



## ACCIDENT AND DISEASE NOTICE

THIS FORMAT MUST BE FILLED AND SIGNED BY THE PHYSICIAN IN HANDWRITING. DO NOT LEAVE ANY SPACE OR QUESTION UNANSWERED.										APPLICATION DATE		
							DAY	MONTH	YEAR			
COMPANY NAME OR CONTRACTOR: <span style="float: right;">REQUIRED</span>							ID NUMBER: <span style="float: right;">REQUIRED</span>					
HEADLINE: <span style="float: right;">REQUIRED</span>			LAST NAME: <span style="float: right;">REQUIRED</span>				MOTHER'S LAST NAME: <span style="float: right;">REQUIRED</span>					
INSURED AFFECTED: <span style="float: right;">REQUIRED</span>			LAST NAME: <span style="float: right;">REQUIRED</span>				MOTHER'S LAST NAME: <span style="float: right;">REQUIRED</span>					
BIRTHDATE			REGISTRATION DATE IN THE HEALTH PROGRAM			OCCUPATION		E-MAIL				
DAY	MONTH	YEAR	DAY	MONTH	YEAR	REQUIRED		REQUIRED				
PERSONAL PHONE NUMBER: <span style="float: right;">REQUIRED</span>					CELL PHONE NUMBER: <span style="float: right;">REQUIRED</span>							
RFC: <span style="float: right;">REQUIRED</span>					CURP: <span style="float: right;">REQUIRED</span>							
NATIONALITY: <span style="float: right;">REQUIRED</span>					BIRTHPLACE: <span style="float: right;">REQUIRED</span>							
ADDRESS: <span style="float: right;">REQUIRED</span>					CITY AND STATE: <span style="float: right;">REQUIRED</span>			ZIP CODE: <span style="float: right;">REQUIRED</span>				
¿DO YOU HAVE, OR HAVE HAD ANY MEDICAL EXPENSES COVERAGE OR HEALTH PROGRAM WITH ANOTHER COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/> <span style="float: right;">REQUIRED</span>												
IN CASE OF "YES", PLEASE NAME THE COMPANY: <span style="float: right;">REQUIRED</span>												
POLICY NUMBER OR CONTRACT NUMBER: <span style="float: right;">REQUIRED</span>												
EVENT INFORMATION												
CAUSE OF CLAIM: ACCIDENT <input type="checkbox"/> DISEASE <input type="checkbox"/> PREGNANCY <input type="checkbox"/>							START DATE					
							DAY	MONTH	YEAR			
¿WHICH WAS THE ACCIDENT OR DISEASE?												
IN CASE IT WAS AN ACCIDENT, PLEASE DETAIL HOW IT HAPPENED:												
_____												
_____												
_____												
_____												
¿ARE AUXILIARY DIAGNOSTIC STUDIES HELD? YES <input type="checkbox"/> NO <input type="checkbox"/>												
IN CASE OF "YES", PLEASE ATTACH THE ORIGINAL STUDIES WITH THEIR INTERPRETATIONS												
¿WHAT STUDIES? _____												

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PHYSICIANS INFORMATION WHO HAVE GIVEN YOU SERVICE			
<b>1</b>	PHYSICIAN	SPECIALITY	PROFESSIONAL ID
	DOCTOR'S OFFICE ADDRESS	OFFICE PHONE NUMBER	SPECIALTY ID
<b>2</b>	PHYSICIAN	SPECIALITY	PROFESSIONAL ID
	DOCTOR'S OFFICE ADDRESS	OFFICE PHONE NUMBER	SPECIALTY ID

I hereby declare that the resources of the policy I receive will not be used for any illicit activity. Also, I declare that the data set is correct and authorize the Insurance Company to check them to their satisfaction.

I hereby declare that I act on my own behalf and not on behalf of third party.

\_\_\_\_\_

Place and date

\_\_\_\_\_

Headline Signature

\_\_\_\_\_

Affected Insured Signature

**NOTE:** Expenses not covered by the policy and charged to the patient: diapers, companions food, long distance calls, newborn expenses, safe, personal care objects, such as disposable tissue, shampoo, makeup, shoes, toys, flowers, sweets, clothes, movies and surplus of standard room.

**NOTICE:** It is inform to you that the inaccurate or lack of information in the present questionnaire, Will invalidate all the responsibility of the Company. I authorize the Physicians who have assisted me or examined me, to hospitals, clinics, sanatoriums, laboratories, and/or health facilities, to which I have come for treatments and/or diagnosis of any accident, injury and/or illness, judicial or administrative authorities that have knowledge of my case so that they provide **General de Salud, Compañía de Seguros, S.A.**, even when there is no judicial or administrative order, all the information regarding my personal pathological history, clinical history, medical indications, laboratory results and cabinet studies, and any information contained in my clinical file, which may be required at any time that **General de Salud, Compañía de Seguros, S.A.** deems appropriate, even after my death. With this authorization I release any responsibility derived from medical secrecy to the persons responsible for providing the required information, I also authorize insurance companies with whom I have previously requested the conclusion of any insurance contract or application, to provide **General de Salud, Compañía de Seguros, S.A.** the information in their knowledge; and in turn, **General de Salud, Compañía de Seguros, S.A.** to provide any other company in the Insurance Sector, the information that they require and derives from this document and others from their knowledge.

