



Private Insurance

Application Procedure

1. Once you decide to contract the private insurance for your application for a student visa, it is necessary to fill in the [following form](#).
2. Fill in all the requested information and validate that there are no errors, this information is the one that is going to be send to the company to issue the insurance policy.
3. When the form is sent you will receive a payment link within one working day to the email you provided so that the insurance process can proceed.
4. You should send a payment receipt to sfo@ucam.edu.
5. Within a maximum period of 48h you will be contacted from the insurance company to bring you all the necessary information of the insurance policy.

Refund policy

The refund of the cost of the private insurance will only be produced in case of visa refusal and after submitting the legal documents that provide such circumstance.

The request can be done in the following [link](#).

THE BEST HEALTH INSURANCE IN EXCLUSIVE CONDITIONS FOR YOU

WHAT ONLY ASISA CAN OFFER YOU



- ASISA is the company with the most own resources: 15 Clinics and 28 Medical Centres.
- Among more than 40,000 doctors at your disposal, you will surely find yours.
- With more than 600 Assistance Centers arranged throughout the country.
- And more than 100 customer service points to be closer to you.
- More than 600 diagnostic tests free of authorization and second medical opinion
- 24-hour medical assistance

FEATURED COVERAGES

Treatment with intensity modulated radiotherapy
 Hemodialysis in chronic and acute processes Prostatic brachytherapy and Green Laser for the benign prostatic hyperplasia treatment
 CPAP and BIPAP for the treatment of sleep apnea
 DNA prenatal study
 Genetis Studies
 Internal prosthetics
 Bone marrow trasplant
 Capsule Endoscopic
 Neurological rehabilitation

NEW COVERAGES

Meshes and coils Polysomnographic study. Coverage assumptions are expanded.
 Surgical laser. The coverage assumptions for Pulmonology, Ophthalmology and Urology are extended.
 Ophthalmological rehabilitation: Orthoptics and Pleoptics.

MORE FOR YOUR HEALTH

Assisted reproduction - Laser Ophthalmology - International Vaccination and Travel Medicine - Stem cells - Visual health care
 - And more offers and services in the ASISA CLUB

WELCOME TO ASISA

Thanks to the agreement between both entities, you now have the opportunity to entrust ASISA with the care of your health and your loved ones under very advantageous conditions. Because we know that the human factor is the main asset.

ASISA SALUD

The best health insurance at the best price

NET PREMIUM 2023

0 a 35 años: 432,05€
 36 a 44 años: 732,50€
 45 a 54 años: 819,03€
 55 a 64 años: 1203,1€

University
 Course

EXCLUSIVE CONTRACT CONDITIONS

NO COPAYMENT

Included:

- Travel Assistance
- Repatriation insurance for death and accident
- Medical Chat
- Video consultation ASISA LIVE
- Second Medical Opinion

WHO CAN BENEFIT FROM THIS OFFER?

Students

INFORMATION AND CONTRACTING

Student Financial Office

sfo@ucam.edu

THE BEST HEALTH INSURANCE IN EXCLUSIVE CONDITIONS FOR YOU

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ASISA SALUD

The best health insurance at the best price

NET PREMIUM 2023, for insured up to 35 years

216,03 €

One Academic Semester

EXCLUSIVE CONTRACT CONDITIONS

NO COPAYMENT

Included:

- Travel Assistance
- Repatriation insurance for death and accident
- Medical Chat
- Video consultation ASISA LIVE
- Second Medical Opinion

WHO CAN BENEFIT FROM THIS OFFER?

Students

INFORMATION AND CONTRACTING

Student Financial Office

sfo@ucam.edu

Reference Hospitals


Reference Hospital in Murcia

Hospital HLA la Vega



Own facility

General Hospital

 Calle Román Alberca, S/N
30008, Murcia

Distancia: 0.24 km

 968 278 100

Reference Hospital in Cartagena

Centro Médico Virgen de la Caridad






General Hospital

 Calle Jorge Juan, 30
30204 Cartagena

Distancia: 43.72 km

 968 506 666

Centers for performing PCR privately

1. **Hospital HLA la Vega**, Calle Román Alberca S/N, 30008, Murcia  968 278 100
2. **Centro Médico Juan XXIII**, Ronda de Levante, 14, 30008, Murcia  968 238 510
3. **Centro Médico Virgen de la Caridad**, Calle Jorge Juan, 30, 30204, Cartagena  968 506 666

Healthcare Insurance Policy

Insurance Product Information Brochure
Entidad aseguradora ASISA, Asistencia Sanitaria Interprovincial de Seguros, S.A.U. España.
DGSFP: C-0462

Product: ASISA Health Insurance

This document provides general decryption information of the relevant insurance product. All precontractual and contractual information regarding the relevant product is included in this Information Brochure, in the General Terms and Conditions and in any other documents provided together with the Insurance Contract (Policy).

