

DKV RENTA APPLICATION FORM

DKV Renta
DKV Renta Baremado
DKV Renta Colectivo. Asegurados
DKV Renta Familiar



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

Branch Office Product Number Effective date Expiry date Index % rev Rev rate 1ST Real receipt

(Complete only for supplement application) Branch Office Product Policy N° Order Effective date of supplement Inclusion Exclusion Modification

Policy holder (write in capital letters)

Surname or Company name First name ID N° Address Post code City or town Province Tel: Mobile tel. Fax Means of contact Tel Mobile Fax E-mail E-mail work Employed E-mail-work @ E-mail-personal @ Substitutes the policy Branch Office Product Number Order Eliminate periods of grace.

Insured person

Surname First name ID N° Address Post code City or town Province Tel: Mobile tel. Fax D.O.B. Means of contact Tel Móvil Fax E-mail E-mail work E-mail-work @ E-mail personal @ Male Female Nationality Code Castilian Catalan Galician Basque German English Code profession Profession Tariff Compensation Beneficiary Ins per PH Employed: Self emp Salaried worker State professional activity

Social security regime to which you belong (General, Self Employed, Agrarian, Mutual Insurance Company, Other)

Are you currently unemployed or in a similar situation? Sí No

Business address

Address Post code City or town Province Tel

Payment account IBAN

Compensation account IBAN

Renta modality you wish to take out

DKV Renta DKV Renta Baremado DKV Renta Colectivo. Asegurados DKV Renta Familiar

Take good care of yourself

Cód. 2DNP1.FM/04_V111
DKV Seguros y Reaseguros, S.A.E. Torre DKV, Avda. María Zambrano, 31 50018 Zaragoza, recorded in the Trade Register of the Province of Zaragoza, volume 1.711, sheet 214, page n.º Z-15.152. CIF: A-50004209
Mod. RE SOL-04001/January 2016

HEALTH DECLARATION

Every page must be fully completed. Include even minor ailments, illnesses or consequences of accidents that you consider unimportant. Hyphens and crosses are not valid responses. If you need more space include an additional signed sheet stating your name and the date.



Policy holder

ID N°

Personal data of the insured person(s)- Renta Familiar

List the persons in the same order as on page 2 of the application form

Insured persons	1	2	3
Weight (kg)/ Height (cm)	/	/	/
Consumption of tobacco(T), alcohol(A), and/or drugs (D) (Circle where appropriate and state type and amount)	T A D	T A D	T A D
Dioptries (right eye/left eye)	/	/	/
Left handed/Right handed	/	/	/

Health questionnaire

If you answer yes to any of the following questions, please complete the corresponding line in the table below giving full details. (state clearly the insured person concerned in each case)

- 1. Do you have, or have you had, an illness, accident, congenital disorder, hereditary family illness, painful joints, or any other symptoms or pain? (Clarify your answer) Yes No _____

- 2. Have you received, do you receive or are you about to receive any kind of surgical, medical, pharmaceutical, rehabilitating or dietetic treatment? (eg. diet for hypertension) (State treatment, cause and dates) Yes No _____

- 3. Have you been admitted to hospital? Yes No
or been unable to work Yes No (State cause, dates, n° of days) _____

- 4. Have you had, or are you about to have any diagnostic tests? Yes No _____
(State type of test, motive, result and date) _____
- 5. Do you suffer any after effects, or have you requested or been granted any kind of permanent disability? (Indicate date and description) Yes No _____

Table of full medical details declared

INS . PER./Q N°	DATE START/END	ORIGIN	LOCATION	TREATMENT	TESTS AND RESULTS	CURRENT SITUATION
EXAMPLE	2005	Back pains from moving house	Back	Anti-inflammatory drugs and rehabilitation	TAC. Small slipped disc	Nothing, few back pains
/						
/						
/						

Risk evaluation questionnaire-professions

Answer all the questions. If you answer yes to any of these questions, an activity code will be included with that corresponding to your profession.

