

# Adeslas

## SPECIAL CONDITIONS

Policy Number	Application Number	Effective Date	Expiration Date	Base Product
666028764 /	MODULAR COLLECTIVES	01/08/2025	31/07/2026	0

This policy is renewable at the end of each year.

### POLICYHOLDER INFORMATION

Last Name, First Name and Middle Name

Passport Number

Phone Number

xxxxxxxxx BEVERLY CAROL

6

Address

City

CL

Zip Code

State, Country

### INSURED PERSONS

Order	Special Conditions	Start Date	Waiting Period	Name	Sex	ID Type	Marital Status	Date of Birth	N.I.E.
1		01/08/2025	NO	xxxxxxxxx BEVERLY CAROL	M	TI	O	14/04/1957	

Insured Person's Address: Same as policyholder

City

Zip Code

State, Country

Phone Number

### INSURANCE PREMIUM

Payment Period

Net Annual Premium

Fractioned Net Premium

Surcharges

Taxes

Total Premium

ANNUAL

2.077,27

2.077,27

0,16

3,12

2.080,55

IBAN (International Bank Account Number)

Phone Number

Zip Code

City

State, Country

Co-Pay Amount

Made as a

DUPLICATE

effective only in

VALENCIA

On 21<sup>st</sup>

May

Year

2025

Signature and Date

**COPY for the CUSTOMER**

SegurCaixa Adeslas, S.A. de Seguros y Reaseguros, con domicilio social en el Paseo de la Castellana, 259 C (Torre de Cristal), 28046 Madrid, con NIF A28011864, e inscrita en el R. M. de Madrid, tomo 36733, folio 213, hoja M-658265.

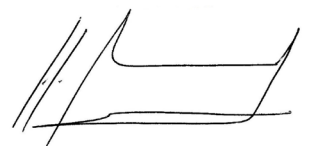
# Adeslas

MEDIADOR: ADESALZI

**TOMADOR DEL SEGURO**

El Asegurador /  
a

Signature and Date



**COPY for the CUSTOMER**

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## SPECIAL CONDITIONS

Policy Number	Product	Effective Date	Expiration Date	Application Number
666028764 /	MODULAR COLECTIVOS	01/08/2025	31/07/2026	0

Este seguro es prorrogable tácitamente al vencimiento de cada anualidad

### OBSERVATIONS / MODIFICATIONS

AS	Módulo name	Start Date	Premium
1	ADESLAS COMPLETA	01/08/2025	2.066,16
1	INMIGRATION REPATRIATION	01/08/2025	14,40

The policyholder acknowledges having received from the insurer, at the time of issuance of this document and prior to the conclusion of the contract, the informational note regarding the insurance policy and the corresponding intermediary. The policyholder also expressly acknowledges and accepts the exclusions and limitation clauses that are highlighted in the following articles:

° ADESLAS COMPLETA : C.G.D.:2ª, 3ª, 4ª, 5ª C.G.C.:12ª

### BASIC INFORMATION ON PERSONAL DATA PROTECTION

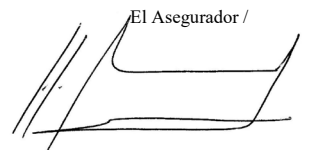
<b>DATA CONTROLLER</b>	SegurCaixa Adeslas, S.A. de Seguros y Reaseguros
<b>PURPOSE</b>	<p>To maintain the contractual relationship. To contact you regarding products or services offered by SegurCaixa Adeslas that may be of interest to you. Your data may be processed using profiling/segmentation techniques to tailor those offers to your needs.</p> <p>If you do not wish to receive commercial communications from SegurCaixa Adeslas, you may exercise your right by sending a letter with a copy of your ID to: "Privacy Rights Processing" Paseo de la Castellana 259C – 6th Floor – Torre de Cristal, 28046 Madrid Or by email to: <a href="mailto:lopd@segurcaixaadeslas.es">lopd@segurcaixaadeslas.es</a> (include ID copy and reference "Privacy Rights Processing").</p>
<b>LEGAL BASIS</b>	<p>Contract execution (for policy management) Legitimate interest (for marketing communications)</p>

Hecho por **DUPLICADO** a un solo efecto en **VALENCIA** a **21** de **Mayo** de **2025**

MEDIADOR: **ADESALZI**

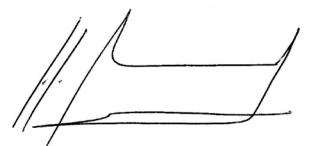
**TOMADOR DEL SEGURO**

Signature and Date

El Asegurador /  


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Signature and Date

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## SPECIAL CONDITIONS

Número de Póliza	Base Product	Effective Date	Expiration Date	Nº Solicitud
666028764 /	MODULAR COLECTIVOS	01/08/2025	31/07/2026	0

Este seguro es prorrogable tácitamente al vencimiento de cada anualidad

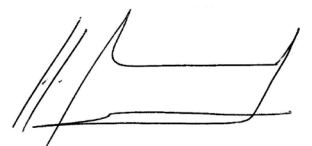
<b>RECIPIENTS</b>	Your data will not be disclosed to third parties, except where legally required or necessary for execution of the policy. If consent has been given, your contact data may be shared with CaixaBank, S.A. for promotional purposes.
<b>RIGHTS</b>	You may access, rectify, or delete your data, as well as exercise other rights as explained in the additional information.
<b>ADDITIONAL INFORMATION</b>	You may view the full data protection policy and details on how to withdraw consent at: <a href="http://www.segurcaixaadeslas.es/es/proteccion-de-datos">www.segurcaixaadeslas.es/es/proteccion-de-datos</a>

I declare that I have received the insurance product information document (IPID) and the explanatory note from the insurer on the date this document was issued, and before the conclusion of the contract.  
I have read and accept each of the terms and conditions outlined in this document, which, along with the general terms, make up the full insurance contract.

Hecho por **DUPLICADO** a un solo efecto en **VALENCIA** a **21** de **Mayo** de **2025**

MEDIADOR: **ADESALZI**

Signature and Date



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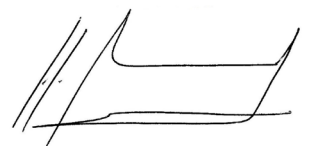
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