

General conditions



Sanitas SA de Seguros

Registered on 10 February 1958 with the key C-320 in the Special Register of the Direccion General de Seguros.

Entity domiciled in Spain, Ribera del Loira, 52 - 28042 Madrid.

Madrid Mercantile Register, sheet 4,530, volume 1,241, book 721, sect. 3rd, Insc. 1.

CIF A-28037042

INDEX

General conditions

..... introductory clause 6

Glossary of terms..... 7

Section I: Object of the insuranceeleven

Section II: Hedgeseleven

HEDGING MAJOR POLICY eleven

1. Primary Assistance eleven

1.1. Family Medicine.....eleven

1.2. Paediatrics & Child Careeleven

1.3. Nursing service.....eleven

2. Emergency eleven

Sanitas 24 hours 12

3. Medical Specialties 12

3.1. Allergology 12

3.2. Clinical analysis 12

3.3. Pathological anatomy..... 12

3.4. Anesthesiology 12

3.5. Vascular surgery 12

3.6. Digestive system..... 12

3.7. Cardiology..... 12

3.8. Cardiovascular Surgery 12

3.9. General and digestive surgery..... 12

3.10. Maxillofacial Surgery..... 12

3.11. Orthopedic and trauma surgery 12

3.12. Pediatric Surgery 12

3.13. Reconstructive surgery 12

3.14. Thoracic Surgery 12

3.15. Dermatology..... 12

3.16. Endocrinology 13

3.17. Geriatrics..... 13



3.18. Hematology	13
3.19. Internal Medicine.....	13
3.20. Nuclear medicine.....	13
3.21. nephrology	13
3.22. Pneumology.....	13
3.23. Neurosurgery.....	13
3.24. Clinical Neurophysiology	13
3.25. Neurology.....	13
3.26. Obstetrics and Gynecology	13
3.26.1. Neonatology assistance	14
3.26.2. newborn care	14
3.27. Ophthalmology.....	14
3.28. Medical Oncology	14
3.29. Otorhinolaryngology.....	14
3.30. Psychiatry.....	14
3.31. Diagnostic Imaging Diagnostic Radiology.....	14
3.32. Radiotherapy.....	fifteen
3.33. Rehabilitation.....	fifteen
3.34. Rheumatology	fifteen
3.35. Urology.....	fifteen
4. Other services	carefifteen
4.1. Ambulance.....	fifteen
4.2. Special care in	Addressfifteen
4.3. Obstetric-Gynecological (Midwives)	fifteen
4.4. Physiotherapy.....	fifteen
4.5. Logofoniatría	fifteen
4.6. Odontostomatología	16
4.7. Podiatry (chiropraxy)	16
4.8. Prosthesis.....	16
4.9. Mother and Child Program	16
4.10. Psychology.....	16
4.11. home respiratory therapies	16
5. Hospital care	17
6. Early detection of diseases	17
7. Certain accommodation costs	17
ADDITIONAL COVERAGE OF THE POLICY	18
Second medical opinion	19
..... accident coverage	19

Coverage in the United States	29
Unemployment coverage	29
Emergency assistance abroad	33
Additional coverage premium payment	36
..... death	
..... income coverage	38
Section III:	44
..... excluded Hedges	44
Section IV: Periods of absence	47
Section V: how to provide services	48
Section VI: Other aspects of insurance	53
1. Basis and loss of contract rights	53
2. Duration of insurance	53
3. Insurance Premiums	54
4. High newborn	55
5. Providing reports	56
6. Claims	56
7. Other legal issues to consider	56
8. Other	58
9. Jurisdiction	58

preliminary clause

This contract is governed by the provisions of Law 50/1980 of 8 October on Insurance Contracts (BOE of October 17, 1980); by Law 20/2015, of 14 July, management, supervision and solvency of insurance companies and reinsurance companies, and its implementing regulations (Royal Decree 1060/2015, of 20 November, management, supervision and solvency

entities insurance Y
Reinsurers, by Law 22/2007 of 11 July on distance marketing services
financial
for consumers, the Law 26/2006, of 17 July, mediation of private insurance and reinsurance, and agreed in the General Conditions and the Particular.

Shall apply clauses limiting the rights of policyholders that are highlighted in bold and are specifically accepted.

Glossary of terms

For the purposes of this document Product **Sanitas Mundi Un Millon** It is understood as:

ACCIDENT INSURANCE TERMS

bodily injury suffered during the life of the policy, resulting in a violent, sudden, external beyond the control of the Insured it.

ANTIQUITY

Insured implies recognition of certain rights by remaining in SANITAS, to be specified in the Special Conditions.

INSURED

Each person included in the policy and specified in the Special Conditions, entitled to receive insurance benefits, which may or may not coincide with the person of the Policyholder.

BENEFICIARY

Person to whom the Policyholder recognizes the right to receive, in the corresponding amount, the compensation or benefit under this contract.

COPAYMENT

Participation of the Insured in the amount of the cost of the medical act or series of acts, as the required medical service received from professionals or institutions providing it, and to be paid directly to Sanitas.

HEALTH QUIZ

Statement signed by the Policyholder Insured or before the formalization of the policy that serves SANITAS for risk assessment that is the subject of insurance.

DOLO

Action or omission committed fraud or deceit with intent to cause damage or make a profit affecting the interests of a third party.

HOME INSURED

It is one where the Insured resides and stating expressly mentioned in the particular conditions of the policy.

Underwriter

Sanitas SA de Seguros, legal person who assumes the risk contractually agreed.

FRANCHISE

amount medical and / or expenses hospital not included in the insurance coverage that under the provisions of the relevant guarantees, are paid by the Policyholder or Insured to the medical provider.

PARTICIPATION IN EXPENSES

In advance access to certain coverage, the Insured shall be paid in a single payment to SANITAS, a specific amount depending on the degree of difficulty of the same.

Waiting periods

Period of time (computed by months from the effective date high of each Insured in the policy) during which do not come into force some of the coverages included within guarantees collect it.

POLICY

written document that contains the insurance regulatory conditions, as well as the rights and duties of the parties and serves as proof of existence. They form an integral part of the policy:

the insurance application, the Health Questionnaire, the General Conditions, the Particular, additional and complementary or Appendices are added to it, to complete it or modify it.

PREEXISTENCE

Status or health condition (illness, injury or defect) not necessarily disease suffered by the insured prior to the date of their inclusion in the policy.

BENEFIT

Sanitas realization of collateral involved in the policy.

COUSIN

It is the price of insurance, ie, the amount the policyholder or insured must pay to SANITAS. It shall also include surcharges, fees and taxes legally applicable.

SINISTER

All fact consequences are wholly or partly covered by the policy and forming part of the object of insurance. It is considered to constitute one single claim the set of services resulting from the same cause.

POLICYHOLDER

It is the natural person or legal entity with SANITAS signs this contract and which may be the same or different than the Insured, and corresponding obligations arising therefrom, especially the payment of the premium, except those which by their nature They must be fulfilled by the Insured.

HEALTH HEALTH CARE

TERMS

Attend or act for the health of a person.

ASSISTANCE HEALTH HOSPITALARIA / WITH HOSPITALIZATION

It is the assistance in a hospital in detention, with check and permanence Insured as patient for at least 24 hours, for medical treatment, diagnosis, surgery or therapy thereof.

ASSISTANCE HEALTH WITHOUT

Hospitalization / OUTPATIENT

Is medical care, diagnostic, surgical or therapeutic provided in medical and / or hospital that does not involve hospitalization offices.

SOCIAL ASSISTANCE FOR REASONS OF TYPE

Any assistance which is not necessary, according to normal practice and in accordance with good medical practice for the treatment of pathologies diagnosed properly.

QUERY

Action to address and discuss a sick doctor performing the examinations and necessary for diagnosis or prognosis and prescribe treatment medical tests.

DIAGNOSIS

medical judgment about the nature of the disease or injury of a patient based on the assessment of symptoms and signs and the corresponding conducting additional tests.

DUE / NURSES / ATS

University Diploma in Nursing or Health Technical Assistant legally trained and authorized to develop nursing activity.

DISEASE

Any alteration of health, not resulting from accident or injury, and whose diagnosis and confirmation is performed by a professional

legally recognized, and make accurate medical sanitary attendance.

CONGENITAL DISEASE

It is one that exists at the time of birth, as a result of hereditary factors or conditions acquired during pregnancy until the moment of birth. Congenital condition can manifest festarse

Y be recognized immediately after birth or later be discovered at any stage of life of the individual.

COUNSELOR MEDICAL SERVICES GUIDE

Professionals Y centers health
belonging to the picture doctor
correspondent to this policy Y
Recommended by Sanitas for the
provision of the services covered by insurance. The Guide
can change during the term of the policy. Policyholders
are available at the offices of SANITAS a complete and
updated list of physicians and medical institutions that
make up the picture of this policy.

CONVENTIONAL ROOM

Room a single room or cabin, equipped with the
necessary equipment for healthcare. They are not
understood as conventional suites or rooms with
anteroom.

HOSPITAL

Any public or private establishment legally authorized for
the treatment of illness or injury or accident, provided with
permanent medical presence and the means for
diagnostics,

Medical treatments and
surgery and allows the patient's admission.

For the purposes of the policy, are not considered
hospitals hotels, nursing homes, spas,
facilities dedicated
mainly to the treatment from
and chronic diseases institutions
Similar.

SURGICAL INTERVENTION

Any intervention for diagnostic or therapeutic purposes,
performed by surgery
made by a qualified specialist in a (hospital or
extra-hospital) authorized center and usually requires the
use of a specific room equipped with the necessary
equipment.

INJURY

All pathological change that occurs in a tissue or in a
healthy organ and comprising an anatomical or
physiological damage, ie one

disturbance in the physical or functional balance.

Osteosynthesis material

Pieces of any kind used for joining the ends of a fractured
bone or weld joint ends.

ORTHOPEDIC MATERIAL

anatomical parts of any kind used to prevent or correct
the
body deformities.

DOCTOR

Doctor or Bachelor of Medicine legally trained and
authorized to treat medically or surgically illness or injury.

NEWBORN

It is differentiated stage of life extending for four weeks
after birth.

BIRTH

It is defined as the output of one (or more) and newborn
(s) from placenta inside the uterine cavity to the outside.
Or term normal birth is one that occurs between the 37th
and 42nd week from the date of the last menstrual period.
Deliveries occurred before 37 weeks are considered
premature births and occurring after 42 weeks are
considered post-term deliveries.

organic pathology

structural lesion in tissues or organs of the human body

PROSTHESIS

Every element of any nature, either temporarily or
permanently replacing the absence of an organ, tissue,
body fluid, or member of any of these. For example, with
consideration that the mechanical elements

(substitutions
articular) or biological (spare parts
Valvular heart, ligaments) glasses
Intraocular drug reservoirs, etc.

PSYCHOLOGY

Science that involves the practical application of
knowledge, skills and techniques for

diagnosis, prevention or troubleshooting
individual or social,
especially regarding the interaction between the individual and
the physical and social environment.

DOMICILIARY SERVICES

Visit at the address on the policy at the request of the
Insured by the family doctor, pediatrician / puericultor, ATS
or
DUE, in cases where the Insured is, because of his illness,
unable to move to the office.

SERVICES FROM ASSISTANCE URGENT

Assistance in case justified both in the home of the
Insured, as elsewhere in the country where the Insured is,

as long as
SANITAS has agreed to provide this service in this place.
The service will be provided by the family doctor and / or
ATS or
DUE

TREATMENT

Media Set any kind
(Hygiene, pharmacological, surgical, or
physical well), which will have as
primary purpose cure or alleviation of disease or some of
these, once it has been the diagnosis of the same.

URGENCY

"Urgency" is considered to be any clinical situation
involving no vital commitment or irreparable damage to the
physical integrity of the patient, that requires prompt
medical care.

VITAL URGENCY

It is this clinical situation that requires immediate medical
attention, since a delay in itself can derive a vital
commitment or irreparable damage to the physical
integrity of the patient.

Clause 1: Insurance Object

Within the limits and conditions stipulated in the Policy, and upon payment by the Policyholder of the Sure of the cousin

Correspondingly, copayments and deductibles in your case may be, SANITAS offers its policyholders a comprehensive picture concerted professionals, clinics and hospitals for hospital medical, surgical and according to standard medical practice in the specialties and modalities included coverage of this Policy, assuming its cost by direct payment to professional or private schools who have made the insured benefit.

Diagnostic and therapeutic advances that are occurring in medical science, after the effective date of this contract may become part of the coverage of this policy if they are safe, effective and are universalized and consolidated. In each renewal of the policy, SANITAS communicate techniques or treatments to be included between the coverage of the policy for the next period.

This contract also It includes mode of reimbursement, under which SANITAS will take, within the limits and conditions stipulated in the policy of hospital medical, surgical and indicated in the first paragraph of this clause, by returning the Insured of all or part of health expenditures,

reasonable and customary, Developed by the same, according to the limits in insurance and reimbursement rates established in the Special Conditions of Insurance unable to jointly implement both modes for one and the same provision.

Section II: Hedges

HEDGING MAJOR POLICY

With personality general Y with the limitations, and exclusions highlighted in conditioned this policy, the covered health services are appropriate to the following specialties:

1. Primary Care

1.1. Family Medicine

Includes medical care in consultation, indication and prescription of tests and basic diagnostic means (analytical and general radiology), during the days and hours established for this purpose by the physician, and medical care at home when, for reasons that depend only on the disease that ails the Insured is prevented from moving to the doctor.

In urgent cases, the Insured must attend permanent emergency services or contact SANITAS phone service.

1.2. Paediatrics & Child Care

Includes child care until he was 15 years old, in office and home, the indication and prescription of tests and basic diagnostic means (analytical and general radiography) applying the same rules and cited for coverage of Family Medicine.

1.3. Nursing service

It includes assistance in consultation and home.

2. Emergency

It includes health care in emergencies to be provided on permanent emergency centers.

In case justified, It will be attended to Insured in the place where you are, by permanent guard services, only in those populations

SANITAS have agreed that the provision of such service.

Sanitas 24 hours

phone service that includes media attention provided by a medical team, will advise the Insured on questions of medical, treatment, medication, test reading, etc., 24 hours a day, 365 days a year.

3. Medical Specialties

3.1. Allergology

3.2. Clinical analysis

3.2.1. Genetic studies

includes exclusively those essential for diagnosis and / or to the requirements of patient treatment and symptomatic affection.

3.3. Pathological anatomy

Includes performing therapeutic targets prior to the administration of certain drugs, provided in the data sheet of the drug, established by the Spanish Agency for Medicines and Health Products, determination is required.

