:servicio.incidencias@cigna.com). (ii) Having exhausted the internal recourses of the Insurer, mentioned in the preceding headland, the administrative procedure for claims may be initiated before the Claims Service of the General Directorate of Insurance and Pensions. To do so, the claimant must prove that the period of two months from the date of submission of the complaint to the Incidents Service of the Insurer has elapsed, without having been resolved or when the admission of the claim has been denied or the petition dismissed. (iii) In case of dispute, the Insured person may present a claim, in accordance with Article 24 of the Law regarding Insurance Contracts, before the Court of First Instance corresponding to his /her domicile. They can also voluntarily subject their divergences to arbitral decision under the terms provided in Article 57 and following of Royal Legislative Decree 1/2007 of November 16th, by which the revised text of the General Law for the Defense of Users and Consumers and its implementing regulations is approved, without prejudice to the provisions of Law 60/2003 of December 23rd, on Arbitration, in the event that the parties submit their differences to the decision of one or more arbitrators.

Likewise and without prejudice to any action driven before the courts, the Policyholder, the Insured person and Beneficiaries may present a claim to the Directorate General of Insurance, by virtue of Article 119 of the Law on Management, Supervision and Solvency of Insurance and Reinsurance Companies if they consider that the Insurer has made abusive practices or has injured the rights arising from the insurance contract.

## Agreement\*

Signature of Policy holder  
(tomador de la póliza)\*

Signature of the broker  
(if applicable)

Fecha

\*The policyholder declares to have received prior to the signature of this document all the information required by article 96 LOSSEAR and articles I22, I23 and I26 ROSSEAR (Member State and Control Authority, applicable legislation, claim instances, criteria applicable at renewal, etc.), articles I22, I23 and I26 ROSSEAR (Member State and Supervisory Authority, applicable legislation, claim instances, criteria applicable to the renewal of the policy and updating of premiums in successive periods). The policyholder is also aware of and agrees upon the clauses limiting the rights of the insured persons, expressly including those that appear in Articles I, 2, 3 and 4 of the General Conditions and on behalf of all the insured persons that are to be included in the insurance. THIS is expressly ratified by the signature of the Holder. The Policyholder acknowledges having provided to the Insured persons, and shall provide to future insured persons, prior to their inclusion in the insurance, all of the above information as well as any other that may affect their rights and obligations in accordance with the General, Particular and Special Conditions of the Policy, and in particular, the one concerning information and consent of treatment of personal data (Article 8.3 of the General Conditions).

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