What type of insurance is this?

ASISA Health Insurance is a full coverage (inpatient and outpatient care) healthcare insurance entitling the Insured Party to healthcare from any of the medical professionals and centres included in the Medical Directory of ASISA. It does not include copayments.



What is insured by this policy?

- ✓ Accident and emergency service.
- ✓ General medicine.
- ✓ Paediatrics.
- ✓ Specialist medicine.
- ✓ Nurse/Certified Nurse care.
- ✓ Podiatry.
- ✓ Diagnostic procedures.
- ✓ Special Treatment Procedures.
- ✓ Hospital admissions (including Day Hospitals) in the following cases:
 - Childbirth.
 - Paediatrics, including treatment for the new born.
 - Surgical procedure.
 - Medical reasons.
 - Psychiatric reasons.
 - In special units (intensive care, A&E, etc.).
- ✓ Outpatient surgery.
- ✓ Patient transfer (Ambulance).
- ✓ Prosthetics and implants.
- ✓ Family Panning.
- ✓ Antenatal classes.
- ✓ Transplants.
- ✓ Stomatology and dentistry.
- ✓ Psychotherapy.
- ✓ Second medical opinion.
- ✓ Preventative Medicine.
- ✓ Travel Assistance.
- ✓ Workplace accidents and Compulsory Vehicle Insurance.
- ✓ Accidental death insurance.

You can find a full detailed description of the coverage included on the General Terms and Conditions of the product.

Seguro de Salud

Documento de información sobre el producto de seguro Entidad aseguradora ASISA, Asistencia Sanitaria Interprovincial de Seguros, S.A.U. España. DGSFP: C-0462

Producto: ASISA Health Insurance

El presente documento facilita información general descriptiva del producto de seguro. La información precontractual y contractual completa relativa al producto se facilita en la nota informativa, en las condiciones generales y particulares y en el resto de documentación que se entrega con el contrato de seguro (póliza).

¿En qué consiste este tipo de seguro?

ASISA Health Insurance es un seguro de asistencia sanitaria con cobertura completa (asistencia hospitalaria y extrahospitalaria) que da acceso a cualquiera de los profesionales y centros del cuadro médico de ASISA. No tiene copagos.



¿Qué se asegura?

- ✓ Servicio de urgencia.
- ✓ Medicina general.
- ✓ Pediatría.
- ✓ Medicina especializada.
- ✓ Enfermería (DUE/ATS).
- ✓ Podología.
- ✓ Medios de diagnóstico.
- ✓ Técnicas especiales de tratamiento.
- ✓ Hospitalización (incluido hospital de día):
 - Por maternidad.
 - Pediátrica, incluida la atención al recién nacido.
 - Por motivo quirúrgico.
 - Por motivo médico.
 - Psiquiátrica.
 - En unidades especiales (UCI, UVI, etc.).
- ✓ Cirugía ambulatoria.
- ✓ Traslado de enfermos (ambulancia).
- ✓ Prótesis e implantes.
- ✓ Planificación familiar.
- ✓ Preparación al parto.
- ✓ Trasplantes.
- ✓ Estomatología y odontología.
- ✓ Psicoterapia.
- ✓ Segunda opinión médica.
- ✓ Medicina preventiva.
- ✓ Asistencia en viaje.
- ✓ Accidentes laborales y del seguro obligatorio de vehículos a motor.
- ✓ Seguro de fallecimiento por accidente.

El detalle completo de las coberturas incluidas está a disposición de los asegurados en las condiciones generales del producto.



What will not be insured by this policy?

- ✗ Healthcare treatment for disease, situations or processes which appeared prior to or existed at the subscription of this policy, and were known by the Insured Party but undisclosed in the Health Questionnaire.
- ✗ Healthcare treatment for any condition caused by the involvement of the Insured Party in highly hazardous professional or sport activities.
- ✗ Plastic surgery for aesthetic reasons, as well as any procedure performed with cosmetic or aesthetic purposes. Gender reassignment surgery, bariatric surgery and robot-assisted surgery. Out-of-hospital pharmacy expenses.
- ✗ All diagnostic procedures, techniques and means which are not recognised by or not widespread in usual medical practice, or which are of an experimental or research nature.
- ✗ Any diagnostic or therapeutical procedure not expressly included in the policy coverage.

You can find a full detailed description of the excluded coverage on the General Terms and Conditions of the product.



Do any coverage limitations apply?