3.4. anesthesiology

3.5. Vascular surgery

Remains excluded the treatment sclerosing microfoam with foam or varices.

3.6. Digestive system

Fibroscan diagnostic test is covered, **once a year per insured, only to evaluate the evolution of the degree of fibrosis**

liver in hepatopatías chronic, excluding those that have some relation to alcoholism.

The endoscopic submucosal dissection technique It is included only for treatment of lesions of the gastric / colorectal, premalignant or malignant mucosa incipient in which is discarded conventional polypectomy

and that proposes the surgical treatment.

3.7. Cardiology

3.8. Cardiovascular surgery

It is excluding the cryoablation technique and the Percutaneous techniques for replacing heart valves.

3.9. General Surgery and apparatus Digestive

It includes surgery laparoscopically.

3.10. Maxillofacial Surgery

It includes diagnosis and surgical treatment from the diseases Y trauma involving exclusively to the jaw, jaw and facial bones themselves.

They are excluded own treatments

the specialty from Odontostomatología, A) Yes as aesthetic treatments and / or having functional purpose of the oral area of the patient, among others the surgeries orthognathic, preimplantológicas Y preprosthetic.

3.11. Orthopedic Surgery and Traumatology

It includes surgery arthroscopically.

3.12. Pediatric surgery

In identical terms and conditions as the adult surgery.

3.13. Reconstructive surgery

3.14. Thoracic surgery

3.15. Dermatology

3.16. Endocrinology

3.17. Geriatrics

3.18. Hematology

Includes both autologous bone marrow progenitor cells as peripheral blood,

exclusively for hematologic tumor treatments lineage.

3.19. Internal Medicine

3.20. Nuclear medicine

Contrast media are SANITAS account.

PET and PET / CT They are hedged **exclusively for the indications authorized by the Spanish Agency for Medicines and Health Products with drug-fludeoxyglucose 18 (18 FDG).**

These indications are specifically the following:

A) Oncology Diagnosis:

- characterization pulmonary nodule lonely.
- Detection of cancer of unknown origin revealed for example by cervical adenopathy, liver or bone metastases.
- Characterization of a pancreatic mass.

B) Staging:

- Head and neck tumors, including assisted guided biopsy.
- Primary lung cancer.
- Locally advanced breast cancer.
- Esophagus cancer.
- Pancreatic carcinoma.
- colorectal cancer, especially in recurrences.
- malignant lymphoma.
- Malignant melanoma, Breslow more 1.5 mm or lymph node metastases at initial diagnosis.

C) monitoring treatment response:

- malignant lymphoma.
- Head and neck tumors.

D) Detection in case of reasonable suspicion of recurrences:

- Gliomas with high malignancy (III or IV)
- Head and neck tumors.
- Thyroid cancer (non-medullary): patients with increased serum thyroglobulin and body scintigraphy negative radioiodine.
- Primary lung cancer.
- Breast cancer.
- Pancreatic carcinoma.
- Colorectal cancer.
- Ovarian cancer.
- malignant lymphoma.
- malignant melanoma.

E) Neurology:

- Localization of epileptogenic foci in the presurgical evaluation of temporal lobe epilepsy.

3.21. nephrology

It includes the techniques from dialysis **only in acute. Excluded chronic dialysis and hemodialysis treatments.**

3.22. Pneumology

3.23. Neurosurgery

It includes assisted surgery and surgical navigation Intraoperative Electrophysiological Monitoring.

3.24. Clinical neurophysiology

3.25. Neurology

3.26. Obstetrics and Gynecology

It includes gynecological laparoscopic interventions and basic study and diagnosis of infertility and sterility.

Family planning also includes: tubal ligation, IUD **implantation (Being the**

device by the Insured) and monitoring of the treatment with anovulatory.

They are included The following tests Genetic: karyotype, factor V Leiden and 20210 mutation of the prothrombin gene.

Other genetic testing other than those already mentioned, will be excluded.

3.26.1. Neonatology assistance

includes the medical examination, vaccine delivery, and performing those tests that are performed systematically newborn during their first 48 hours of life, in accordance with the applicable care protocol as each region, **excluding any medical service that is the result of a disease or complication at birth.**

3.26.2. Newborn care

Includes the costs of health care to the newborn, **provided when discharged as secured in SANITAS and expect coverage.**

3.27. Ophthalmology

It includes laser photocoagulation surgery and corneal transplantation corneal being transplanted on behalf of Sanitas.

3.28. Medical oncology

Prescription of treatment should always be performed by a specialist in Medical Oncology who is in charge of patient care. Treatments borne by SANITAS, provided they are implemented in medical center, both regime Oncology Unit Day, as in

income when he was necessary.

Sanitas shall bear the expenditure to the products of Armac Eu ticos is p ec fic love you cytostatics, whose marketing

Find authorized in the domestic market and wherever used in accordance with the instructions contained in the product literature and whose administration

be it by via parenteral, in as many cycles as necessary.

3.29. Otorhinolaryngology

It includes surgery by To be Y radio frequency.

3.30. Psychiatry

The psychiatric admission **only comprises treating acute outbreaks. It is limited to a maximum of 50 days per insured / year.**

3.31. Diagnostic Radiology-Diagnostic Imaging

It includes the usual diagnostic techniques. Contrast media will be paid by SANITAS.

It also includes:

A) colonography performed by computed tomography (CT) the

following:

- Cancer screening colon and poliposiscolónica in patients with no known medical history of colon cancer, polyposis or disease inflammatory intestinal, always what present background family from these pathologies or are candidates for screening by age (from 50 years).
- Cancer screening colon and poliposiscolónica in patients in whom the colonoscopy conventional East contraindicated due to their clinical situation or entails a greater risk.

B) The CT angiography: **only for**

patients symptomatic what low or intermediate probability present CHD, which is not possible perform a test to detect ischemia or it is negative

or inconclusive; asymptomatic but screening positive ischemia patients or doubtful; to study anomalies

coronary Arteries: suspected abnormality or patient identification ride already diagnosed; for assessment prior pulmonary vein ablation of atrial fibrillation; Pre-study for coronary heart valve surgery and coronary evaluation of stents or grafts.

Excluding the valuation of the calcium score.

3.32. Radiotherapy

3.33. Rehabilitation

It includes consultations aimed at the diagnosis, evaluation and prescription of physiotherapy treatments referred to in Physiotherapy coverage.

3.34. rheumatology

3.35. Urology

It includes vasectomy, he study and diagnosis of infertility and sterility lithotripsy and urinary tract.

Interventions are excluded by any technique prostate laser

4. Other health care services

4.1. Ambulance

This service is provided by land. They are only covered by this guarantee, transfers from the place where the insured to hospital where assistance under coverage will be provided to and from the home is located. They are also included transfers between centers

hospital located in different provinces where health care resources in the province in which resides the Insured are not sufficient to serve you.

This provision does not include transfers required for treatments from physiotherapy, to perform diagnostic tests or consultations for assistance.

4.2. Special attention Address

by health teams designated SANITAS will take place, whenever there is a possibility of entering the service when the pathology of the patient requires special care without actually specifying

entry hospitable.

4.3. Obstetric-Gynecological (Midwives)

Attendance at birth midwife will take place in any case during hospital admission.

4.4. Physiotherapy

It is included only ambulatory and exclusively for the affections of the musculoskeletal origin provided it does not involve chronic or degenerative process, to the greatest possible functional recovery of the patient,

determined by your doctor rehabilitator. It also includes lymphatic drainage after cancer process.

In hospital admission regime will be provided **only and exclusively for recovery**

apparatus locomotor secondary to orthopedic surgery and cardiac recovery following surgery with extracorporeal circulation.

rehabilitation of neurological origin is excluded, rehabilitation floor pelvic, cardiac rehabilitation on an outpatient basis or those using robotic equipment.

4.5. Logofoniatría

It is comprised only in connection with organic processes relating to speech apparatus, **up to 6 months per year per insured.**

the reeducation therapy and reeducation includes language processes resulting from stroke.

4.6. Odontoestomatología

It includes only consultations, extractions and cleanings mouth.

4.7. Podología (Exclusivamente Pedicure)

Limited to a maximum of 6 sessions of treatment per insured annuity insurance.

4.8. Prótesis

Covers only prostheses internal and internal implantable materials expressly stated below.

In those cases where so required by Sanitas, the Insured must provide reports and / or budgets.

1. Ophthalmology: monofocal intraocular lens used for cataract surgery.

2. Traumatology and Orthopedic Surgery:

hip, knee and other joints; necessary for fixing column material; Intervertebral disc; material

from interposition intervertebral (Intersomatic or interspinous); material required for vertebroplasty-kyphoplasty; osteo-ligamentous biological materials obtained from national tissue banks; osteosynthesis material; substitutes bone,

exclusively for spinal surgery and bone fillers after tumor surgery.

3. Cardiovascular Area: the following vascular prosthesis stent, bypass or coronary peripheral, or non-medical medicalized excluding employees aorta in any sections and aortic valved conduits, heart valves excluding valved aortic conduits and any other implementation by

percutaneously or transapical; Pacemaker excluding any type of defibrillator and

artificial heart; coils and / or embolization materials.

4. Chemotherapy and Pain Treatment: reservoirs.

5. Other surgical materials: abdominal nets, except those used as systems

from closing in surgeries laparoscopic; urological suspension systems; systems shunting (hydrocephalus); breast prostheses and expanders, exclusively affected by previous surgery breast tumor.

6. Materials cranial bone fixation surgery and / or maxillofacial.

4.9. Mother and Child Program

It includes theoretical and practical preparation for childbirth, child health examinations and telephone counseling by nurses during the first six months of life the child.

4.10. Psychology

Psychological care includes individual character prescribed by psychiatrists, Family Health Medical Advisors, Pediatricians or oncologists. Also it includes simple psychological diagnosis and psychometric tests, whose forms will be by the Insured.

It includes up to 4 visits per month and with a limit of 15 sessions per insured annuity insurance.

It is excluded psychoanalysis, psychoanalytic therapy, hypnosis, narcolepsy and psychosocial rehabilitation services or neuropsychiatry.

4.11. home respiratory treatments

It includes exclusively the following treatments:

to oxygen Therapy: liquid, with hub and gas.

The liquid oxygen therapy should be prescribed to be administered for at least 15 hours per day. Sanitas will charge only one type of oxygen therapy treatment.

b) Generating positive airway pressure for treatment of sleep disorders.

c) Aerosol therapy and ventilation therapy.

5. Hospital care

Comprises any type of hospitalization (medical, pediatric, psychiatric, in ICU, surgical, obstetric) will be performed in clinics or hospitals.

The patient will occupy an individual room and bed companion except in the hospitalizations psychiatric, in ICU and incubator and be borne by SANITAS the costs of performing diagnostic methods and

therapeutic surgical treatments (including expenses from OR Y medicines except medication that does not have cytostatic marketing authorization in Spain) and stays with the patient support, included in the policy coverage.

6. early detection of diseases

It includes medical consultation, physical examination, and basic diagnostic tests prescribed by the appropriate specialist for early diagnosis of the following diseases:

6.1. Digestive system: early diagnosis esophagus cancer, stomach and colorectal.

6.2. Cardiology: early diagnosis of coronary risk.

6.3. Pneumology: Early diagnosis of lung cancer

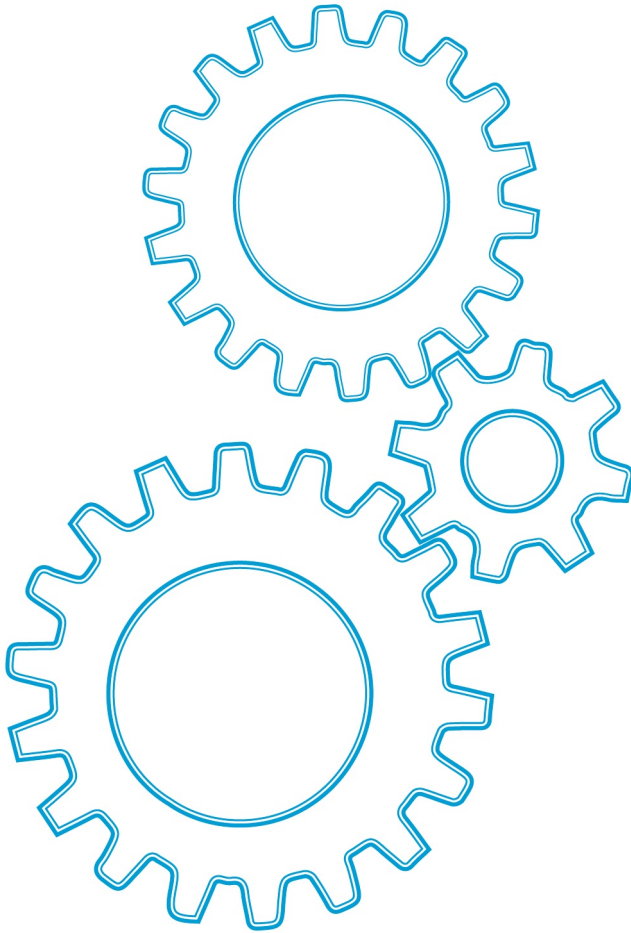
6.4. Obstetrics and Gynecology: Early diagnosis of breast cancer, cervix and ovaries.

6.5. Urology: Early diagnosis of prostate and bladder cancer.

7. Certain lodging expenses

Costs only accommodation hotel passenger, in cases where the insured's hospitalization occurred outside the province of his stated in the policy address, if the room of the hospital does not have bed companion and even a up to 250 euros a day and a limit of ten (10) days and insured annuity.

ADDITIONAL COVERAGE POLICY



Second medical opinion

Comprises a second opinion about the diagnosis or treatment in the case of serious illness, chronic,

requiring a scheduled care, whose course requires exceptional diagnostic or therapeutic measures and / or prognosis is severely compromised. This second opinion will be issued by

medical report specialists, academics first level, in any country, appointed by Sanitas medical centers, medical or.

To use this service, the Insured shall send he case file clinical what will understand written medical information, X-rays or other diagnostic imaging performed excluding any shipment of biological or synthetic material. The record is

will arrive, with the due confidentiality, the specialist or corresponding center depending on the disease in question.

When the process ends will be sent to the Insured a report of the second medical opinion include:

- Summary of your medical history
- Opinion of the experts consulted
- CV of these experts

Throughout this process the Insured will be accompanied by a consultant, responsible for managing the case and advise the patient at all times doctor.

