## Family Health Insurance - SALUD TOTAL

## Information required to calculate estimated price of insurance:

- Number of	people in the policy (fan	nily members): _	P			
- Sex and dat	te of birth:/					
		//				
		_///	<u>—</u>			
	— 1th	//				
- City of resi	dence:	ZIP: _				
						(20
	Details required	to formalise a	n incuranc	e noli	cve S	2
	Details required	to formatise a	in insuranc	<u>,c poii</u>		
Name and surname	Relationship with	NIE or	Date of	Sex	Height	weight
	the insurant	passport	birth	M/F		1
	spouse/daughter/son/ other	number	//		cm	kg
1.	other		4 .			
			11			
2.		CO				
3.		25.				
4.	. (2)					
5.	CO.					
					4	
- Address:	13.					
- ZIP:						
- Profession:	•					
- Stomatolog	gy (complementary service	ce): ves/no				
	(60.000€, 250.000€,	, -				
	yment (annual, semestral	1+3%, quarterly	+6%, month	ly +12%	<b>6</b> )	
(underline)						
- Account nu	umber for debit of bills (E	ES+ 20 digits):				
DOCHMENTS				i\		
DOCUMENTS 1	required to formalise	an insurance	contract (c	opies):		
- NIE or residence	permit;					
- foreign passport;						

- copy of the first page of bank book or other document confirming number of bank account.