- ! Podology: up to 12 sessions per year.
- ! Psychiatric ward admission: up to 50 days/year.
- ! Transplant: policy coverage includes bone marrow and cornea transplants.
- ! Psychotherapy: up to 20 sessions/year or up to 40 for eating disorders.
- ! Travel assistance: medical expenses up to €14,000 per insured person and trip.
- ! Accidental death insurance for those aged over 14 and under 65 (€6,000).
- ! There are waiting periods (periods of time during which the coverage does not yet apply) during which the Insured Person has limited access to certain services.

You can find a full detailed description of the excluded coverage on the General Terms and Conditions of the product.



Where does this insurance coverage apply?

- ✓ In Spain, with the exceptions set forth for travel assistance, which is extended overseas.



¿Qué no está asegurado?

- ✗ La asistencia derivada de patologías, situaciones o procesos anteriores a la contratación del seguro o presentes en el momento de dicha contratación, conocidos y no declarados en el cuestionario que debe suscribir el asegurado.
- ✗ La asistencia derivada de la participación del asegurado en actividades profesionales o deportivas que impliquen elevada peligrosidad.
- ✗ La cirugía plástica por motivos estéticos, así como cualquier técnica realizada con fines estéticos y cosméticos. La cirugía del cambio de sexo, la cirugía bariátrica y la cirugía robotizada. Los gastos de farmacia extrahospitalaria.
- ✗ Aquellos medios, procedimientos y técnicas de diagnóstico o tratamiento no reconocidos o no universalizados en la práctica médica habitual, o que sean de carácter experimental o de investigación.
- ✗ Cualquier técnica diagnóstica o terapéutica no incluida expresamente en la cobertura de la póliza.

El detalle completo de las coberturas excluidas está a disposición de los asegurados en las condiciones generales del producto.



¿Existen restricciones en lo que respecta a la cobertura?

- ! Podología: hasta 12 sesiones/año.
- ! Hospitalización psiquiátrica: hasta 50 días/año.
- ! Trasplantes: están cubiertos los de médula ósea y córnea.
- ! Psicoterapia: hasta 20 sesiones/año o hasta 40 en trastornos de la alimentación.
- ! Asistencia en viaje: gastos médicos hasta 14.000 € por asegurado y viaje.
- ! Seguro de fallecimiento por accidente: para mayores de 14 años y menores de 65 años (6.000 €).
- ! Existen periodos de carencia (periodos en los que todavía no se puede disfrutar de la cobertura) durante los cuales el asegurado tiene acceso restringido a ciertas prestaciones.

El detalle completo de las coberturas excluidas está a disposición de los asegurados en las condiciones generales del producto.



¿Dónde estoy cubierto?

- ✓ En España salvo lo establecido para la garantía de asistencia en viaje, en la que también existe cobertura en el extranjero.



What are my obligations?

- Disclosing all circumstances known to you which may impact the assessment of the risk to be insured in the Health Questionnaire provided for the purposes of being submitted to ASISA.
- Executing the Insurance Contract and paying the corresponding Premium (price).
- Notifying ASISA of any change of address, mail and telephone number within 8 days of such change.
- Mitigating the consequences of any incident suffered, using the means available to you to improve your recovery.
- Providing ASISA with all information required by it to claim the cost of the medical assistance to any liable party, when legally possible.
- The Policy Holder (contracting party) and the Insured Party are obliged to provide Asisa with any medical reports or quotes as Asisa requires in order to establish whether the healthcare assistance provided is covered by this policy.
- Notifying ASISA as soon as possible of any loss theft or impairment of the card, The Insurer shall issue and send to the address the Insured Party (as stated in the contract) a new card which cancels the previous one.



How and when do payments have to be made?

- The Premium shall be required at the execution of the Agreement.



When does coverage start and end?

- Coverage starts as soon as the first Premium is paid, and coverage shall be provided by ASISA from the effective date of the contract to the end of the term provided in the Specific Terms and Conditions. It may be extended in periods of one year.



How can I terminate the contract?

The Policyholder may terminate the contract notifying ASISA in writing of their intention of terminating the contract with at least one month's notice before the contract is intended to be terminated as identified in the Specific Terms and Conditions.



¿Cuáles son mis obligaciones?