Accident Coverage

1. PURPOSE OF COVERAGE

Within the limits and conditions stipulated in the Policy, and upon payment by the Policyholder of the Sure of the cousin Correspondingly, SANITAS covers the payment of compensation indicated in this policy, as an offset from injury accidents

that can happen to the Insured in the performance of the profession or occupation indicated in the policy or in the development of any other activity of ordinary life that has no professional. accident is considered bodily injury derived from a violent, sudden, external beyond the control of the Insured produces death or permanent disability and leads to payment guarantees Policy cause. Accidents are also considered the

injury produced practicing any sport as an amateur unless expressly excluded in this policy.

SANITAS guarantees he payment of the adequate capital, provided that such supplementary coverage had been hired and is so stated expressly stated in the Particular Conditions of the policy.

2. RISKS COVERED

a) Death by accident Insured:

It is understood by accidental death of the insured, the produced by any physical injury due to the direct action of an external, sudden and violent event, beyond the control of the Insured that is covered by the policy and cause their death within following the date on which he suffered such an injury, as long as it occurred during the term of this insurance and the beneficiary proves SANITAS against the death of the Insured is a direct consequence of the accident involving the same two years.

b) permanent disability:

If as a result of an accident covered by the policy produced the disability of the insured, immediately or within one year from the date of its occurrence, SANITAS will pay the Insured the specified compensation in these conditions, depending on the degree of such invalidity.

It is expressly notes that the degrees of permanent disability

are included in the guarantees are as follows:

- Inability permanent total,
understood as the situation that the Insured becomes disabled completely for any profession or occupation paid as a result of an accident.
- permanent partial disability, when disability, although permanent does not reach the level of the total for any profession or trade will become a permanent partial disability and in this case the company will pay the percentages in the scale laid down in clause indicated below Guarantees and Capital Insured

This additional coverage may not be contracted separately from insurance main disease.

3. EXCLUDED RISKS

They are excluded from the coverage of this Supplementary Coverage, in addition to the risks excluded from the General Terms and Conditions of the policy, the following accidents:

3.1. **I occurred in notoriously dangerous or criminal acts committed by the Insured, including attempted, foiled or completed suicide, and their participation in bets, challenges or brawls, except in proven cases legitimate**

defending Y attempt from
rescuing people or property.

3.2. **As a result of civil wars, international or colonial invasions, insurrections, rebellions, acts of a terrorist nature in any shapes (biological Chemistry, nuclear, etc.), revolutions, riots, risings, repressions and maneuvers military, even in peacetime, and officially declared epidemics.**

3.3. **Practicing occurred boxing, rugby, bullfighting and enclosing of wild stock, martial arts, speed or endurance tests with motor vehicles, including**

training, fencing, other notoriously dangerous sports and sustained in practice as a professional in any sport.

3.4. **Oc urridos in state from Sleepwalking, intoxication manifested (alcoholic or toxic), of mental illness or substance. It will be governed by the provisions of the current Law on Road Safety to consider state drunkenness.**

3.5. **Suffering caused by pregnancy or childbirth.**

3.6. **Occurred due to sunstroke, frostbite, burns and other effects of air, except temperature resulting from an accident.**

3.7. **suffered as members from air, or as a passenger helicopter or light aircraft less than two engines crews.**

3.8. **Occurred in unexplored regions and / or travel in the nature of exploration.**

3.9. **The intentionally provoked by he Insured, A) Yes as the self-harm.**

3.10. **The poisoning, poisonings Y reactions hypersensitivity due to ingestion of foods or drugs, and infections general, such as malaria, he typhus, the sleeping sickness, yellow fever and the like.**

3.11. **Diseases of any kind or nature, as well as injuries and other consequences resulting from surgical procedures or medical treatments not motivated by an accident covered by the policy.**

3.12. **The injury body or complications related to**

morbid disease or condition (syncope, loss of consciousness or similar) and hernias of any kind or nature and its aggravations, whether or not traumatic.

3.13. He rescuing people in mountain, sea or desert. Under no circumstances replace the organs SANITAS emergency relief nor will bear the cost of these services.

3.14. Those which cover t ur cor responds to the Consorcio from Insurance Compensation as detailed in Risk Clause

Exceptionals. They will not be covered, unless expressly stated otherwise in the relevant Conditions of this guarantee and the corresponding additional premium is paid:

a) Intervention in high voltage electric currents.

b) and practice as amateur:

- Driving from mopeds or motorcycles.
- Driving sailing or motor boats offshore.
- Horse riding, pole, ski, mountaineering speleology.
- Major hunt.
- underwater diving.

4. BENEFICIARY DESIGNATION

The Policyholder may designate a beneficiary or change designation previously carried out without the consent of Sanitas.

Designation beneficiary may made in the Policy, in a subsequent written statement sent SANITAS or will.

In case of death, the absence of express appointment by the Insured by writing to Sanitas are considered beneficiaries

This guarantee preferential and exclusive order, the following:

- The insured spouse and children equally.
- Parent assured equally.
- Brothers assured equally.
- legal heirs.

In case of disability the sum insured will be delivered to the Insured.

5.PERSONAS UNINSURABLE IN THIS COVERAGE

They may appear as insured persons under 14 years, as laid down in Article 83 of the Law of Insurance Contracts. They may not hire this guarantee:

5.1. People over 65 years.

5.2. The affected from dementia, insanity, blindness or severe myopia (more than 10 diopters in one eye), deafness, paralysis, sequelae of neurological injuries, epilepsy, diabetes, alcoholism, drug addiction, AIDS and / or HIV positive, diseases spinal cord, syphilis, lethargic encephalitis, and in general any injury, illness or physical or mental disability which, according to SANITAS, decrease your capacity compared to a physically whole person and normal health.

To present any of these conditions,

This warranty is considered extinct since that time, restituting by Sanitas part of unearned premium from the date of receipt of notification of such a state.

6.GARANTÍAS Y CAPITAL INSURED

6.1. Death:

The amount of compensation shall be the sum insured stated in the Schedule.

SANITAS payments could have done in respect of permanent disability as a result of the accident causing the death of the Insured shall be deducted from the compensation payable in case of death.

6.2. Total permanent disability:

The amount of compensation shall be the sum insured stated in the Schedule to these assumptions:

- Loss or disablement of both arms or both hands; an arm and a leg; one arm and one foot; both legs or both feet.
- mental derangement incurable that disable for performing paid work.
- complete, incurable and permanent paralysis (quadriplegia).
- Blindness absolute, incurable permanent.

6.3. Partial permanent disability:

The amount of compensation shall be the result of applying to the Insured Capital stated in the Specific Conditions, the following percentages:

	Law	Left
Ablation of the lower jaw	30%	30%
Shortening at least 5 cm lower member	fifteen%	fifteen%
4 phalanges Amputation of a hand	10%	10%

partial amputation of a foot comprising all fingers	40%	40%
Unconsolidated fracture of a leg or foot	25%	25%
Unconsolidated fracture of lower jaw	16.66%	16.66%
Unconsolidated fracture of patella	twenty%	twenty%
absolute functional impotence of a knee	16.66%	16.66%
functional impairment absolute elbow	16.66%	16.66%
absolute functional impotence of the instep of the foot and ankle	16.66%	16.66%
Complete loss of movement of the shoulder joints	25%	twenty%
complete loss of wrist movements	twenty%	fifteen%
Loss of a leg or foot	fifty%	fifty%
Loss of index finger and other than hand thumb	25%	twenty%
Loss of middle finger, ring finger or pinkie hand	10%	8%
Loss of middle finger, ring finger or little (two fingers) hand	fifteen%	12%
Loss of thumb and other than the hand index	30%	25%

	60%	fifty%
Total loss of thumb	22%	18%
Total loss of index finger	fifteen%	12%
Total loss of thumb and index hand	30%	25%
Total loss of three fingers, comprising the thumb or index hand	30%	25%
Total loss of three fingers other than the thumb or index hand	25%	twenty%
Total loss of another finger foot	5%	5%
Total loss of an eye or upper limb, and vice versa. Total loss of arm or hand halving of vision	30%	30%
Total loss of movement of a hip or knee	twenty%	twenty%
Total loss of movement of the right elbow	twenty%	fifteen%
complete rigidity of the spine	40%	40%
complete deafness in both ears	60%	60%
complete deafness in one ear	fifteen%	fifteen%

If the Insured is left-handed, which must be properly

For unforeseen injuries, degree of disability is determined by analogy with the percentages indicated by

the medical opinions regarding the strict physical injury, no considerations of personal or professional.

The degree of disability to consider when one accident cause various anatomical or functional loss is calculated by adding the percentages of each of the same degree without that can exceed 100%. The sum of the percentages of compensation, for various types of partial disability, in the same limb or organ, may not exceed the percentage set for the case of total loss.

If an organ or limb affected by an accident previously and had the same physical or functional defect, the degree of disability is determined by the difference between the existing and arising after the accident.

The complete and irreversible loss of function of a limb or an organ or

absolute functional impotence thereof, shall be deemed equivalent to the effects of the loss of the limb or organ itself secure.

7. PROCEDURE IN CASE OF LOSS

7.1. Death:

In case of accident the Beneficiary has the following duties and obligations:

7.1.1. Communicate to **SANITAS** the **occurrence of the accident within a maximum period of 7 days** circumstances and consequences.

Communication is formulated in the form of declaration of loss for this purpose, accompanied by the following documentation, common to all contracted guarantees are subject to the following conditions:

to) Certified physician who attended the Insured in the circumstances and cause of death are detailed.

b) Certificate "literal" registration of death in the Civil Registry.

c) Autopsy report which include the results of the toxicology report is made.

d) documents what **accredit** the personality, and if the condition of Beneficiary (unless **HE** indicate expressly in the terms particulars of the policy).

and) Letter Inheritance Tax exemption or liquidation, if applicable, duly completed by the tax office.

Failure to comply with this obligation will result in SANITAS can claim damages to be incurred, unless they concur malice or gross negligence in which case they lose the right to compensation in accordance with the Contract void section and loss of rights.

7.1.2. Upon receipt of the documents required under Sanitas, it must pay the sum insured within a maximum period of 40 days, or at least the minimum amount of what SANITAS may owe, according to the circumstances known to him.

7.1.3. Notwithstanding the foregoing, Sanitas is authorized to retain that part of the sum insured that, according to the circumstances known to him, the resulting tax liability in the settlement of inheritance tax is considered.

7.1.4. If within three months from the occurrence of the accident, Sanitas had not repaid the amount not cause or could be attributed,

the
it could amount owed will increase in the rate of legal interest in force at the time it is paid, increased by 50 100. This interest will be calculated on days without judicial claim. However, after 2 years from the occurrence of the claim, the annual interest may not be less than 20 100

(Article 20 of the Law of Insurance Contracts).

7.2. Incapacidad permanent by accident:

Determining the degree of disability shall be made in accordance with Article 104 of the Law of Insurance Contracts after the submission by the Insured, the official medical certificate stating the consequences that should be subject to be diagnosed assessment, as provided in the Policy. SANITAS, if

the
considers it appropriate, require the Insured in writing to be subject to recognition of a doctor appointed by Sanitas and then practiced such recognition, and within 15 days written notice to the Insured the amount of compensation which it considers him appropriate. If the Insured does not accept the proposal made by SANITAS the parties shall submit the expert opinion procedure provided for in paragraph Determination of compensation in case of disagreement between the parties.

To receive the compensation the Insured must
communicate to SANITAS the
concurrency of the accident within a maximum period of 7 days provide all types of information about the circumstances of it.

Communication must go
accompanied by the following documentation:

to) Documentation of social security where you specify the grade of inability.

b) Official medical certificate of disability in the circumstances and causes of disability are detailed.

c) Documents proving personality
and, where appropriate, beneficiary status.

d) Date of determination of disability, which will be indicated by the evaluation commission incapacitating.

In addition to benefits
apply by inability
permanent, Sanitas takes charge of the

amount of the first orthopedic prostheses need to be practiced by the Insured guaranteed result of accident, this amount exceeds 10% of the base capital insured for permanent disability if and to the maximum of 601.01 euros. If your policy coverage health care exist less restrictive financial limit for such a prosthesis, the

limit in this
Extended Warranty will not apply.

7.3. Determination of compensation in case of disagreement between the parties:

SANITAS, known the existence of
Sinister, will check the causes and forms of occurrence thereof.

If the parties reach an agreement on the amount and form of compensation, Sanitas will pay the agreed sum within the
period agreed in the pulled apart
Procedure for action in case of disaster. If the above agreement is not achieved in the preceding paragraph within 40 days from receipt of the statement of claim, each party shall appoint an expert, you must be in writing acceptance of these.

If the experts reach an agreement, they issue joint document with the proposed level of compensation.

If a party fails to appoint an expert within 8 days since it required for the party itself has appointed expert's opinion this link to that.

If no agreement both parties shall appoint a third expert. If there is no conformity on it, shall designate the Judge of First Instance

place of domicile
Insured.

The expert opinion shall be binding on the parties unless legal challenge, within 30 days in the case of Sanitas, and 180 days for the Insured, counting from the notification of the opinion.

Each party shall bear the fees of its expert. The third, if applicable, and other expenses shall be borne and half between the parties. But if any of them have made the appraisal necessary by insisting on a valuation

hurt
manifestly disproportionate, shall be solely responsible for such costs.

8. GEOGRAPHICAL SCOPE

Coverages subject to this warranty are valid worldwide. This warranty is void if the insured transfers his residence abroad or does not reside at least six months a year in the country.

9. PERFECTION AND EFFECTS OF WARRANTY OF ACCIDENTS

9.1. This warranty is executed by consent,
manifested by the
subscription from the corresponding
Individuals or provisional coverage document conditions
the parts

Contracting. The contracted coverage and its modifications or additions will not take effect until it has been paid the first premium, unless otherwise agreed

in the corresponding
Particular conditions.

9.2. In case of delay in meeting any of the two requirements, the
SANITAS obligations begin at twenty four hours a day have been completed.

9.3. The guarantees are subject to these Terms and Conditions come into force in time
y date indicated in the
relevant Conditions.

10. DURATION OF INSURANCE

10.1. The duration of this supplementary guarantee accidents coincide with the duration of the policy which is part.

10.2. Notwithstanding the foregoing those insured persons who are 70 years of age, cause low in this warranty date

maturity of the annuity that has attained that age.

11. TERMINATION IN CASE OF LOSS

11.1. After each incident communication, has led or not to pay compensation, the parties may terminate this guarantee. The party's decision to terminate shall issue notice to the other party in writing within 30 days from the date of notification of the loss, if no payment of compensation or the liquidation if any to it, must be effected notification with a minimum of 15 days from the date on which the termination is to take effect.

