



METROPOLIS
S E G U R O S

INSTITUTO DE EMPRESA

PROCEDURE GUIDE

MAY 2017

ARTAI
CORREDORES DE SEGUROS



HEALTH ASSISTANCE IN A FREE CHOICE CENTER

Preliminary warning

As long as the Health Care Guarantee is contracted you will have the right to designate the center and / or professional for whom you wish to be treated.

Communication and processing of the incident

The expenses incurred by the Health Care will be paid by you to the Doctor or Hospital Center that has taken care of you. In order to obtain METROPOLIS' subsequent return of expenses, please send the following documents to:

ARTAI CORREDORES DE SEGUROS

Consuelo Lorenzo: Consuelo.lorenzo@artai.com

C/Fernández de la Hoz 78 Entreplanta 28003

Madrid T. +34914576006 1º.-

1º.-A written document including:

- Insurance policy number
- Policy holder's name and surname
- Address and telephone number of the insured (if different from the policyholder)
- Description of the incident detailing the circumstances, date, time and place of event, as well as the injuries caused

(We enclose model of report that already includes all these)

2º.- Hospital medical report of the first assistance received or any other medical documentation that proves the accident.

3º.- Original invoice corresponding to the pharmaceutical / hospital medical assistance received at the chosen center or professional.

On the basis of the documentation provided and on the condition that the loss is covered by the policy, METROPOLIS will reimburse the amount of expenses incurred by the health care provided within the limits and conditions established for it.



ACCIDENT REPORT

INSURANCE POLICY NUMBER:..... RECORD NUMBER:
 (*)..... NAME AND SURNAME:
 ID NUMBER:
 OCCUPATION:
 ADDRESS: CITY:
 POSTAL CODE: TELEPHONE
 NUMBER: / AGE: DETAILS OF THE
 ACCIDENT..... DATE: HOUR:
 PLACE OF EVENT: HOW DID IT HAPPEN?:

 INJURIES: IN CASE OS
 OCCUPATIONAL ACCIDENT:
 HAVE THE AUTHORITIES TAKEN PART?: WHICH
 AUTHORITIES?.....
 COMMENTS:

The injured party / injured person described above authorizes the processing of personal data voluntarily supplied through this document and the updating of the same for: * Compliance with the insurance contract itself. * The assessment of the damages caused in his person. * The quantification, as the case may be, of the corresponding compensation. * Payment of the amount of said compensation. * Prevent fraud in the selection of risk and in the management of claims, even after the contractual relationship has expired. It also accepts that the said personal data are transferred exclusively to those persons or entities whose intervention is necessary for the purposes indicated above, as well as to the policyholder of insurance, and that their data, including health data, may be communicated between the insurer and the doctors, health centers, hospitals or other institutions or persons, for the purpose of complying with, developing, controlling and executing the health care, reimbursement or compensation guaranteed in the insurance contract and requesting or verifying from the said health providers the causes that motivate the benefits, reimbursements or indemnities and, as the case may be, recover the expenses, respecting, in any case, the Spanish legislation on personal data protection and without having to be informed of every first cession to the said assignees. All data are treated with absolute confidentiality, and are not accessible to third parties for different purposes for which they have been authorized. The file created is located at: C / Alcalá 39, 28014 Madrid, under the supervision and control of METROPOLIS, S.A. DE SEGUROS Y REASEGUROS, which assumes the adoption of technical and organizational security measures to protect the confidentiality and integrity of the information, in accordance with the provisions of Ley Orgánica 15/1999, of December 13, on Protection of Personal Data and other applicable legislation and before whom the data subject can exercise their rights of access, rectification, opposition and cancellation of their personal data provided by written communication



**ENROLLMENT AND CANCELLATION PROCEDURES FOR THE
INSTITUTO DE EMPRESAS' ACCIDENT
INSURANCE POLICY**

ENROLLMENT:

To enroll the insurance policy, the policyholder and all the insured must complete the attached Accession Bulletin and send it to:



Consuelo Lorenzo

Consuelo.lorenzo@artai.com

+34 91 457 60 06

CANCELLATIONS:

To cancel the policy, a written document signed by the policyholder is needed, as well as a copy of its ID, and it needs to be sent to ARTAI Corredores de Seguros

ENROLLMENT APPLICATION FOR THE INSTITUTO DE EMPRESAS'
ACCIDENT INSURANCE POLICY

The undersigning Miss/Mr./Mrs., is hereby requesting to be included in the accident insurance policy offer for the Instituto de Empresa de Madrid whose Insurance Broker is ARTAI as a member of the insured group, represented by the Insurance Broker who has provided the characteristics and conditions of the accident insurance signed with METROPOLIS, with the following characteristics:

- Effective date: 201...
- Guarantees and capitals to be contracted:
 - Death in case of accident12.000,00€
 - Permanent absolute disability due to accident.....12.000,00€
 - Permanent partial disability due to accident (Included)
 - Pharmaceutical or medical assistance.....6.000,00€

Beneficiaries: (If there is no express designation, the priority order established in the policy will be followed).