- Declarar a ASISA, antes de la conclusión del contrato y de acuerdo con el cuestionario de salud al que ésta le someta, todas las circunstancias por él conocidas que puedan influir en la valoración del riesgo.
- Firmar el contrato de seguro y abonar la prima (precio del seguro).
- Comunicar a ASISA el cambio de la dirección postal, correo electrónico y teléfono de contacto en los 8 días siguientes al momento en el que se produzcan.
- Aminorar las consecuencias del siniestro utilizando los medios a su alcance para el pronto restablecimiento del asegurado.
- Facilitar a ASISA toda la información que ésta precise para reclamar el coste de la prestación asistencial al responsable (en los supuestos en los que sea posible legalmente).
- El tomador (contratante) y el asegurado tienen la obligación de facilitar a ASISA, en aquellos casos en los que lo requiera expresamente, los informes médicos y/o presupuestos del prestador que permitan a aquella determinar si la prestación asistencial requerida es objeto de cobertura por la póliza.
- Comunicar a ASISA la pérdida, sustracción o deterioro de la tarjeta a la mayor brevedad posible para que ésta pueda emitir y enviar una nueva al domicilio del asegurado identificado en el contrato, anulando la anterior.



¿Cuándo y cómo tengo que efectuar los pagos?

- La prima será exigible una vez firmado el contrato.



¿Cuándo comienza y finaliza la cobertura?

- La cobertura comienza con el abono de la primera prima, y las coberturas serán prestadas por ASISA desde la fecha de inicio del contrato hasta el periodo de tiempo previsto en las condiciones particulares. Se podrá prorrogar por anualidades sucesivas.



¿Cómo puedo finalizar el contrato?

El tomador podrá finalizar el contrato notificando por escrito su voluntad a ASISA con un plazo mínimo de un mes de antelación a la fecha de finalización del contrato, identificada en las condiciones particulares.

Name and Surname(s):

Tax ID No. (N.I.F.)/Foreigner Identification Number (N.I.E.): Weight (kg.): Gender: Male Female
 Date of birth: Height (cm.):

1. Have you been admitted to a health centre in the last 10 years, or do you have any admissions scheduled? YES NO
 If yes, please indicate the reason and the date(s):

2. Have you undergone any surgery, or are you scheduled to undergo any surgery? YES NO
 If yes, please indicate the reason and the date(s):

3. Do you have or have you had any tumours or cancer? If yes, please specify which and the date(s) of diagnosis YES NO

4. Have you or have you had any symptoms, pain or disorder persistently, regularly or recurrently, or are you under medical supervision or monitoring for any reason? YES NO
 If yes, please indicate the reason and the date(s):

5. Have you or have you had any of the following types of condition, injury or disorder?
 - 5.1 Cardiac, vascular, pulmonary or respiratory (e. g.: hypertension, arrhythmias, heart or circulatory failure, varices, asthma, emphysema, thrombosis, etc.). YES NO
 - 5.2 Metabolic (of the endocrine system) or of the digestive system (e. g.: of the liver or pancreas, gastric or duodenal ulcer, hernias, diabetes, thyroid disease, etc.). YES NO
 - 5.3 Rheumatic, bone or muscular (e. g.: arthritis, osteoarthritis, scoliosis, slipped disc, fibromyalgia, lupus, scleroderma, muscle disorder, trauma sequelae, psoriasis, etc.). YES NO
 - 5.4 Of the nervous system, of the eyes or of the ears (e. g.: migraines, epilepsy, Parkinson's disease, paralysis, Alzheimer's disease, glaucoma, macular degeneration, vision loss, ADHD, etc.). YES NO
 - 5.5 Haematological or clotting (e. g.: thromboembolism, anaemia, haemophilia, leukaemia, etc.). YES NO
 - 5.6 Of the kidney, urological and genital tract, or gynaecological (e. g.: kidney failure, prostate problems, renal colic, sexually transmitted, gynaecological - breast, uterus, ovaries, etc.). YES NO
 - 5.7 Psychiatric (e. g.: anorexia, bulimia, depression, anxiety, psychosis, schizophrenia, etc.). YES NO
 - 5.8 Infectious diseases (e. g.: hepatitis, COVID-19, tuberculosis, parasitic infections, septicaemia, tropical diseases, etc.). YES NO
 If yes, please indicate which:

6. Do you take any medication? YES NO
 If yes, indicate which, dose and frequency (regimen):

7. Do you consume alcohol or drugs or do you smoke? YES NO
 If yes, indicate the type, amount consumed and frequency:

8. Do you have lesions or sequelae from a disease, congenital or hereditary disorder, malformations or an accident? If yes, please indicate which and provide a medical report: YES NO

9. Do you have any recognised handicap or disability, or are you in the process of being assessed for any? YES NO
 If yes, please indicate which and provide a medical report:

ASISA does not cover assistance derived from the care of conditions, situations or processes prior to taking out the policy or present at the time of signing the contract, which were known and not declared, under this questionnaire, as well as sequelae, evolutionary outbreaks and complications thereof. The undersigned expressly authorises the Company ASISA, in relation to the content of this questionnaire, to carry out the necessary actions and procedures for the verification of the significance, existence, evolution or disappearance of the conditions or injuries for which it has to provide care, as well as to be able to determine the possible background or consequences of these and the treatments followed in each case through this Company. In accordance with Article 10 of the Insurance Contract Act, in the event of a caveat or inaccuracy when completing this declaration, the Insured Party will lose the right to the guaranteed provision, and ASISA reserves the right to automatically terminate the policy. For the purposes indicated, the Signatory declares that he or she has not distorted the truth, nor has he or she hidden the existence of any condition or disorder.