SANITAS, known the existence of Sinister, will check the causes and forms of occurrence thereof.

If the parties reach an agreement on the amount and form of compensation, Sanitas will pay the agreed sum within the

period agreed in the pulled apart Procedure for action in case of loss of these conditions.

Yes the initiative to terminate the present Policyholder warranty, will be in favor of SANITAS premiums for the current period, and if SANITAS it be, it shall reimburse the Policyholder the portion corresponding to the time between the effective date of termination premium and the expiration of the insurance period covered by the premium paid.

12. Invalidation and LOSS OF RIGHTS

Guarantees subject to these conditions will be void, except in cases provided by law, if at the time of its conclusion there was no risk or incident had occurred. the right to compensation is lost.

12.1. In case of omission or inaccuracy in completing the questionnaire, if brokered malice or gross negligence.

12.2. In case of aggravation of the risk, if the Policyholder or the Insured not communicate SANITAS and have acted in bad faith.

12.3. If the incident occurs before they have paid the first premium, unless otherwise agreed.

12.4. If the Policyholder or the Insured SANITAS do not provide information about the circumstances and consequences of the incident and had malice or gross negligence occurred.

12.5. If the Policyholder or the Insured fail to fulfill their duty to mitigate the consequences of the incident, and they do manifest intention of harming or deceiving SANITAS.

12.6. When the accident was caused by bad faith of the Insured.

13. COVERAGE OF EXTRAORDINARY RISKS

Clause

compensation he
Consortium of Insurance Compensation
the losses derivatives from
events extraordinary in
personal insurance.

In accordance with the provisions of the revised text of the Legal Statute of the Insurance Compensation Consortium, approved by Royal Legislative Decree 7/2004 of 29 October and amended by Law 12/2006, of 16 May, the policyholder the insurance contract which must include a surcharge in favor of the aforementioned public entity has the power to agree the cover of extraordinary risks with any insurance company that meets the conditions required by law.

Compensation deriving from losses caused by events

extraordinary occurring in Spain and affecting risks located in and also occurring abroad when the insured has his habitual residence in Spain, will be paid by the Insurance Compensation Consortium when the policyholder

I had satisfied the surcharges on their behalf and any occurred the following situations:

to) That the extraordinary risk covered by the Insurance Compensation Consortium is not covered by the insurance policy taken out with the insurance company.

b) That even being protected by this insurance policy, the obligations of the insurance company could not be met by

to have declared legally bankrupt or be subject to a procedure operated liquidation or assumed by he consortium Compensation Insurance.

The Insurance Compensation Consortium will adjust its performance to the provisions of the aforementioned Legal Statute, in Law 50/1980 of 8 October, on Insurance Contracts, the Insurance Regulations extraordinary risks, approved by Royal Decree 300 / 2004 of 20 February, and complementary provisions.

SUMMARY OF LEGAL RULES

1. events extraordinary cutlery

to) The following phenomena the nature: earthquakes and tidal waves, extraordinary floods (including sea battering), volcanic eruptions, atypical cyclonic storms (including extraordinary winds above 120 km / h gusts, and tornadoes) and meteorites.

b) Those caused violently as a result of terrorism, rebellion, sedition, mutiny and riots.

c) Acts or actions of the Armed Forces or the Security Forces in peacetime.

2. Risks excluded

a) Those who do not give rise to compensation under the Insurance Contracts Act.

b) Those caused to property insured by contracts other than those that include the obligatory surcharge in favor of the Insurance Compensation Consortium insurance.

c) Those due to vice or defect of the insured, or his obvious lack of maintenance.

d) Those caused by armed conflicts, although there is no official declaration of war.

e) Derivatives of nuclear energy, without prejudice to the provisions of Law 25/1964 of 29 April on nuclear energy. Notwithstanding the foregoing, if they are deemed to be included all direct damage at a nuclear facility

secured, when are result of an extraordinary event affecting the installation itself.

f) Those due to the mere passage of time, and in the case of total or partially submerged goods

shape permanent, attributable to mere ordinary wave action or current.

g) produced in phenomena other than those specified in Article 1 Insurance Regulations extraordinary risks nature, and in particular those produced by high water table,

movement from slopes, glide or settlement from land, rockslides and similar phenomena, unless they clearly were caused by the action of rainwater which, in turn, would have caused in your area a situation of extraordinary flooding and

they occur simultaneously with said flooding.

h) caused by performances riotous produced in the course of meetings and demonstrations carried out in accordance with the provisions of the Organic Law 9/1983, 15 July, regulating the right of assembly as well as during the course of legal strikes, unless said actions can

be qualified as Acon imi t ec t os ex tr ao rdi nar i will under Article 1 of the Regulations on extraordinary risk insurance.

i) I caused by poor faith Insured.

j) Derivatives claims whose occurrence took place in the period stipulated in Article 8 of Regulation extraordinary risks insurance.

k) corresponding to losses occurring before payment of the first premium or when, in accordance with the provisions of the Law of Insurance Contracts, coverage of the Consortium of Insurance Compensation is suspended or the insurance has been terminated for nonpayment premiums.

l) Indirect risks or losses arising from direct or indirect damage other than the loss of profits as defined in Regulation risk insurance extraordinary. In particular, they do not fall under this cover damage or loss as sustained as result of cuts or alteration in the external power supply, combustible gas, fuel oil, diesel oil, or other fluids, or any other damage or other indirect losses mentioned in the previous paragraph, although these alterations are derived from a cause included in the extraordinary risk cover.

m) Losses by its magnitude and severity are qualified by the Government of the nation and national catastrophe or disaster << >>.

3. Franchise

In the case of direct damages (except vehicles, homes and communities), the deductible payable by the insured shall be 7 percent of the amount of compensable damage caused by the incident. For coverage of lost profits,

the franchise in charge of Insured shall be as provided in the policy for loss of profits on ordinary claims.

4. Extension of Coverage

Coverage of extraordinary risks to the same people and sums insured are established in the policy for the purposes of ordinary risks. However in policies covering damage to motor vehicles, the Consortium guarantees the full insured interest, even if the policy only partially.

PROCEDURE IN CASE OF LOSS INDEMNIFIABLE BY INSURANCE COMPENSATION CONSORTIUM

In case of loss, insured, holder, beneficiary, or their respective representatives legal, directly through the insurer or insurance intermediary entity, shall communicate, within seven days of having become aware of the occurrence of the incident, the regional delegation of the Consortium, according to the

place where the accident occurred. Communication is made using the model established for this purpose, which is available on the web << >> page Consortium (www.consorseguros.es), or in offices or those of the insurance company, which documents must be attached which, depending on the nature of injuries required.

It also should be retained remains and vestiges of the incident for action

expert and in case of absolute impossibility, present the documentation such as photographs, affidavits, videos or official certificates.

Equally, HE RETAINING n the bills corresponding to the goods disaster victims whose destruction could not be delayed.

They must take all measures necessary to minimize the damage.

The valuation of losses arising from extraordinary events will take place by he Consortium from insurance compensation, without it being bound by the assessments, if any, had made the insurance company covering ordinary risks.

To clarify any doubts that may arise regarding the procedure to be followed, the Insurance Compensation Consortium offers the following telephone service for the insured: 902 222 665.

Coverage in the United States

Guarantees hedged by this policy will be loaned to the insured in the United States through concerted centers for this purpose by Sanitas, provided that such services are pre-authorized by Sanitas, which will manage and process services hedged.

US coverage reaches one hundred percent of medical expenses up capital limits per insured annuity, listed below:

- Limit total in United States: 1,000,000 €.
- hospital care to € 931,000, with sub-limit of delivery up to 12,000 €.
- up to 60,000 € outpatient care.

This cover is provided under collaboration agreement with those SANITAS arranged centers have no effect on termination of the agreement.

Unemployment coverage

Protection in the event of unemployment or disability Labor

By this certificate, Genworth Financial Insurance, Insurance and Reinsurance Company, SA, established Luchana Street, 23-5ª, 28010 Madrid and CIF A-80781701 and registered in the RM of Madrid, Volume 18,537, Book 0, Folio 189 Section 8, Page M-121063, entry 41, guarantees coverage of risks of unemployment or temporary disability, as appropriate, of the policyholders of health care.

Insureds: be members of the insured group policyholders of the policy Sanitas Mundi, provided they are over eighteen years younger than sixty-five and are working on Spanish territory for pay for at least thirteen hours a week, being in situation of high social security, Mutuality, Montepío or similar institution that legislation determine.

In the event that one policy has several people integrated (by example, being members of a household), risks are covered only for the policyholder. In the event that the policyholder would come upon any of the contingencies covered,

the company Insurer, will take over the payments to all persons integrated into the policy.

1.¿A what assurances I have right?

The r risk garant lifted They are alternatively the following:

- unemployment insured employees employed with permanent employment contract, except officials. TO

the effects of This contract is It notes that unemployment will only be guaranteed if risk at the time of signing the insurance contract the insured has signed an employment contract for an indefinite period with an employer. Should the contract, whatever its true nature, is temporary, the insured may not benefit from unemployment but coverage of temporary disability. If he

contract He was replaced by duly accredited temporary agreement of the parties (employee and employer) for an indefinite contract, the worker will be replaced with temporary disability coverage by unemployment. The same result will occur if the labor courts declared the indefinite nature of the contract have

It has been used fraudulently mechanism the temporary and contract signed with the employer contract worker undefined or opt for readmission. In that case, Unemployment coverage It will come into effect from the date on which the employee starts work as permanent or be readmitted.

- incapacity temporary employees employed under contract labor temporary, self-employed workers, civil servants and, in general, to all persons who meet the requirements to hold the insured status, can not be covered by the guarantee of unemployment.

2.¿A what coverage I have right?

For the purpose of this contract is covered for the event of any of the guaranteed risks, the amount of the monthly or mensualizada premium (for the assumption that the premium is paid quarterly, semester or year) insurance related health care to all

the integrated in the policy people.

This contract guarantees the beneficiary the payment of monthly premiums for health care insurance every thirty days

a row in which the insured is in a situation of unemployment or temporary disability based on the guaranteed risk with a maximum of six consecutive monthly installments. In any case,

amount of the allowance for each policy will be existing on the date that the situation of unemployment or temporary disability occurs.

3. In case of loss should I respect a deadline?

Yes. If unemployment situations occur subsequent to the first unemployment, will proceed to the payment of new benefits only if the asegurado has been actively linked to a new employment relationship indefinitely for a minimum period of six months.

In case of situations subsequent to the first temporary disability occur, new benefits will be paid if the insured has been working six months after the end of the last temporary disability if it is the same cause of disability or a month if it is a different cause.

4.¿Debo enforce any grace period?

Yes. The right to benefits covered by this contract starts from the recruitment of

assistance assurance health, with grace periods that are mentioned below. It is understood that grace period in which production of the loss will not generate any right to compensation, present or future, for the insured. This period shall be two months for unemployment and one month for temporary disability. There is no lack for temporary disability due to accident.

5.Definiciones and exclusions

UNEMPLOYMENT: is the situation in which the insured is when your employment relationship or when the employment relationship is suspended under employment regulation file is extinguished or reduced to

At least half, working hours for this cause. They are excluded from coverage of unemployment, in any case, those under 18 and those over 65 years.

unemployment is not considered the situation in which the worker is in any of the following situations:

to) when voluntarily cease work, except for the reasons specified in Articles 40, 41 and 50 of the Statute of Workers.

b) when you have been fired and no claim in a timely manner appropriate to the business, unless a decision on termination of contract or dismissal based on objective grounds provided for in Article 52 of the Statute of Workers.

c) when declared inadmissible or no dismissal by final judgment and communicated by the employer the date of return to work, no such right is exercised by the Insured or not use, if any, of the measures envisaged in the legislation becomes effective .

d) when you have not applied for reinstatement to the job in the case where the choice between compensation and reinstatement applicable to the employee, or was on leave and expiry of the period fixed by it.

and) when his contract is terminated by dismissal declared fair.

f) the workers Fixed character discontinuous periods lacking effective occupation.

In addition, the insured is not entitled to collect unemployment benefits in any of the following cases:

to) If any unemployed within the Grace Period occurs.

b) if it were their employment relationship with a company owned by his family environment to the second degree of consanguinity or affinity, as well as in cases where the

Insured or a family member within the second degree of consanguinity or affinity Manager outside the company.

e) when the Insured outside the employing partner company with presence or direct representation in the management bodies of the Company.

d) If the Insured rejects an alternative job offered by the same or another employer commensurate with their training, experience and located less than fifty kilometers from the workplace.

and) If the Insured rejects an alternative job offered by the same or another employer commensurate with their training, experience and located less than fifty kilometers from the workplace.

TEMPORARY DISABILITY: is the temporary physical situation caused by illness or accident determining disability of the insured for the exercise of their profession or work activity. Illness or accident determining temporary disability must occur when the insured is working for pay in Spain. happiness

temporary disability must be diagnosed by the competent doctor or assimilated Social Security. The right to receive the benefits of the contract shall cease when the insured can resume or resume work, even partially, or when their status becomes permanent disability.

They shall not be considered temporary disability claims resulting from any of the following circumstances:

to) down by childbirth, abortion or motherhood.

b) the interventions surgical y medical treatments demanded by the Insured exclusively by reasons aesthetic, if not due to consequences of accidents and injuries or illnesses caused willfully by the Insured.

c) those produced when the Insured is under the influence of alcohol,

toxic drugs or narcotics not prescribed medically; those that occur in the case of mental disorder, sleepwalking or in defiance, fighting or brawling, except proven case of self-defense; and deriving from criminal action of the Insured judicially.

d) any disease, illness, injury, including AIDS and HIV (or the diseases arising therefrom) of which the Insured was aware at the time of the signing of this contract and that has not been properly declared to SANITAS:

- backaches, unless there is evidence objectified by studies
Complementary medical (radiology, gammografias, scanners, CT, etc.) and are causing Temporary Disability.
- headaches and mental or nervous disorders, even when there is medical evidence.

6. What should I do in case you want to use this warranty?

Should any incident occur should notify the Customer Service Telephone: **91 702 71 44**.

He insured should contribute the documentation of the incident that requires the insurance company. The company may at any time require supporting documentation that the insured continues to unemployment or temporary disability. No additional monthly benefits will be paid if such documentation is not delivered within sixty days since it was required.