- A. Do you travel as part of your professional activity Yes No
- B. Do you do any manual work? (excluding office work) Yes No
- C. Do you inspect sites or projects on site? Yes No
- D. Do you use tools? Yes No
- E. Does your work involve loading/unloading? Yes No
- F. Do you handle heavy items? Yes No
- G. Are you a fairground worker or travel to sell in markets? Yes No
- H. Do you handle arms? Yes No

Please indicate if you do any of the activities mentioned below:

- I. Do you work below ground level, in the air or at sea? Do you handle explosive or flammable materials or enter electrical installations with a voltage exceeding 380v? Do you travel to conflictive areas, war zones or areas that have suffered natural disasters? Yes No

SIGNED IN _____ ON _____ OF _____ 20 _____ the policy holder signature of insured person when different to beneficiary

EXTRACT OF THE GENERAL CONDITIONS AND LIMITING CLAUSES OF THE REQUESTED POLICY

4.1 DAILY TEMPORARY DISABILITY. Rules of application and delimitation of the coverage

- a) Entitlement to compensation for each day on which the insured person suffers a situation of total temporary disability. In addition, the insured person must require and receive care that is appropriate for the process affecting him.
- b) The initial day is considered a working day for all purposes and therefore compensation will not be received.
- c) ... "When the insured person refuses to carry out the test as set forth in this point c), the accrual of the benefit will stop after thirty days of DKV Seguros' proposal." The period off work may be resumed only when medical reports that are carried out subsequent to the completion of the diagnostic test justify the time off work.
- d) Consequently, the right to the payment of the daily income shall cease: > at the moment in which the insured person is able to resume, or indeed does resume, his professional activity even in a partial way despite not having healed fully (the disability is no longer total). > When the state of the insured person becomes a permanent invalidity or disability to carry out his profession, or requests recognition of this status, or receives a pension or compensation for this cause, or his state of health is determined in an objective way to be irreversible according to medical criteria, regardless of administrative decisions (the disability will no longer be temporary). > When the circumstances described in subparagraph (c) above occur. > When the insured person attains a state of retirement or unemployment or similar situation (he will not be covered by the insurance policy).
- e) In the event that the insured person suffered new periods of temporary disability for the same cause or for medical reasons directly related to the previous, the new periods of temporary disability are considered, for all purposes, a continuation of the original. For the purpose of compensation the sum of all periods shall not exceed the maximum limits established by the particular conditions for a claim. DKV Seguros shall not apply, in any case, the above provision if between the discharge date of one period and the start date of the consecutive more than six months have passed, during which the insured person has or has been able to carry out his work.
- f) If the insured person should suffer various ailments at the same time, or a new one should start, additional to that initially stated, compensation may not be accumulated. A new period will begin from the date of beginning the latest ailment even though it has no right to compensation, up to the moment that he is discharged for the first.
- g) In the case of claims covered by policies that have both guarantees, daily temporary disability and scaled temporary disability, compensation for each of them will not be cumulative during the days that the temporary disability that is covered by both periods coincide. The guarantee of daily temporary disability will only begin to generate compensation from the day on which the period covered by the guarantee of scaled temporary disability ends.

SCALED TEMPORARY DISABILITY. Rules of application and delimitation of the coverage

- a) Entitlement to compensation when the insured person is in a situation of total temporary disability and must require and receive care appropriate for the process affecting him.
- b) If the insured person suffers various ailments at the same time or a new one should start, additional to that initially stated, the compensation will be accumulated to a maximum of 130% for which a greater number of days in the scaled table is assigned.
- c) In no case will more than 365 days in each year of the policy be reimbursed.
- d) The illnesses or injuries of the same or similar cause which have 15 days or fewer associated in the scale may only be compensated three times during a period of 365 days.
- e) In the event that the insured person suffered new periods of temporary disability for the same cause or for medical reasons directly related to the previous, compensation for second or successive periods will only proceed when between the start date of one period and that of the previous period at least twice the number of days compensated for the preceding period have elapsed; with a minimum of 90 days.