Basic information on data protection.

By signing the policy, the Policy Holder declares that he or she has collected and obtained the express consent of each of the insured persons/members of the family group, in order to incorporate all the health data relating to them into this questionnaire.

Name and signature Mr/Ms:

In your own name As a policy contracting party or family member of legal age

Tax ID Number (N.I.F.)/Foreigner's Identification Number (N.I.E.): In on 20.....



Application for Health Insurance

Type of Policy	No. of Collective
	Name of Collective

Shaded fields to be filled in by ASISA (Asistencia Sanitaria Interprovincial de Seguros, S.A.U.).

<input type="checkbox"/> Register Policy	<input type="checkbox"/> Modify Policy Details <small>Enter policy number and only fill in data to be modified</small>	<input type="checkbox"/> Cancel Policy	<input type="checkbox"/> Register Beneficiary	Reference No
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Product <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others	Nº Insureds	Policy Start Date (DD/MM/AAAA) / /
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POLICY HOLDER

I.D. no.	Full Name	Policy no.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Town	No
Apt.		Stairs
Door		
Town	Province	Postcode
Landline		
Mobile	E-mail	Fax
Do you want to be insured on the policy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have other policies with ASISA <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:	If you come from another healthcare entity, can you tell us which one?

INSURED PARTY 1

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Town	No
Apt.		Stairs
Door		
Town	Province	Postcode
Landline		
Mobile	E-mail	Fax
Relationship to policyholder (Husband/wife/son/daughter, etc.)		
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:	If you come from another healthcare entity, can you tell us which one?

INSURED PARTY 2

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Town	No
Apt.		Stairs
Door		
Town	Province	Postcode
Landline		
Mobile	E-mail	Fax
Relationship to policyholder (Husband/wife/son/daughter, etc.)		
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:	If you come from another healthcare entity, can you tell us which one?

INSURED PARTY 3

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Town	No
Apt.		Stairs
Door		
Town	Province	Postcode
Landline		
Mobile	E-mail	Fax
Relationship to policyholder (Husband/wife/son/daughter, etc.)		
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:	If you come from another healthcare entity, can you tell us which one?

INSURED PARTY 4

I.D. no.	Full Name	Policy No.
Date of Birth (DD/MM/AAAA) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status
Nationality		Profession
Street	Town	No
Apt.		Stairs
Door		
Town	Province	Postcode
Landline		
Mobile	E-mail	Fax
Relationship to policyholder (Husband/wife/son/daughter, etc.)		
Do you have other policies with ASISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which ones? <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Others:	If you come from another healthcare entity, can you tell us which one?

SEPA DIRECT DEBIT STANDING ORDER

Bank Account Holder:	IBAN
Payment method:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Six-monthly <input type="checkbox"/> Yearly

Before signing, please read the basic information on data protection shown overleaf

Policy Holder:	Policy issuance is dependent up on the Company's acceptance of this application.
Date and Signature: / /	



HEADING	BASIC INFORMATION ON DATA PROTECTION
Party responsible for processing	ASISA ASISTENCIA SANITARIA INTERPROVINCIAL, S.A.U.
Purpose	- To fulfil, control and execute the healthcare services guaranteed in the insurance policy.
Legal base	- The legal base for treatment of your personal data is the execution of the insurance policy between the policy holder and ASISA..
Recipients of data transfers	<ul style="list-style-type: none"> - ASISA Group companies and partners thereof. - Doctors, medical centres, hospitals and other institutions or persons, identified as providers of healthcare services in the List of Medical staff drawn up by ASISA or posted on its website, www.asisa.es. - Tax Authorities.
Rights	You are entitled to exercise your right to access, rectify or withdraw, limit treatment, oppose, request data portability or request to not be subject to a decision solely based on automated data treatment, as well as to withdraw the consent provided.
Further information	You can address your communications to the Data Protection Officer (DPO) of Grupo ASISA (DPO@grupoasisa.com), and consult detailed additional information on data protection on the ASISA website: www.asisa.es