7.Reclamaciones

Policyholders have a phone service you can contact for any inquiries or complaints, whose number is **91 702 71 44**. They may also file complaints and written complaints addressed to the Service

Customer Company (Luchana Street 23, 5th floor, 28010 Madrid) or by e-mail at: Cliente.Atención@genworth.com that will solve them within a maximum period of two months. In case of no response from the company or in case of rejection of it, policyholders may go

before him Service
Claims the General Directorate for Insurance and Pension Funds Paseo de la Castellana 44 28046 Madrid.
For admission of the complaint before that Claims Service,

he insured must
show that they have come prior to the Customer Service Department of the Company and that this has dismissed the claim or have two months after it was filed without response.

8.Protección data

The attention of policyholders that personal data that are provided as a result of this contract, including health data will be incorporated into an automated file which is responsible for the insurance company Genworth Financial

Insurance, which
They can go to the exercise of rights
from access, rectification,
cancellation and opposition that attend them. Such data are collected for the execution of the insurance contract and for referral to the holders of commercial information on other products
financial or insurance
marketed by the contracting company. If you do not wish to receive commercial information, report it to the address listed in the header. Opposition to the transfer of commercial information shall not preclude the conclusion of the contract.

Also, data may be transferred to common files for the settlement of claims and to prevent fraud in the insurance sector.

Emergency assistance abroad

What is it?

This is an additional supplement to your policy which will have emergency coverage abroad because of illness or accident.

What services have included?

1. Medical Expenses

Sanitas SA de Seguros guarantees the insured and other beneficiaries of the policy during the term thereof,

healthcare abroad taking over up to the limit of € 12,000 per person and claim for medical expenses incurred (doctors, surgeons and hospitals / clinics)

outside the Spanish territory, whether provided through own means or arranged by that entity, whether provided by doctors and others to the same hospitals.

What includes?

Expenses of physicians, surgeons, and hospitals / clinics incurred outside the Spanish territory, as a result of the care received in foreign territory, resulting from an illness or accident abroad.

- Medical fees.
- prescribed by a physician or surgeon.
- **emergency dental expenses considered, excluded endodontics, reconstructions, previous treatments, oral cleaning, denture, covers and implants, They are covered within the above amount to a maximum of € 241 per insured.**
- hospital expenses.
- ambulance expenses ordered by a doctor for a local journey.

What is not included?

- medical expenses in less than 3 € abroad.
- expenses incurred by diagnosis or treating a physiological status (eg pregnancy) or disease already known prior to the initiation of the trip, unless there is a clear complication or imprevi sible;
- the costs of glasses, contact lenses, crutches and prostheses in general.
- direct or indirect transmutation of atomic nucleus consequences and radiation caused by the artificial acceleration of atomic particles.
- the consequences of war, insurrection, tumults Popular, earthquakes, floods or volcanic eruptions.
- The medical assistance or services resulting from any competition test motorized (race or rally).

Limits

€ 12,000 per person and claim.

2. Extended stay in hotel passenger hospitalization of the insured

When the Insured has to be hospitalized for health and medical service according to the prescription, Sanitas will pay the costs arising from the necessary extension of stay in hotel

companion, also secured, up to € 60 per day and up to 10 days.

3. Transfer of sick or injured

What includes?

In case of illness or accident Insured supervening the same during the contract term injury, SANITAS will take charge of the transfer

under medical observation, if carried out according to the severity thereof:

- in special air ambulance.
- in medical helicopter.
- in regular airline.
- in first class sleeper train.
- ambulance or sledding accident on ski slopes.

Only take into account the requirements of medical order according to the medical service of Sanitas to choose the means of transport and the hospital where the insured to be transferred.

What is not included?

- **conditions or injuries which may be treated in the same place and do not impede continuing the journey.**
- **mental illness and the**
Chronicles what have brought about **alterations in the health of the insured.**
- **relapses and convalescence from unconsolidated conditions or under treatment at the time of starting the journey.**
- **pregnancies,** However they are covered clear or unforeseen complications produced during the first 150 days.

4. Movement and residence of a family member to accompany hospitalized insured

If the insured during the trip, must be hospitalized for more than five days and no immediate family is on your side, SANITAS put a regular airline ticket (economy class) or train (first class) round trip,

available to a passenger ordinarily resident in Spain. Sanitas will assume in respect of subsistence expenses, hotel accommodation, **up to € 60 per day and up to 5 days.**

5. Transfer in case of death

In case of death of the Insured, SANITAS organize and take charge of the transfer of the coffin to the burial in the country of domicile instead

habitual and obligatory minimum expenditure coffin, **embalming and administrative formalities. SANITAS not take charge of the funeral and burial expenses.** Where appropriate, and following the request of the beneficiaries, SANITAS bear the costs of incineration in the place of death, and

transport of ashes to the place of burial in the country of their habitual residence. **SANITAS not take charge of the funeral and burial expenses.**

6. Early return of the insured family companions

When the insured is death has moved under warranty "transfer on death", and this circumstance

prevents the family insured companions returning to their home by the initially planned means, Sanitas will pay the expenses for the transport thereof to the

place of residence common in Spain. **Maximum of two adults and children under 14 accompanied by an adult.**

7. Accompaniment minor

If Insureds traveling with disabled or under 14 years, comes to them during

the term of contract the inability to deal with them because of supervening illness or accident covered by the policy, Sanitas will organize and take charge of the movement, back and forth, a person resident in Spain designated by the Insured or his family, or a stewardess SANITAS, in order to accompany the children on their return to their habitual residence in Spain, and in the shortest time possible.

8. Search and locate baggage and personal effects

In case the Insured suffers a delay or loss of baggage, SANITAS assist you in your search and location, advising management to file a complaint. If the luggage is located, issued SANITAS him to the habitual residence of the Insured in Spain,

provided that the presence of the owner to recovery is not required.

9. Sending documents and personal objects overseas

SANITAS organize and take charge of the cost of the Shipping from the objects essential for the course of the trip and forgotten at home before the start of the (lenses, dentures, eyeglasses, credit cards, driving license, ID Y passport). This provision also extends to home delivery, these same objects when they have been forgotten during your trip or recovered after a robbery during it.

SANITAS only will assume the shipping organization and the cost of this for packages weighing up to 10 kilograms.

10. Advance of funds

SANITAS advance funds to the Insured, if necessary, to the limit of **1,500 Euros**. SANITAS ask the Insured some sort of collateral or guarantee that ensures the payment of the advance. In any case, the amounts advanced must be returned to SANITAS within a maximum period of 30 days.

11. Legal Assistance

If the Insured is incarcerated or prosecuted as a result of an accident occurred circulation, **SANITAS paid up to 1,500 euros for the payment of attorney's fees and solicitor**, emerged as a result of assistance

Legal derivative. Yes this rendering it were covered by the vehicle insurance policy, it will be considered in advance and Sanitas would reserve the right to request collateral or guarantee the Insured to ensure collection of the advance.

12. payment of the amount of bail demanded abroad

If the insured person is prosecuted or imprisoned in the country occurs, Sanitas will grant an advance equal to the amount

the bail required by local authorities **up to 10,000 €**.

Sanitas reserves the right to request the insured endorsement or guarantee guaranteeing payment of the advance. In any case the amounts you advance should be reintegrated into SANITAS within a maximum period of two months.

13. Delivery of medicines

What includes?

In the event that the insured need medicine prescribed by a doctor and can not acquire the place where find, locate SANITAS will handle and ship the fastest and subject to local laws means.

What is not included?

Excluded are cases of abandonment of manufacturing the drug and its non-availability in the usual distribution channels in Spain. The insured will have to reimburse SANITAS, presentation of the invoice price of the drug.

14. Transmission of urgent messages (derived from the guarantees)

SANITAS through a 24-hour, accept and transmit urgent messages of the insured, provided they have no other means to get them to their destination and provided that they are a result of a security covered by the contract.

15. Time frame

This supplement only cover displacement **up to 90 consecutive days**.

16. Use of services

This supplement is complementary to the Insurance Policy Health Care Insured not be valid unless accompanied it. General Conditions of the Policy Assistance

Health apply to all guarantees and services included in this supplement.

To qualify for the use of all services included in this additional supplement

Travel Assistance, the Insured must be aware of its obligations to the Insurer.

The services will be lent through the media concluded by SANITAS so you must contact such entity at a phone number on the back of the card of the insured to manage them at no cost to the insured to the extent in which they are under the care insurance. If the insured vital urgency come to the clinic or nearest hospital must inform Sanitas within a maximum period of 7 days from the date of admission.

additional coverage from premium payment death

This contract is governed by the provisions of Law 50/1980 of 8 October, on Insurance Contracts (BOE of October 17, 1980); by Law 20/2015, of 14 July, management, supervision and solvency of insurers and reinsurers and the implementing regulations (Royal Decree 1060/2015, of 20 November, management, supervision and solvency of institutions insurers and reinsurers) and agreed in the General Conditions,

special and Particular the policy number 75.00744, dated effect from 1/1/2005.

The Underwriter is Seguros Lagun Aro Vida, SA, established in Camino de Capuchinos 6, 2nd, Bilbao, Vizcaya, Spain, (CIF A-20182705 and registered in the RM of Vizcaya, Volume BI-186 Companies,

Folio 42, Page 16779, 1st entry).

Member State who is responsible for the control and supervision of the activity of the Underwriter itself is the State

Spanish, specifically through the Direccion General de Seguros Ministry of Economy and Competitiveness .

Policyholder: Sanitas SA de Seguros.

1. Guarantee secured. Death from any cause

Seguros Lagun Aro Vida, SA HE undertakes, in the event of death of the Policyholder of this health care policy, produced by any cause, anywhere, payable Sanitas SA Insurance the premium by the insured of that for the 12 months policy to date communication of death.

For the Policyholder of this policy have health care coverage shall comply with the requirements of paragraph 2 "Collective Insured".

Twelve consecutive monthly installments quoted computing will start after the date of notification of the incident.

Notwithstanding the indicated in the previous paragraph, in the event that receipts had not paid between the date of death and notification, Seguros Lagun Aro Vida

SA will take over the same then discounting these amounts of security described in the preceding paragraph.

2. secured Collective

They are insured under this policy the Makers of some of the policies of health insurance, provided that their insurance policies are current payment and exists in the same over an insured or, if any one insured, it does not match the Policyholder of the policy in question.

3. Duration of contract

The insurance policy which this certificate is part lasts

coinciding with the calendar year being tacitly renewable for successive calendar years unless express opposition Policyholder or Underwriter one of these extensions in a timely manner.

This individual certificate of insurance takes effect on the date of effect of collective life policy, ie January 1, 2005 or, if the incorporation of an insured to insured group after that date occurs, the effective date of this certificate coincide with the policy of the previous stipulation indicated SECOND which the insured is in turn Taker disease. The end date of this certificate will occur when any of the reasons to cause low in the insured group indicated in the following clause Duration of Insurance.

4. Claims

Should any incident occur should communicate to your customer: 902 October 24, 00 must provide the death certificate of the Policyholder.

5. Reasons to cause low insured group

1. The extinction for any reason of the insurance policy of said disease in which the second preceding clause insured was in turn Taker.

2. The termination for any reason of the policy of collective life insurance which this Certificate of Insurance Individual part.

6. Risks excluded from coverage of death

Losses occurring as a direct or indirect reaction or nuclear radiation or radioactive contamination result.

7. Instances claim

In case of dispute, the Policyholder may contact:

- internal basis, and as a service customer, by letter addressed to:
 - Seguros Lagun Aro, Customer Service Department, PO Box 126 FD No. 48080 Bilbao.
- external character, by writing to:
 - Direccion General de Seguros, Commissioner for the Defense of the Insured and Pension Plan Participants, Paseo de la Castellana, 44 28046 Madrid.
 - the ordinary courts.

8. Protection of personal data

Sanitas SA de Seguros, for the effectiveness of this collective life insurance policy, notify Seguros Lagun Aro Vida, SA personal data, including health data, integrate insured at all times the insured group, resulting

essential for the maintenance of the contractual relationship. In this regard we inform you that your personal data,

included in this now or in the future be collected for maintenance and management of contractual relations with Seguros Lagun Aro Vida SA, will be recorded in an automated file owned by Seguros Lagun Aro Vida and set in its Data Processing Center of Mondragon, Paseo Arizmendiarieta s / n, on which

the concerned may exercise their rights of access and, where appropriate, the rights of rectification, cancellation and opposition.

For its part, Seguros Lagun Aro Vida, SA, is committed to compliance with the provisions of Articles 9 and 10 LOPD, forcing himself to keep

the confidentiality of the collected data,

guard them, and to take appropriate security measures in accordance with the provisions of RD 994/1999 of 11 June.

Income coverage

1.OBJETO COVERAGE OF INCOME

Within the limits and conditions stipulated in the Policy, and upon payment by the Policyholder of the Sure of the cousin corresponding Sanitas assumes the payment of compensation for each day of hospitalization of the Insured in hospital or clinic if as a result of illness contracted or accident during the term of this coverage and covered by the same, the Insured has to be necessarily admitted to a hospital for appropriate medical or surgical treatment, a minimum of 24 hours because:

- a) Insured disease that requires hospital care.
- b) Insured Surgical intervention.
- c) Insured accident.

The daily allowance will be established in the Special Conditions and shall accrue from the first day of hospital admission and throughout the time the Insured listed as admitted to a hospital or clinic until his discharge documented and with a maximum of 365 days. If within the period following hospitalization of the Insured which was accrued compensation twelve months, the Insured has to be entered again in the hospital, for the same cause or consequential or related cause, the new placement will be considered as an extension of above for purposes of calculating the limit previously set for 365 days.

For cases where the insured suffered several diseases at the same time,

or befalling a new disease the daily compensation

meet by SANITAS will be recorded in the corresponding Particular conditions.

In the latter case, Sanitas must be informed by writing of this circumstance. If this new disease had no connection with the previous process, start counting a new deadline from the date on which took place the beginning of the new disease.

They excluded from

EXCLUDED 2.RIESGOS the present cover the following risks:

2.1. SANITAS direct benefit physicians, hospital and surgical services.

2.2. Compensation for hospitalization due to social problems. compensation is also excluded by

hospital admission as a result of:

2.3. all kind of diseases, defects or pre-existing distortions and / or congenital, as a result of accidents or illnesses that occurred prior to the date of inclusion of each insured in the policy, as well as those that may arise from those provided they were known by Sanitas or Insured and undeclared .

The Policyholder, on his behalf and on behalf of the beneficiaries and / or each of them is bound to manifest in the mom in to

from subscribe the proposal / application for insurance, if you have or have had any type of injury or illness, especially those of a recurring nature, birth, or who need or have clarified studies, diagnostic tests or treatments of any kind; or at the time of subscription they suffered symptoms or signs that could be considered as the beginning of a pathology.

