

Family Health Insurance – GENERALI SALUD OPCION FAMILY

Information required to calculate estimated price of insurance:

- Number of people in the policy (family members): _____
- Sex and date of birth: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
- City of residence: _____ ZIP: _____

Details required to formalise an insurance policy:

Name and surname	Relationship with the insurant spouse/daughter/son/other	NIE or passport number	Date of birth .../.../....	Sex M/F	Height cm	weight kg
1.						
2.						
3.						
4.						
5.						

- Address: _____
- ZIP: _____
- Profession: _____
- Extra charges (200€/year, 350€/year, 750€/year):
- Form of payment (annual, semestral +3, quarterly +6%, monthly +12%)
(underline)
- Account number for debit of bills (ES..+ 20 digits):

DOCUMENTS required to formalise an insurance contract (copies):

- NIE or residence permit;
- foreign passport;
- copy of the first page of bank book or other document confirming number of bank account.