Likewise, and in order for the insurer to assess the risk, the applicant fills the attached health questionnaire, understanding that it is an integral part of the Insurance Contract. For the purposes of the current regulations on Personal Data Protection, the policy holder certifies, with his signature, that he has obtained authorization from the insured to communicate his personal data, including health information, to METRÓPOLIS for its treatment, because it's necessary for the initiation and development of the contractual relationship. It also declares in its name and in the name of the insured that the data collected in this policy are true, giving their express consent so that they can be included in a file and treated by the insurer, being the recipient and responsible for the treatment Metropolis, SA, with its registered office in Madrid, C / Alcalá 39, where the policy holder (and insured in his case) may exercise their rights of access, rectification, cancellation and opposition to the treatment thereof, by contacting the Director of Legal-Technical Department. The data collected may be ceded to common files for the purposes of the provisions of the *Texto Refundido de la Ley de Ordenación y Supervisión de los Seguros Privados*. In case there is no accession bulletin, subscribed individually by each insured, the policy holder will transfer to the insured the content of this clause.

Date: Candidate:

Signature:



HEALTH QUESTIONNAIRE

CONSTITUTION

WEIGHT..... Kg.	HEIGHTcm	MAX. BLOOD PRESSURE	MIN. BLOOD
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LIFESTYLE

Number smoked per day	If smoked previously, how many per day?	When did you give up?
Sports or any other risky activities practiced in personal life.....		
.....		

FAMILY HISTORY

Are there any cases, in your closest family members, of diabetes, hypertension, heart attack, mental disorder, epilepsy, Under the age of 50 ?

Have you ever had a genetic test because of family history?	YES	NO
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HEALTH CONDITION

Do you currently feel in good health?	YES	NO
In the last 5 years have you been off work for 2 weeks or more for health reasons?	YES	NO
Do you have any physical limitation or disability?	YES	NO
Do you currently have or have you ever had any of the following? Mark with X if YES		
1 – Respiratory	2 – Nervous system	3 – Urinary tract
Asthma, tuberculosis, pneumonia, bronchitis,	Neuralgia, vertigo, epilepsy, depression, ...	Sexually transmitted diseases, kidney, bladder, prostate, ...
4 - Tumours	5 - Metabolism or blood	6 - Backbone
Malign or benign	Diabetes, cholesterol, gout, anaemia, ...	Hernias, lumbago, sciatica, trauma, ...
7 – Digestive system	8 - Senses	9 – Circulatory system
Stomach, liver, pancreas...	Sight, deafness, ...	Heart attack, angina, arrhythmias, hypertension ...
10 – Bone system	11 – Vascular record	12 – Other diseases
Arthrosis, rheumatism,	Embolism, thrombosis, varicose haemorrhage	Severe infection, cancer, HIV , Tropical diseases, ...
If yes, please give us full details (<i>date, duration period, if still continues, doctor that treated you, treatment, time off work and when</i>)		
.....		
Have you suffered any serious injury or disease?	SI	NO
Do you have any amputation, deformities, or physical	SI	NO
Are you left-handed?	SI	NO

The policyholder and the insured person declare that the above data are true, not having concealed or omitted any circumstances that may influence the acceptance of the risk, whose responsibility is fully assumed for the purposes of article 10 of Ley de Contrato de Seguro 8/10/1980. Likewise, the insured person authorizes the company to request information from doctors or centers that may have provided medical care and, in accordance with Ley Orgánica 5/1992 of October 29, on automated processing of personal data, and gives express consent so that can be treated in an automated way and can be transferred to other insurance companies in order to facilitate the processing of casualty and collaborating institutions with the insurance sector for statistical and anti-fraud purposes, as well as for reasons of coinsurance and reinsurance.

THE POLICY HOLDER DECLARES TO HAVE RECEIVED THE INFORMATION REFERRED TO IN ART. 60 OF LAW 30/1995

In at hours of 20.....

The insured		