Manifesting itself in this way, the condition is considered as pre-existing and / or congenital and therefore excluded from coverage agreed in the insurance contract.

Yes would diseases existing and / or congenital Sanitas reserves the right to accept or reject the incorporation of applicant or Applicants, and in the case of accept (s), the corresponding exclusion clause is included in the particular conditions of the policy as regards the compensation due to defects diseases or pre-existing deformations and / or congenital, present before the date of inclusion of each insured under the policy; as well as those that may arise from those.

2.4. All diseases or injury in as a consequence of wars civilians, international or colonial, invasions, insurrections, rebellions, acts of a terrorist nature in any forms (chemical, biological, nuclear, etc.), revolutions, riots, risings, repressions and military maneuvers, even in peacetime, and officially declared epidemics.

2.5. Diseases, accidents, injuries, defects or defects that are directly or indirectly related to nuclear radiation or radioactive contamination as well as those arising from disasters as

ter remote, inundac ions, volcanic eruptions and other seismic or meteorological phenomena.

2.6. The diseases, les ions, malformations or defects resulting from labor, professional sporting events and accidents, resulting from the use of motor vehicles covered by Auto Insurance Mandatory Subscription.

2.7. The diseases or injury derived from chronic alcoholism, drug addiction, poisonings due to alcohol abuse, psychoactive drugs, narcotics or hallucinogens, attempted suicide and self-harm, as well as

health care for illnesses or accidents suffered by mens rea Insured.

2.8. The diseases or injury derived from virus infection Human, Immune Deficiency AIDS and diseases related to it.

2.9. The diseases or injury produced as an amateur practicing risk sports, such as air activities, speed or endurance tests with motor vehicles, bobsleigh,

diving, climbing, boxing, bullfighting, martial arts, rugby, or any other activity risk analogous.

2.10. Diseases or chronic.

2.11. All those diagnostic, surgical or therapeutic whose clinical efficacy and safety procedures are not

duly cont rastadas scientifically or are newly emerging, not expressly included in

the I presented policy. Those universalized or procedures not consolidated clinical practice

habitual y those who have been manifestly outweighed by other available.

Equally, are excluding those procedures, experimental or that are not sufficiently proven their effective contribution to the prevention,

treatment curing diseases.

2.12. Compensation for services or techniques that consist of mere leisure, rest, comfort or sport, also the spa treatments and cures of rest.

2.13. Interventions, infiltrations and treatments as well as any other intervention that has a

character purely aesthetic or cosmetic.

Also expressly excluded, the

treatment of any kind of pathologies or complications what

could manifest at a later time
and are directly and / or
mainly caused by being subjected
he insured to a
intervention or treatment of infiltration
previously identified from
nature purely esthetic or
cosmetics.

2.14. treatments and interventions,
designed to remove sterility or infertility in both
sexes (fertilization
.in vitro., artificial insemination, etc.) and IVG. It is
excluded,

Likewise, he study,
y treatment from the
impotence.

2.15. Any process requiring for treatment the
use
psychology, psychoanalysis, hypnosis,
psychotherapy, narcolepsy, sleep cure, and
educational therapy, such as education
language and education
especially in patients with mental impairment.

2.16. The zac i i n d i n g EMN by
hospitalization for surgical techniques or
treatments
They are using therapeutic laser except techniques
from photocoagulation in
Ophthalmology.

2.17. General preventive medical
examinations.

2.18. DETERMINATION ions of the Map
gene, which are used to determine the predisposition
of the Insured or present or future offspring suffering
certain diseases
related to genetic alterations.

2.19. The compensation entry
hospital due to pregnancy, childbirth and caesarean
section, along with possible complications, unless
agreed otherwise included in the Special Conditions
of the Policy.

WAITING 3.PLAZOS

All coverages will take effect once it has taken effect on
the date expressly indicated in the
relevant Conditions, and after
The following deadlines
lack:

- **For rent by disease requiring surgery:**

months

- **For rent for hospitalizations without
intervention:** 6 months

- **For income for warranty
Additional birth:** 24 months

3

4.LIMITACIONES BY PATHOLOGY

The maximum compensation for the following shall be:

- mental or nervous disorders: the Insured shall be paid
adequate compensation to

the days what
stay logged in, **with a maximum of 20 days per
person, per year.**

- Ailments spine: the Insured shall be paid adequate
compensation to

the days what
stay logged in, **with a maximum of 30 days per
person, per year.**

- Compensation for delivery or cesarean section: the Insured
You entitled to the

compensation **with a maximum of 6 days per
person, per year,** if I had to stay
admitted to hospital or
sanatorium.

SPECIAL 5.SUPUESTOS

- **UVI stay or UCI:** If the Insured required to be entered

UVI or ICU receive twice daily sum insured
hired
while in these units.

- **income Insured in another
Province:** Income secured in a hospital located in a

different province to their usual home of the insured recorded in the policy receive fifty percent (50%) more than the daily sum insured contracted while

stay

entered the center.

- **Convalescence:** By entry of the Insured derivative surgery, receive fifty percent (50%) more than the daily sum insured contracted while

stay

entered the center.

- **Whenever a hospitalization occurs, without SANITAS assume under the coverage provided by**

the

Healthcare policy the costs of that stay the insured receive twice daily insured sum contracted expressly indicated in the particular conditions for this coverage.

6. TRAMITACIÓN IN CASE OF LOSS

For processing the claim covered the following standards must be met:

6.1. The Insured or anyone on its behalf shall inform the

entry

hospitable, surgical intervention and general any medical service secured within a maximum of seven (7) days have known, unless it is fixed a longer period.

In the case of surgery or hospitalization hospitable programmed, must communicate that fact to the Underwriter from the moment it is aware of the date that such surgery or hospital expenses will occur and in any event within a maximum of seven (7) days he has known.

6.2. With communication illness or accident, the Policyholder or Insured sent to Sanitas medical report in which / n / the diagnosis / s and nature of the / s disease / is specified,

A) Yes As the center

care, date of admission, duration probable hospitalization, being essential for the part concerning the disease is widespread and signed by the physician attending the patient.

6.3. After the hospitalization, the policyholder or, where applicable, the Insured shall submit to SANITAS the following documentation:

6.3. 1. Printed from request from compensation, duly completed and itemized where reflected:

a) The person who has made hospital care.

b) The nature of the act or medical acts and their dates.

c) Identification of the natural or legal person who has provided assistance (medical, hospital, etc.), and referred, if applicable, the name, first name or customer name, address, membership number and tax identification number (NIF).

In the absence of that form, notice of loss may be provided to SANITAS by letter in which data appear above specified data.

6.3.2. original prescriptions of hospital services provided to the Insured.

6.3.3. Hospital discharge report which listed the date of admission and discharge date and information about the disease process and its evolution.

6.4. When requires continuity care, the Policyholder or, where applicable, the Insured shall submit to SANITAS, in addition to the application form for compensation and

prescriptions medical, as described in the preceding paragraphs of this clause, medical report in which the need for such care continuity indicated.

6.5. The Insured must also faithfully follow all the requirements of

doctor in charge of healing and should give SANITAS, all kinds of information about the circumstances or consequences of the incident.

6.6. The Policyholder or the Insured or their relatives should allow doctors appointed by Sanitas visiting insured SANITAS many times as it deems appropriate,

A) Yes like any investigation, or check on their health status Sanitas deems necessary.

He breach from the rules established in the previous six sections it will be considered as an express waiver of recovery of damages, unless it has not been possible to comply due to reasons beyond the control of the Policyholder, the Insured or their relatives.

They are payable by the Insured, where applicable, the costs of the Spanish language translation of the relevant documents (invoices, reports, etc.), written in other languages.

7.FORMA PAYMENT OF CLAIMS

The amounts owed by Sanitas under this coverage shall be paid to the beneficiary upon receipt of all required documentation and all necessary checks made by SANITAS, to establish the existence of the claim.

SANITAS made within 40 days from receipt of the statement of claim, the payment of the minimum amount of Sanitas may owe according to the circumstances known to him (Article 18 of the Law of Insurance Contracts).

Sanitas will pay compensation as provided for under the above conditions. If within three months of production

SANITAS not claim any compensation amount not to cause or which is attributable,

the compensation will increase in the rate of legal interest in force in the

time when it is paid, increased by 50 100. This interest will be calculated on days without judicial claim. However, after 2 years from the occurrence of the claim, the annual interest may not be less than 20 100 (Article 20 of the Law of Insurance Contracts).

In the event that SANITAS delay in payment turned-compensation amount of the Insured is obliged to claim in court, the compensation corresponding will be increased by the interest provided for in the preceding paragraph, plus the costs of the proceedings under Article 38, paragraph 9 of the Law of Insurance Contracts.

After the communication of each claim, whether or not resulted in payment of compensation,

the parts will be able terminate the contract. The party's decision to withdraw shall notify the other in writing within 30 days from the date of communication of the incident,

yes there be no place to compensation, or the liquidation, if any it, notification must be made with a minimum of 15 days from the date on which the termination is to take effect.

If the initiative to terminate the contract is the Policyholder, will be in favor of SANITAS premiums for the current period, and if

SANITAS it be, it shall reimburse the Policyholder the portion corresponding to the time between the effective date of termination premium and the expiration of the insurance period covered by the premium paid.

8.DURACIÓN

8.1. The Insured or Insureds automatically cause low insurance at the end of the annuity insurance in each Insured reaches age 65, unless otherwise agreed.

8.2. They may be included only in respect of Policyholders in this coverage

who at the time of inclusion, are aged between 0 and 75 years.

8.3. Contracted coverage will not take effect until it has been paid the first premium.

geographical area

The coverage of this warranty will take effect worldwide, provided that the Insured has his habitual residence

fixed on Spain, not

However, the compensation which will be made effective in Spain, and in euros.

excepted the accidents or diseases contracted in countries and / or regions unexplored.

9. CONTROVERSIAS

9.1. In case of disagreement on the nature of the disease and / or the amount of compensation, each party shall appoint an expert, you must be in writing acceptance of these. If one of the parties had not

designation, will

obliged to do so within eight days of the date required by which it has appointed his own, and to do so in the latter period it is deemed to accept the opinion issued by the Perito of the other party, being bound by the same.

9.2. In the event that the experts reach an agreement, will be reflected in a joint document, which shall bear the causes of the accident, the assessment of damages and other circumstances that influence the determination of the amount of the loss.

9.3. When no agreement among the experts, both parties shall appoint a third expert of conformity and, if established, the appointment will be made by the Court of First Instance act of voluntary jurisdiction and

the procedures specified for the insaculación of Experts on the Law of Civil Procedure. In this case the report shall be issued within the period prescribed by the parties or, failing that, in

the thirty days from the acceptance of his nomination by the third expert.

9.4. He opinion experts, by unanimously or by majority, the parties shall be notified immediately and in shape indubitable, being binding upon them unless judicially challenged by any party, within thirty days, in the case of Sanitas hundred eighty and the Insured, calculated both from the date of notification. If not is exercised in these periods

the corresponding action, he report shall be unassailable.

9.5. If the opinion of the experts was not contested, SANITAS must pay the amount of compensation set by the experts within five days.

9.6. In the event that SANITAS delay in payment

amount of the turned-compensation the unassailable Insured finds it necessary to claim in court,

the compensation corresponding will be increased with the annual interest legally established that in this case, begin to accrue since the evaluation became unassailable for SANITAS and in any case, the amount of expenses incurred to the Insured by the process, for which compensation will expressly condemns the sentence, whatever the applicable legal proceedings.

Each party shall pay the fees of its expert. Those of the third expert and other expenses incurred shall be borne by expert appraisal and charge half the Insured and SANITAS.

However, if either party had made it necessary to peritación for having kept a assessment manifestly disproportionate, it will be solely responsible for such expenses.

Section III: Excluded Coverages

Excluded from the coverage of this policy, notwithstanding any other suitably highlighted exclusions in the conditioned this policy,

the
sanitary assistance derived from the risks listed below:

A. All kinds of illnesses, injuries, ailments, constitutional or congenital defects, deformities, state or medical condition (such as pregnancy) existed prior to the date of each Insured in the policy and / or those arising from accidents or diseases and their consequences that are originated prior to the date of inclusion of each insured in the policy.

The Policyholder, on his behalf and that of the insured, must be stated in the health questionnaire included in the application for insurance is any li ng,

pat ol og ed congen ita, diseases, diagnostic tests, treatments and symptoms that could be considered as start of pathology. In case of concealment, shall be excluded any insured coverage relating directly or indirectly to the statement unrealized. SANITAS assess the information provided by the Policyholder and based on the same may accept or reject the insurance or accept excluding certain insured coverage.

B. Health care related diseases
accidents, injuries, malformations or defects:

- Produced as a result of civil wars, international, acts of a terrorist nature in any shapes (chemistry, biological, nuclear, etc.), revolutions Y military maneuvers, even in peacetime, Y epidemics declared officially.

- to obey direct relationship or indirect nuclear radiation or radioactive contamination as well as those arising from natural phenomena such as earthquakes, floods, eruptions volcanic Y others seismic or meteorological phenomena.

- Derivatives labor and occupational accidents.

- Derivatives of the use of motor vehicles which are subject to coverage Auto Insurance Mandatory Subscription.

- The produced practicing he Insured amateur sports, risk, as example activities air, tests from Speed motor vehicles, diving, climbing, boxing, bullfighting, martial arts, rugby or any other similar activity risk and derivatives sporting competitions.

C. The health care provided in centers or social security services or integrated into the National Health System. cross-border healthcare is also excluded.

D. Hospitalization for social problems.

E. The medical and / or hospital care provided to Insured persons who are linked with the policyholder or the Insured marital relationship or relationship to the fourth degree of consanguinity or affinity inclusive.

F. Healthcare derived from alcoholism chronic, drug addiction, intoxications due to abuse of the oho c l, from psicofarmac years, narcotics or hallucinogens, attempted suicide Y self harm from illnesses or accidents involving gross negligence or negligence of the Insured infection Virus

Human immunodeficiency virus, AIDS and diseases related to it.

G. All diagnostic, surgical or therapeutic procedures whose **Clinical efficacy and safety** not be proven scientifically or adequately are of

new, subsequent signature of this policy appearance; the procedures do not universalized, or consolidated in routine clinical practice, those who have been manifestly exceeded other available and procedures

experimental or what have not sufficiently proven their effective contribution prevention, treatment curing diseases.