5.1. EXCLUDED RISKS.

Excluded from the guarantees of this insurance contract, and therefore not entitled to any compensation are the following a) any alteration of the state of health, chronic or otherwise, injury or constitutional defect of origin prior to the date of effect of the policy, and its consequences. (b) pathological processes expressed exclusively by aches, pains or dizziness, i.e. no other medically verifiable objective signs. (c) depression, stress, fibromyalgia or chronic fatigue syndrome, the syndrome of burnout psychosomatic diseases, dementia, and any form of mental disorder. (d) Pregnancy, abortion, childbirth, and child care. (e) illnesses or complications arising from or aggravated by pregnancy, abortion, childbirth, and child care. (f) An illness or injury caused or which occurred in a state of intoxication, alcoholism, drug abuse or consumption of drugs or narcotics without a medical prescription. For the purposes of this policy, drunkenness is considered to be when the degree of alcohol in the blood exceeds the legally established limits, and is classed as criminal behaviour or when the insured person is sentenced or fined for this cause, similarly, he is considered to have consumed drugs or narcotic drugs, when their presence is detected in the blood. (g) Illnesses or injuries resulting from acts of war, terrorism, riots or breaches of public order, extraordinary or catastrophic events such as earthquakes, hurricanes, floods, radioactive leaks and officially declared epidemics. (h) accidents derived from the participation of the insured person in brawls (unless the insured person has acted in self-defence) and criminal acts. In these cases a provisional payment of 25% of the compensation may be made temporarily, without waiting for the final judgment, and when, in the case brought by the insured person it is clearly demonstrated that the insured person was not the one that originated the brawl. Injuries resulting from self-harm and attempted suicide. i) Accidents derived from > the practice of scuba diving, rock climbing, martial arts, descending canyons and other risky activities. > Events with wild cattle on sites intended for such and those due to the voluntary participation of the insured person in such events. > The use of all types of vehicles in training sessions, competitions, stunts, and non asphalted roads or for private use. (j) accidents caused in carrying out or doing any sport as a professional. (k) any non-curative treatment and any of its consequences that the insured person voluntarily undertakes, such as cosmetic surgery, vasectomy and fallopian tube ligation, etc., except those that may be due to an illness or accident. The surgical treatment of obesity, even with a medical prescription. Assisted reproduction techniques.

6.1. BASES OF THE CONTRACT

Any change of labour or professional activity carried out by the insured person and the way in which it is carried out- as salaried employment or self-employed-, which are indicated in the particular conditions are circumstances which modify the risk and which DKV Seguros must be notified of (articles 11 and 12 of the law of insurance contracts)

If, as the result of an inaccurate declaration of age or work, the premium paid is less than the correct one, the benefit paid will be reduced in proportion to the received premium. If on the other hand, the premium paid is higher than the one that should have been paid, DKV Seguros is obliged to return the excess of premiums received free of interest.

PRELIMINARY INFORMATION FOR THE POLICY HOLDER

Policy Holder NIF/CIF/NIE

Preliminary clause

This contract is subject to Insurance Contract Law 50/1980 dated October 8. The control of the insurance activities of the company DKV Seguros y Reaseguros S.A.E. (henceforth DKV Seguros) situated at Torre DKV, Avenida María Zambrano, 31 (50018 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 Declarations, 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 claim by mail or fax to the Clients' Attention Service of the ERGO Group at the address: Torre DKV, Avenida María Zambrano, 31 (50018 Zaragoza), telephone 902 499 499, fax 976 28 91 35, or via e-mail by sending it to: (defensacliente@dkvseguros.es). The client can select the way and address at which he would like the reply to be made. The complaint will be answered in writing within two months. The Regulations of the Clients' Attention Service of DKV Seguros are available from the Company's 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.
- > Without the aforementioned steps being affected, he 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 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 for the company to fulfil its objectives.

The personal data may be handled for 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 and 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 intervened 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 DKV Seguros and included in computer files linked to the insurance sector.
- b) To inform clients of products, preventive plans and promotion of health and services. To do so, personal data may be made available to other companies that form part of DKV Seguros and /or to other companies linked to DKV Seguros, or 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 handling 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 8021 (50018 Zaragoza) or via e-mail on arco@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, updating and administering the risk, preventing illness, and promoting good health to check the necessary data 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 preliminary information related to the particular nature of the insurance policy. 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 the company or the rejection of the coverage requested.

He also states that he is fully aware that DKV Seguros will not cover any service derived from or related to health states from before the contracting of this insurance policy that are not reflected in the health declaration. This agreement is not valid, even when the premium has been paid until the policy holder or the insured person, have provided DKV Seguros with, in a demonstrable way, the insurance application form, together with the health questionnaire, as well as the general and particular conditions duly signed showing acceptance. If more than fifteen days from the issuing of the policy elapses without such documents having been returned signed, DKV Seguros may decide either to request their submission again or definitively cancel the application without the contract having become valid; all of which will be formally notified.

SIGNED IN _____ ON _____ OF _____ 20 _____ the policy holder signature of insured person when different to beneficiary