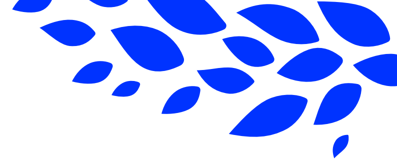
Health questionnaire

Cigna Salud



Personal information

Surnames ______________________________

Name ______________________________ ID ______________

Address ______________________________

City ______________ Post code ________ Province ________

Mobile ________ Other telephone number ________ E-mail ________

Date of birth ________ Profession/Occupation ______________

Sex M F Weight ______ kg Height ______ cm Smoker? Yes No

Policyholder information (Policyholder)

Name of Policyholder ______________________________ ID ______________

Medical history

Have you received medical treatment or have you been diagnosed with any of the following pathologies/diseases? If the answer is yes, please mark with an "X" in the corresponding box and use the space "EXPAND" to expand the marked answer. You must provide any medical report in your possession, in order to evaluate the insured risk and to speed up the procedures for the eventual registration in the insurance.

Cardiovascular	Traumatology	Digestive tract	Neurological disease
Arrhythmia	Rheumatoid arthritis	Intestinal problems	Epilepsy
Heart attack / Angina Pectoris	Pathology of the spine/knee	Gastric problems	Paralysis
Venous circulatory disorder	Others	Liver	Stroke (Thrombosis)
Unspecified chest pain		Others	Others
High blood pressure			
High cholesterol (>200mg/dl)			
Others			

Other pathologies*	Urinary tract disease	Endocrinology	Broncho pulmonary disease	Psychiatric treatment
Polyps	Kidney disease	Diabetes	Tuberculosis	Antidepressants/ anxiolytics
Tumor / Cancer	Breast pathology	Thyroid	Pneumothorax	Alcohol Abuse/ drugs
Others	Uterine/ovarian pathology	Others	Asthma / Emphysema	Others
	Others		Respiratory distress	
			Others	

Mark with "X" where applicable

Have you completed a Cigna Healthcare questionnaire before?	Yes	No
Are you or have you ever been insured with Cigna Health insurance?	Yes	No
Have you had surgery or are you waiting for surgery?	Yes	No
Have you been admitted to a medical facility for treatment, observation or diagnostic testing in the last 10 years?	Yes	No
Do you have an immune disorder or infectious-contagious disease?	Yes	No
Do you have any infectious diseases?	Yes	No
Are you currently taking any medications or do you have any symptoms of illness, pain, or discomfort?	Yes	No
Are you currently undergoing any medical treatment or rehabilitation?	Yes	No
Do you suffer from any birth defect, alteration or disease of any kind not mentioned above?	Yes	No

In accordance with current regulations on the right to be forgotten in oncology, it is not necessary to declare a previous cancer diagnosis if **five years have passed since the completion of curative treatment without relapse. Notwithstanding the foregoing, any **pre-existing medical conditions or sequelae** must be disclosed, regardless of their origin.*

Cigna Life Insurance Company of Europe, SA/NV - (S.E.) con domicilio social en Pozuelo de Alarcón (28223 Madrid), Parque Empresarial La Finca, Paseo del Club Deportivo 1. Edificio 14, Planta Primera. Inscrita en el Registro Mercantil de Madrid, Tomo 809, Folio 205, Sección 8ª, Hoja M-11184. Inscrita en la D.G.S.F.P. bajo el número E0133. N.I.F.: W-0021205J

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Expand imformation

If you have answered yes to any questions in the "Medical History" section, you must complete this table.

Description of the medical process	Process date	Treatment to which you were subjected	Sequels	Current status of the process

Important: It is necessary to provide all medical information, as well as reports and results of diagnostic tests that are related to the illnesses/pathologies declared in this questionnaire. Failure to provide these documents could result in delays in your insurance registration. Likewise, any doctor who has recognised or treated the signatory of this document for the illnesses/pathologies mentioned in the same is released from professional secrecy, and may inform the company whenever required to do so.

Additional comments

SIGNATURE of the informant (if the legal representative, include their name and relationship with the informant).

In ____________________, on ______________________________ 20____

Signature

Legal representative (name and relationship): ____

Truthfulness

The undersigned declares that the answers and documents provided (or will provide in the future) are accurate and complete, and acknowledges that they serve as a basis for the risk assessment by Cigna. In the event of any reservation or inaccuracy in the completion of this declaration or its appendices, the insured person shall lose the right to the benefits which Cigna reserves the right to cancel the policy.

Updating of information

The declarant undertakes to notify Cigna of any circumstance that may alter or modify the statements contained in this health questionnaire, the documents attached hereto or the information provided subsequently during the risk assessment, which may occur between the date of subscription to this questionnaire and the date of registration, if applicable. The declarant undertakes to inform Cigna of any circumstance that may alter or modify the statements contained in this health questionnaire, the attached documents or the information provided subsequently during the assessment of the risk, which may occur from the date of subscription of the same until the date of registration, if applicable, as an insured person.

Coverage

CIGNA RESERVES THE RIGHT to accept or decline or limit the coverage requested.

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, 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 to formalize and manage the insurance policy, comply with contractual obligations (including the processing of health data by medical professionals when needed for the provision of healthcare services), manage co-insurance and re-insurance, process claims, and prevent and combat fraud. Cigna also processes personal data to carry out statistical and actuarial analyses necessary for pricing and risk selection, as well as to improve the quality and efficiency of its insurance services.

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.

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Recipients: Personal data may be shared with Cigna Group entities, insurers, co-insurers and relevant systems for insurance-related purposes. Such processing may involve international data transfers carried out under appropriate safeguards to ensure consistent protection.

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, 1 -Edificio 14- First Floor, 28223, Pozuelo de Alarcón, Madrid. You may also call Cigna at **900 101 348** or email **CDPR@Cigna.com** to contact our Data Protection Officer (DPO).

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**). To learn more about this, please read our Privacy Policy and Data Protection **here** or on our website: **https://www.cignasalud.es/en/privacy-policy-and-data-protection.**

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. Signature of the informant (if the legal representative, include their name and relationship with the informant).

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