It is considered, for purposes of this policy, a diagnostic, therapeutic or surgical procedure is safe and effective when approved by

the agency European Medicines and / or the Spanish Agency of Medicines and Health Products. It is also considered that a procedure is universalized and strengthened when the same is done in routine clinical practice in at least nine Spanish autonomous regions widely in their public hospitals, not only in reference hospitals.

H. Any type of service related to:

- Pathologies or treatments not covered, as well as complications arising from them.

- He diagnosis specific Y treatments, inclusive Surgery, designed to remove sterility or infertility in both sexes (In vitro fertilization, insemination artificial, etc.), or impotence and erectile dysfunction, including sex change surgery.

- The interruption voluntary of the pregnancy.

- Transplants of organs, tissues, cells or cell components except autologous both marrow and peripheral blood progenitor cells for hematologic tumors lineage, and corneal transplantation.

- Any intervention surgical on the unborn.

- Any surgical technique using robotic surgery equipment.

- The determinations of the Map genetic, which aim to meet the predisposition of the Insured or ancestry or descent present or future to suffer

all The diseases relac i onadas with the ion Terac Genetic ICAS. As well are expressly excluding genetic maps from tumors Y the pharmacogenetics.

- Prostheses and materials implantable except the contemplated at relevant section of the present terms General. Excluded from any other external prosthesis, any kind of orthopedic material, external fixators, biological or synthetic materials, grafting, endoprosthesis aórt ICAS, ducts valved, bombs implantable for infusion from medicines , ec t Rodos from Spinal cord stimulation, defibrillators and artificial heart.

- The interventions, infiltrations and treatments and any other intervention of a purely aesthetic or cosmetic. In breast surgeries only those caused by tumor disease cover are expressly excluded surgeries prophylactically, mammary hypertrophy and gynecomastia. Equally

remains expressly excluding treatment of any such diseases or complications

that may manifest at a later time and are directly and / or

mainly caused by the insured having undergone intervention, infiltration or treatment of the above mentioned purely aesthetic or cosmetic nature.

- Treatments with platelet rich plasma or growth factors.
- Educational therapy, language education processes without organic pathology or special education for mentally ill condition.
- General preventive medical examinations, except the coverage mentioned in the General Conditions.
- alternative medicines, naturopathy, homeopathy, acupuncture, mesotherapy, hydrothermal er ia ap, magnet of er ap ia, presoterapia, ozone, etc.
- Services or techniques that consist of mere leisure, rest, comfort or sport, as well as spa treatments and cures of rest.

I. All the surgical techniques or therapeutic methods using the laser except:

- Ophthalmic photocoagulation.
- Hemorrhoid treatments.
- Surgery vascular peripheral with pathology (not aesthetic).
- Otorhinolaryngology.
- Musculoskeletal physiotherapy.

J. travel expenses and travel except those referred to in paragraph ambulance these Terms and Conditions.

K. if it is gu products pharmaceuticals:

- Which they are administered to the patient outside the regime hospitalization, or Day hospitalization except chemotherapy administered parenterally by a professional health in private schools. Vaccines and autogenous vaccines of all kinds; medication in Ventilation therapy Y aerosolterapia and parapharmacy products.
- Drugs not marketed in Spain.
- Advanced therapies (human medicines based on genes, cells and cell therapy products including from origin autologous, allogenic or xenogenic).

L. Excluded births aquatic environment, at home and by alternative means.

Section IV: Periods of absence

All benefits under this Policy SANITAS assume, in the form of medical staff will be provided from the date of entry into force of the contract.

However, exempt from the previous general principle surgical and / or hospital in the assumptions below, for which detailed be necessary for the respective periods have elapsed

lack what HE specify then:

Waiting periods for Medical Network mode:

- **Vasectomy and tubal ligation:** 6 months
- **Psychology:** 6 months
- **Delivery or cesarean section:** 10 months

Waiting periods for Refund form:

- **Vasectomy and tubal ligation:** 6 months
- **Delivery or cesarean section:** 10 months
- **For physical therapy, rehabilitation, pathological anatomy:** 3 months
To be, logofoniatría,
- **For radiotherapy services, quimioterapia, cobaltoterapia, isotopes radioactive, thymic lymphoma, linear, scanner, magnetic resonance, nuclear medicine, bone densitometry, Iliotomography, Arteries iography and digital such neurosurgical and hyperthermia prostate:** 5 months
- **Hospitalization and interventions no outpatient or inpatient surgical:** 3 months

The waiting period mentioned above shall not be required in the case of accidents or illnesses that are a matter of vital urgency and diagnosed supervening after the date of entry into force of the policy or

insured / beneficiary the discharge date the same, Y provided that in the case of assistance object secured coverage and in cases of premature births (less than 37 weeks).

Section V: how to provide services

1. Through concerted medical staff

Assistance will be provided in accordance with health regulations resulting from application by professionals with adequate qualifications for each specific service pertaining to medical staff arranged corresponding to this insurance product. When the insured population where you are not there any of the services covered by this policy coverage will be provided in the province where they may take place, chosen by the Insured.

Upon receiving services as appropriate, the Insured must exhibit Sanitas card. Likewise the Insured shall be obliged to display their national identity card, if

he was required. Each time the insured person receives a service covered by the policy, paid as a contribution to the cost of such service, the amount stated in the Special Conditions.

Sanitas is obliged to provide insurance coverage under the terms established in the policy not being bound by the decisions they can adopt professionals within and outside your medical chart and that we are subject to such insured coverage.

Assistance can be done in different ways, depending on the service provided:

1.1 Free access.

Insureds are free to attend the consultations of medical specialists, family medicine and pediatrics, as well as emergency centers that are part of Sanitas medical staff arranged for this product. Refer to Orientadora guide doctors and services for those specialists who need prescription / authorization.

1.2 Prescription previous for the performance of the service.

The tests diagnostic, methods therapeutic and certain services care will require a doctor's written SANITAS concerted prescription for implementation.

In particular, consultations Psychology should be prescribed by a psychiatrist, family doctor, oncologist or Pediatrician.

1.3 Prescription and prior authorization for performing the service.

In general, surgical interventions, hospitalization and medical consultants will be required previous express permission of SANITAS after the written prescription of physicians Entity. Such authorization shall also be required for certain therapeutic methods, diagnostic tests and other care services where this is stated in the conditional policy, flywheel authorization is void if at the time of performing the service, the insured does not meet all the requirements of the Conditional your insurance policy to have full insurance coverage regarding the service that is the subject of such authorization (ie not be current in the payment of the premium, pre-existing condition undeclared, etc.).

1.4 Authorization previous for the performance of the service by specifically accredited professionals.

Those surgeries are carried out laparoscopic or arthroscopic interventions and technique radiofrequency and laser will have to be made by

the professionals specifically arranged and accredited by SANITAS for those particular surgical techniques.

1.5 express prior authorization of the optional designation.

In particular, for the interventions highly complex surgical, indicated to

Then neurosurgery, cardiac surgery, bariatric surgery and spinal surgery, surgeries

requiring equipment robotic, assisted navigation or any other technology restricted implementation, which are subject to coverage under this policy, Sanitas shall appoint, in each individual case and prior to performing the actual surgery character, the health center and the professionals who They are gonna do it.

1.6 Address of Insured Services.

Sanitas is obliged to provide home services in those populations where SANITAS have concerted providing that service. **Any**

Change of the insured person must be notified irrefutably with at least eight days to request any service.

Services provided at the home of the Insured are the concerning the specialties Family Medicine, Pediatrics, Emergency, Nursing, Special Home Care, Ambulance and Respiratory Therapy.

Everybody they require a doctor's prescription except Family Medicine and Pediatrics. Sanitas reserves the right not to provide the service when not under medical criteria deemed necessary.

In particular, treatment of respiratory therapy should be prescribed by a pulmonary arranged with SANITAS. In all chronic treatment the Insured must renew the prescription pulmonologist and service authorization by SANITAS each month.

1.7 Assistance in case from Cantabria and Navarra temporary displacement.

In the temporary displacement of the Autonomous Communities secured cited service hedged will be provided through the medical conditions of the entities expressly agreed with SANITAS for this purpose.

the Insured you must present your card at the Sanitas

Office of Concerted Entities accepting the administrative steps of those entities.

1.8 ER.

According to article 103 of the Law of Insurance Contracts, **SANITAS takes the necessary assistance character urgent**

in accordance with the provisions of the conditions of the policy and that in any case they will be borrowed through the media concluded by SANITAS specifically indicated in the Orientadora Doctors and Services Guide for this product.

In cases of **vital urgency provided the insured is forced to enter the medical center outside box**, must be notified **SANITAS said irrefutably** income with as quickly as possible so that it can perform the transfer of

secured to a center always concluded that his clinical situation allows.

1.9 means no concerted Assistance Sanitas.

Notwithstanding the indicated in the previous section for cases of vital urgency, SANITAS not responsible for the fees of doctors outside their medical staff, or the internment costs and optional services such alien could order. It also assumes SANITAS in the form of concerted medical team that is subject to this policy underwriting expenses incurred in private or public schools are not subsidized for this product, whatever the prescribing doctor or author thereof.

2. Through mode reimbursement

Medical services covered by this policy coverage in the form of concerted medical box and within their own

limits and exclusions may be covered under

refund mode. Reimbursement by Sanitas
Expenses
corresponding to the performance
Medical insured already indicated will be in
accordance with the reimbursement rates and specific
limits for each contracted sum insured guarantee, as
specified in the Specific Conditions of this policy and
following

standards
processing of reimbursements established in this General
Terms and Conditions.

When using the method of reimbursement is not necessary that the prescription and implementation of care services to be performed by a physician belonging to the medical staff concluded by Sanitas.

A) Limits of insured capital

1. Hospital Healthcare:

To the same extent of coverage ensured that corresponding to the mode entered medical chart SANITAS take up the limits and subceilings insured capital established in the Particular Conditions of the Policy, the costs incurred by medical admissions, surgery, childbirth or Caesarean: fees surgeons and their assistants, midwives, anesthetists, use of OR, material and medicines, UVI or ICU stays and hospital expenses including maintenance and standard room with queen companion.

The surgical procedures performed at the same insured the same day by the same professional, a single intervention for the purposes of the application of the limit of sum insured will be considered.

The amounts shown on the invoices use of specific surgical techniques, (robotics, laser etc.) are included in the relevant limit fees surgeons and assistants.

The insured may use simultaneously modalities frame

medical and reimbursement in relation to the same hospital admission, and must comply in any case with the rules relating to each of these care modalities and provided Sanitas has previously authorized such joint use.

2. Healthcare without hospitalization:

To the same extent of coverage ensured that corresponding to the mode entered medical picture, SANITAS assume up the limits and subceilings insured capital established in the Particular Conditions of the Policy The following costs:

- **Medical consultations.**
- **Emergency services at home.**
- **Diagnostic tests.**
- **therapeutic methods.**
- **Day surgery or outpatient basis.**
- **Ambulance service by road**

B) Percentage of reimbursement

In general, SANITAS reimburse only the percentage indicated in the Particular Conditions of the Policy, the amount of medical and / or expenses hospital where the Insured actually incurred as a result of the assistance contracted guarantees included in the coverage of this policy, the remaining Insured by the percentage difference.

In the event that the Insured uses the services guaranteed in Spain arranged by Sanitas, the Policyholder or Insured you will not have to make payment for such services, running all medical expenses and / or hospital directly on behalf and in charge of SANITAS. To do so, the Insured shall proceed as indicated in this clause.

C) Procedure for reimbursement

For the processing of reimbursement of expenses hedged by this policy must be met as indicated below:

C.1. The Insured or anyone on its behalf shall inform the

entry
hospitable, surgical intervention and
general any medical service
secured within a maximum period of (7) days of having
known, unless it is fixed a longer period.

In the case of surgery or hospitalization
hospitable programmed,
must communicate that fact to SANITAS, from the time
aware of the date that such surgery or

internment
hospital will occur and in any case within a maximum
period of (7) days of meeting him.

C.2. In cases of interventions
surgical, hospitalizations, births or
cesareans, diagnostic tests and therapeutic methods,
together with the notice of illness or accident, the
Policyholder or Insured sent to SANITAS a medical report
in which the diagnosis and nature of the disease specified,
and, where appropriate, the medical center, date of
admission, probable duration of treatment and type of it.

C.3. The Insured must also faithfully follow all the
requirements of the physician in charge of healing and
SANITAS must give all sorts of information about the
circumstances or consequences of the incident.

C.4. The Policyholder or the Insured or their relatives
should allow doctors appointed by
SANITAS visit to
SANITAS assured many times as it deems appropriate,
A) Yes like any
Sanitas investigation or verification it considers necessary
for your health.

C.5. In case of hospitalization, once finalized, the
Policyholder or the Insured shall communicate such
circumstance SANITAS indicating the duration of the
internment.

C.6. The Policyholder or, where applicable, the Insured
shall submit to SANITAS the following documentation:

- Request refund, duly
completed.
- Receipts or invoices of expenses actually incurred by
the Insured, duly broken down, for each of the items
included in bills which are reflected:

to) The person who has made medical care and / or
hospital.

b) The nature of medical acts (consultation, diagnostic
tests, methods
therapeutic interventions
surgical, etc.) and their dates and amounts.

c) Identification of the natural or legal person who has
provided assistance (medical, ATS or DUE, clinic or
hospital, etc.), and referred, if applicable, the name,
first name or company name, address, membership
number and number tax iD (NIF).

- Justification or evidence of payment of bills by the
Insured.
- Prescription drugs for medical and / or hospital
received by the Insured, except
case of
consultations and podiatry services, for which no
submission of such requirements will be necessary.
- explanatory medical report from the medical and / or
hospital provided the Insured, the disease process and
its development, as well as the medical report or
hospital discharge, indicating, where appropriate, of the
need for continuity of care.

Failure to comply with the rules set out in the preceding
five paragraphs shall be deemed to expressly waive the
collection of

reimbursement, except that it was not possible to
comply by Force Majeure.

The Policyholder or the Insured shall keep the originals of the documents listed in this section for a period of five years from the date of payment by Sanitas

and requested reimbursement made available to it when they are required in order to facilitate compliance with their obligations.

D) Payment of amounts recoverable:

The Policyholder or the Insured must apply for reimbursement of medical and / or hospital expenses that apply under this policy within 90 days from the date you received the appropriate health care.

Once all required documentation received and carried out the necessary checks to establish the existence of the claim, or consign SANITAS reimburse the amount guaranteed.

