CAJA DE SEGUROS REUNIDOS
Cía. de Seguros y Reaseguros, S.A. –CASER–
Avenida de Burgos, 109 - 28050 Madrid
www.caser.es

☐ **Proposal/Policy number** _____

HEALTH QUESTIONNAIRE
HEALTHCARE

Personal details

Name and surnames:
DNI (ID): Age: No. of children: Current weight: (kg) Height: (cm)

Current health			
☐	Very good	☐	Bad
☐	Good	☐	Very bad
☐	Average		

Habits	Yes	No
Do you smoke?	☐	☐
Do you drink?	☐	☐
Do you do sport?	☐	☐

Prevention	Yes	No
Do you visit the dentist regularly?	☐	☐
Have you had a urological or gynaecological check-up recently?	☐	☐
Do you have annual medical check-ups?	☐	☐

Surgery

Have you ever undergone surgery?	Yes ☐	No ☐	State what:

Date	If you answered yes, specify surgery and disease or condition	After-effects

Do you have any surgery pending? Yes ☐ No ☐

Date	If you answered yes, specify surgery and disease or condition	

Medical hospitalisation

Have you ever been admitted to hospital, and for what?	Yes ☐	No ☐

Date	If your answered yes, specify reason and disease or condition	Days in hospital

State details of your last two visits to the doctor

Date	Reason for the visit	Specialist in

Do you suffer from any of the following conditions or illnesses

	Yes	No		Yes	No		Yes	No		Yes	No
Diabetes	☐	☐	Rheumatism	☐	☐	Varicose veins **(2)**	☐	☐	Chronic diseases	☐	☐
High blood pressure	☐	☐	Psoriasis	☐	☐	Hernias	☐	☐	Other conditions or symptoms	☐	☐
Hepatitis	☐	☐	Angina	☐	☐	Lumbago	☐	☐	Prostate disease	☐	☐
HIV virus	☐	☐	Myocardial infarction	☐	☐	Bronchitis	☐	☐	Tubal ligation	☐	☐
Depression	☐	☐	Myopia **(1)**	☐	☐	Cervical arthrosis	☐	☐	Breast disease	☐	☐
Parkinson´s	☐	☐	Allergies	☐	☐	Meniscal disease	☐	☐	Fertility problems	☐	☐
Cancer	☐	☐	Asthma	☐	☐	Lithiasis (*stones*)	☐	☐	Are you taking any medication? **(3)**	☐	☐

(1) If you answered yes, state number of dioptres in each eye
(2) If you answered yes, state treatment
(3) State what medication and the condition treated.

If you answered YES to any question, please describe the evolution and treatment as of today´s date.

The applicant declares under their own responsibility that the answers and information provided in this Health Questionnaire are true and complete. The signing of this document **attests** to the legal relationship between the policy holder/Insured Party and the Insurer, and is a prerequisite for Caser to define the risk that it is prepared to accept in each case. It is therefore essential that the information provided in answer to each question is true, and as detailed and exact as possible. Pursuant to Section 10 of the Insurance Contract Act [Ley de Contrato de Seguro], if there are any omissions or inaccuracies in the information provided in this form, the Insured Party will no longer be entitled to the covered benefit, and the Company reserves the right to automatically terminate the policy.
In the event that the Insured Parties are minors or have any type of disability, the forms may be filled in by their parents or legal guardians.
Furthermore, the applicant authorises any doctors that have obtained any information about their state of health, or had access to their clinical records, during the practice of their profession to disclose such information to the Company whenever so requested. The applicant understands and accepts that any illnesses existing prior to the day on which this policy comes into effect will not be covered.
In compliance with the prevailing personal data protection regulations, you agree that the information you give us, including health data, will be processed using an automated file by CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A. -CASER- in order to manage the insurance relationship, carry out satisfaction surveys about our services, and to send you commercial information, even after the policy has expired, about our insurance products and services, pension, financial health, and social assistance plans, and old age homes. You can exercise your right to access, correct, delete or challenge the information by writing to the head office of the company at Avda. de Burgos, 109 – 28050 - MADRID (Address to Legal Department– Data Protection) or by sending an email to www.caser.es.
Your personal information may be ceded, with no need to inform you of the first cession, to Grupo Caser companies (see the list of companies that comprise the Group at any given time at www.caser.es), so that they can send you by any means of communication, including email or equivalent method of communication, commercial and promotional information about the aforementioned sectors, according to your stated tastes, hobbies, and needs. It may also be ceded to companies of Grupo CASER with whom you have contracted a policy.
Furthermore, the data collected may be ceded to communal files for the purposes established in the consolidated text of the Spanish Act on the Regulation and Supervision of Private Insurance [Texto Refundido de la Ley de Ordenación y Supervisión de los Seguros Privados].The applicant may revoke the authorisation given to Caser or the Group´s companies, to send them offers or publicity and promotional information, at any time by phoning the free phone 900 810 569.

Completed and signed in **on**

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-CONFIDENTIAL-
You must fill in all the data fields legibly and with no corrections