In the event that medical care and / or hospital is carried out abroad, the valuation of costs or the amount to be reimbursed by Sanitas will be made in euros at the official exchange market buyer currency on the date fertilizer by the policyholder or insured invoice medical expenses and / or hospital for which reimbursement is concerned,

hath the currency in which such Insured Policyholder or any payment made for the assistance received. Expenses arising from translation

Spanish language appropriate documents (invoices, reports, etc.) written in other languages, shall be borne by the Insured.

Section VI: Other aspects of insurance

1. Basis and loss of rights contract

1.1. He this contract It has been reached on the basis of statements made by the Policyholder and the Insured in the health questionnaire contained in the insurance application, where he made questions about their health status, profession, practices sport Insured and in general those lifestyle habits that can have relevance for proper risk assessment that is the subject of insurance under this policy it remains essential that the Policyholder / Insured

truthful and complete information on questions raised by constituting them

the basis for risk acceptance of this contract, which said Insurance Application is an integral part.

1.2. The Policyholder has a duty, before the conclusion of the contract, to declare SANITAS, according to the questionnaire that it will submit, all the circumstances known to him that may influence the risk assessment. He is relieved of this obligation if SANITAS did not submit the questionnaire or when,

yet
sometiéndoselo, there are circumstances that may influence the risk assessment and are not included in it.

SANITAS may rescind the contract by declaration addressed to the Policyholder within one month, have knowledge of reservation or inaccuracy of the policy holder. They correspond to SANITAS, unless willful misconduct or gross negligence on its part, the premiums for the current period at the time to make this statement.

If the incident occurs before SANITAS make the declaration to which the preceding paragraph, the provision will be reduced in proportion to the difference between the agreed premium and that had applied to have met the

true risk. If brokered malice or gross negligence of the Policyholder SANITAS will be released from payment of the benefit (Art. 10 of the Law of Insurance Contracts).

1.3. Notwithstanding the foregoing, the Insured also forfeits the guaranteed benefit, yes he Sinister occurs before the premium has been paid (or, if applicable premium only) unless otherwise agreed (Art. 15 of the Insurance Contract Act).

1.4. The Policyholder may terminate the contract if the optional picture is varied, always affecting the 50% the specialists integrate the national medical box Sanitas, who will provide the Insured at any time in their offices and updated complete list of such specialists for consultation.

1.5. In the event of inaccurate indication of the date of birth of the Insured, SANITAS may only contest the contract if the true age of the insured at the time of the entry into force of the contract exceeds

the admission limits established by it.

1.6. Insurance distance contracts:

In accordance with Article 10 of Law 22/2007 of 11 July Distance Marketing of Financial Services, the Policyholder shall have a period of fourteen calendar days to withdraw from the distance contract, without giving any reason and without penalty any.

The deadline for exercising the right of withdrawal shall begin to run from the date of the conclusion of the Insurance Contract. However, if the Policyholder has not received the Conditional Policy and the prior information notice to the insurance period for exercising the right of withdrawal will start counting the day of receipt of such information.

2. Duration of insurance

2.1. The date of termination of the Insurance Contract will be established in their Special Conditions and, at maturity,

in accordance with Article 22 of the Insurance Contracts Act, it shall be tacitly extended for periods of an annuity. However, either party may oppose the extension by written notice to the other party, made with no less advance two months before the completion date of the current period, if SANITAS who performs such notice and one month notice if the Policyholder who performs it.

2.2. In the event that the insurance policy will be resolved by unilateral will of Sanitas
It may not suspend the provision of security where the Insured is in inpatient treatment,

until the high hospital, unless he renounces the Insured to continue treatment.

Should the insurance policy will be resolved by the Insured, the coverage in any case cease on the date of established maturity the Particular Conditions of the policy, without being applicable the provisions of the preceding paragraph. So if the Insured will be

receiving some kind of providing insured at the time of maturity of the policy, coverage

SANITAS secured cease on that date due without obligation to assume any costs from that date, even if it is derived from an incident occurred during the insurance period.

2.3. For each Insured, the insurance lapses:

a) death.

b) For transfer of residence abroad or not reside at least six (6) months a year in

National territory. The cousin will correspond to SANITAS to date in the Insured communicate and attesting that fact.

2.4. People under 14,

may only be included in the insurance in case of being also secured the

person or persons holding parental authority or guardianship, unless otherwise agreed.

3. Insurance Premiums

3.1. The Policyholder is obliged to pay the premium at the time of acceptance of the contract. Contracted coverage will not take effect when the first premium is not granted.

3.2. The first premium shall be due, once signed contract. The cousins successive They shall be due in its respective due dates.

3.3. The Policyholder can request the distribution of annual bonuses paid in half-yearly, quarterly or monthly.

In these cases the corresponding surcharge will apply. He fractionation premium does not relieve the Policyholder from his obligation to pay the annual premium complete.

3.4. If because of the Policyholder, the first premium has not been paid, SANITAS You are entitled to terminate the contract or demand payment in enforcement proceedings based on the policy, and if it had not been paid before the loss occurs, SANITAS be released from its obligation, unless otherwise agreed duly reflected in the Special Conditions of the Policy.

In case of non-payment of the second or successive premiums, or their installments, the SANITAS coverage is suspended one month after the due date.

If SANITAS does not claim payment within six months following this date, it is understood that the contract is extinguished.

If the contract is not resolved or extinguished under the above conditions, the coverage will become effective within twenty-four hours of the day

the taker to become acquainted payment of premium or where appropriate fractions thereof, due.

The Policyholder forfeited

Fractionation of the premium that has been agreed upon in case of default of any receipt, which was due from that moment the total premium agreed for the insurance period remainder.

In the case of fractional premiums, if any accident should occur, Sanitas may deduct from the amounts payable or reimburse the Policyholder or the Insured,

fractions premium

Annuity insurance course still had not been claimed by Sanitas.

3.5. If stipulated by the parties applying copayments for certain benefits insured by this policy, the amounts for these copayments will be specifically set forth in the Specific Conditions of the Policy. The amount will be fixed annually by Sanitas. The provisions of this clause in the event of nonpayment of the second and successive premiums or fractions thereof, shall apply in the event of default of the copayment.

3.6. Except that the conditions

Particular otherwise, the place of payment of the premium and copayments if any, will be listed in the direct debit specified.

To this end, the Policyholder will deliver data SANITAS bank account payment receipts of this insurance is charged, authorizing the financial entity to settle.

3.7. SANITAS is only obliged by the receipts issued by the Department or its legally authorized representatives.

3.8. In each renewal of the Insurer you may change the annual premium and the amount of the Insured's participation in the cost of services, according to technical and actuarial calculations

based on the change in the cost of health services, the type, frequency of use of guaranteed benefits including medical and technological innovations that were not covered on the date of initial effect of the policy.

Premiums payable by the Policyholder will vary depending on the age reached by each of the Insureds,

the corresponding geographical area instead of provision of services, the rates provided by Sanitas on the renewal date of each policy. Such premiums update shall be communicated in writing by Sanitas the Policyholder with at least two months prior to the renewal date.

3.9. The Policyholder, received, if any, communication on the SANITAS varying the amount of the premium for the following annuity, you can choose between the extension of the Insurance Contract or termination thereof to the expiration of the current insurance period.

In the latter case, the Policyholder shall notify in writing to SANITAS its willingness to terminate his term contractual relationship with at least one month before the expiration date of the current insurance period.

3.10. Payment amount of the premium was made by the Policyholder to the broker need not be made to SANITAS unless, in return, the broker delivers the Policyholder receipt of premium the insurer.

4. High newborns

If the assistance of the mother in childbirth is done under the Insurance Sanitas which that was ensured, newborn children may be included in the policy with all their rights from the date of birth or when discharged from father insured under the policy has taken effect at least 240 days prior to parturition. For this, the taker must inform SANITAS such circumstances within 30 calendar days

date from birth, through the filling out an insurance application.

In any case, **SANITAS only cover health care to the newborn provided they are registered as insured Sanitas.** If the high newborn communicates subsequent to or without complying with all the requirements stated in the previous paragraph, SANITAS under the information provided by the Policyholder in the Insurance Application indicated deadline, you may refuse admission of the newborn as insured.

5. Providing reports

The Policy and Insured are required to provide SANITAS, in cases expressly requested, the reports medical and / or budgets provider to enable it to determine whether the provision of care required is hedged by

The policy. SANITAS not have to guarantee the requested service, while not given to it these reports and budgets in cases where this is expressly required the Insured.

6. Claims

6.1. Control and instances of complaint

to) Control SANITAS activity corresponds to the Spanish State exercised it through the Direccion General de Seguros Ministry of Economy and Competitiveness.

b) In case of any complaint about the Insurance Contract, the Policyholder, Insured, Beneficiary, Third harmed or dependents of any of them, should be addressed for resolution:

1. To the SANITAS Claims Department, by writing with a copy of ID of the claimant, the calle Ribera del Loira No. 52 (28042 Madrid) or fax 91 585 24 68 or e-mail

claims @ sanitas.es,

who shall acknowledge receipt in writing and also solve **By letter reasoned**

Within two months maximum legal from the date of filing of the claim, provided that it meets the requirements, under the Order ECO / 734/2004 of 11 March on departments and services customer financial institutions and Regulation by the Customer Protection that are available in the offices.

2. Having exhausted domestic remedies and that should not be satisfied with the resolution of Sanitas may make your complaint the Claims Service of the Directorate General of Insurance and Pension Fund, Paseo de la Castellana 44, 28046 Madrid. For this, the

claimant it must prove that the deadline has passed for resolution the claim by the claims department of Sanitas, or has been denied admission of the claim or dismissed his request for it.

3. Please note that SANITAS is not attached to any consumer arbitration board without prejudice to the insured go to administrative and judicial bodies are foreseen

in he process from claims contained in the general conditions of the policy.

Four. In any case you can go to the Courts and Tribunals.

6.2. Actions arising from this Insurance Contract shall prescribe within five years (Article 23 of the Law of Insurance Contracts).

7. Other legal issues to consider

7.1. subrogation

Having accepted the payment of the guaranteed benefit may exercise SANITAS the rights and actions due to the loss caused, correspond to the Insured against the persons responsible for it, to the extent of the compensation paid.

The Insured is obliged to subscribe for SANITAS the necessary documents to facilitate subrogation.

7.2. Communications.

7.2.1. SANITAS communications by the Policyholder, the Insured or Beneficiary They will be held at the registered office of that stated in the Policy.

7.2.2. SANITAS communications to the Policyholder, the Insured or Beneficiary shall be pursued by physical, electronic or telephone number provided by the Policyholder at the time of the insurance application while not communicate a change in the same direction. The Policyholder authorizes SANITAS to who can refer any communication by electronic means as long as permitted by law.

7.3. Personal data protection

The data obtained by this document is confidential and protected. The Policyholder agrees that all information provided to the Insurer, both in the insurance application and throughout the term of this policy is true and has not omitted any information on the health status of each of the Insureds.

In addition, the Insurer informs the Policyholder and Insureds and they agree,

in which everybody the data personal and health related to the Policyholder and Insureds are incorporated into files belonging to the Insurer to ensure the full development of the contract, compliance

from the obligations established in the applicable regulations, serve the activities of this company, including the delimitation of the associated risk, claims or management re / co-insurance, offering comprehensive care programs, knowledge of the rejection reasons for this request or decline in policy, retention programs and fraud prevention.

Also, the Policyholder / Insured entitle the Insurer so you can require your personal and health data

the professional or health centers, hospitals and entities that relationship reinsurance, coinsurance or collaboration and vice versa is maintained, and therefore authorizes them to such data for managing the rea / coa / insurance offering programs reciprocally facilitate comprehensive care, better understanding and assessment of the risks to be covered, to prevent fraud, determination of healthcare, payment to health providers or reimbursement of expenses to the insured health care and

care the claims filed by policyholders themselves.

In order to prevent fraud, for retention programs and risk selection,

the insureds consent specifically when your data is preserved even if the contract were to be entered into or is out of the contractual relationship.

If the Policyholder / Insured does not consent to the inclusion of their data in these files and later treatment as described above, the insurance contract can not be implemented.

The Policyholder and the Insured agree shipment during the contractual relationship by any means,

including communications electronic commerce, advertising or other offers of SANITAS and third to establish collaborative links related to financial products and services,

from insurance, services social, health and / or health or welfare, authorizing SANITAS to treat your data to send you information that best suits your specific needs.

Also, the Policyholder and the Insured expressly authorize the transfer of your personal information to companies SANITAS Group consisting identified in www.sanitas.es and transfer to any other entity to establish collaborative links to the effectiveness of data the relationships

contractual with he

Policyholder / Insured by reason from
coinsurance or risk reinsurance as well as for sending
commercial information related to financial products and
services,
insurance services
social, health and / or health or welfare.

The Policyholder is responsible for communicating to all Insureds covered by the policy the inclusion of their data in the above files and the treatment thereof intended to make the insurer so they can exercise the same rights before their own choosing. The Policyholder states that it has the consent of the insured both for the Policyholder your personal SANITAS data as den for SANITAS provide the Policyholder identifying information about medical services of the insured covered by the policy, unless by Policyholder is released in writing to Sanitas legal duty to inform or requested by any of the Insureds.

8. Other

The Policyholder and / or Insured authorize SANITAS so that if this **considers it necessary, you can record** the

Phone conversations maintain in relation to this policy and use them in their quality control processes and, where appropriate, as evidence for any claims that may arise between the parties, preserving in any case

the confidentiality from the held talks.

The Policyholder and / or Insured may request SANITAS copy or written transcript of the content of the recorded conversations between the two.

9. Jurisdiction

Be Judge competent for he
knowledge of the actions under the Contract of Insurance of the Insured's domicile.

The exercise of the rights of opposition, access, rectification and deletion of this data as established in the applicable regulations, may be exercised at the headquarters of the entity, calle Ribera del Loira 52, 28042 Madrid, Dpt. Of General Counsel or through My Sanitas to <https://www.sanitas.es/misanitas/online/clients/contact/index.html>. If the Policyholder and / or Insured not wish to receive commercial information from the Underwriter, or, where applicable, other entities with which the Insurer may establish collaborative links either do not want data to be transferred to other companies except for the effectiveness of contractual relations may do so by the same means.

Failure to receive a written decision within 45 days from the date on which the Policyholder was informed of the provisions of the preceding paragraphs communication, will involve compliance with the sending of advertising and transfer of data to other companies in the indicated terms.

Done in duplicate at Madrid on 23 February 2016 by the Insured / Policyholder

Sanitas

Iñaki Peralta
Sanitas, S.A. de Seguros