## ACCIDENT AND DISEASE NOTICE

### Privacy Notice for Clients, Insured and Beneficiaries from “General de Salud, Compañía de Seguros, S.A.”

**1. “Responsible for handling personal data”.** GENERAL DE SALUD, COMPAÑÍA DE SEGUROS, S.A., is the legal entity that, in accordance with the “Ley Federal de Protección de Datos Personales en Posesión de los Particulares, (LFPDPPP)” is understood as the “Responsible” since it decides on the processing of personal data collected from you as “Holder” thereof. This Privacy Notice complements any other privacy notices that the “Responsible” has made available to you as the owner of your personal data, and is supplementary in everything that expressly does not refer to such notices.

**2. “Address of the “Responsible”:** Av. Patriotismo No. 266, Colonia San Pedro de los Pinos, Benito Juárez, Zip Code 03800, Mexico City.

**3. Personal data collected by the “Responsible”:** Identification data: Full name, marital status, date and place of birth, occupation, profession, autograph signature, Registro Federal de Contribuyentes (RFC), Clave Única de Registro de Población (CURP), nationality, workplace, gender and age. Contact information: Address, email, work email, home phone, work phone and cellphone. Patrimonial or financial data: Assets, rights, charges or obligations subject to economic valuation, such as: movable and immovable property, insurance and bail bonds, audited financial statements and declarations. Sensitive personal data: Health data related to the assessment, preservation, care, improvement and recovery of your state of physical or mental health, present, past or future, including clinical history, sports habits and practice, as well as personal and physical characteristics. Only when the collection of your insurance policy is by telephone, you will be asked for sensitive financial information: credit or debit card number, validity and CVV (Card Verification Value) key of your card. We will not record your voice as biometric data.

**4. Necessary purposes of the processing of personal data:**

**a)** Valuation of insurance applications, risk selection, and where appropriate, the issuance of the insurance contract, its renewals and the provision of assistance services included therein, as well as for the care of claims and processing of payment claims, refunds, endorsements, as applicable; **b)** Follow-up of your health status for purposes inherent to the insurance policy, through SMS text messages, phone call, email, and surveys on our website, in order to exercise the rights and obligations that the applicable laws to the insurance contract grant to the Responsible; **c)** Regulate the rights and obligations arising from the conclusion of the insurance contract; **d)** Charge, manage, maintain or renew the insurance policy, for statistics; as well as referral to other Insurance Institutions or managers, so that they are able to assess the risk of any proposal related to their insurance contract, such as coinsurance and reinsurance; **e)** Regulatory compliance and obligations of the Responsible, and integration of files required by applicable regulations, as well as to prevent and report illegal activities related to our products and services, such as money laundering, terrorism financing, fraud, property crimes. / We will not use your personal data for secondary purposes.

**5. With whom does the “Responsible” transfer your personal data and for what purposes?**

**a)** Financial, judicial and administrative authorities, Mexican and foreign, and regulatory compliance agencies, in order to comply with our obligations arising from international laws or treaties, tax obligations, as well as for the fulfillment of trades, notifications or official requirements; **b)** Institutions, organizations or entities of the insurance sector, including guild associations, for the purpose of risk selection, fraud prevention and claims assistance; **c)** Suppliers and third parties necessary for the selection of risks and to comply with the legal and contractual obligations of the Responsible, including those derived from the insurance contract, according to the nature of the same: hospitals, doctors, verifiers, offices, ambulances, assistance services, telephone medical advice providers, contact centers, customer service and policy management companies, auditors, consultants, beneficiaries of coverage, assignees, executors, reinsurers and insurers, corporates and group insurance contractors, insurance agents, promoters of insurance agents, telephone collection companies or IVR (Interactive Voice Response), companies and platforms for the administration of payroll discounts, if applicable.

**Notes:** The previous transfers by their very nature do not require you to grant your consent. The responsible will not transfer or share your personal data with third parties, for purposes other than those stipulated in this Notice, nor for marketing products outside his business group. / If your data must be transferred to an Obligated Subject, such as the authorities in exercise of their functions, your data will be protected in accordance with the “Ley General de Protección de Datos Personales en Posesión de Sujetos Obligados”.

**6. The use of tracking technologies at the “Responsible” Internet portal.**

We inform you that on our website we use cookies and other technologies to track your behavior as an internet user, for a better experience when browsing our page. On the Internet, a cookie is a brief information that a web page sends to your computer, which is stored in your hard drive. Thus, the next time you enter our portal, we may use the information stored in the cookie to facilitate the use of our website. A cookie does not allow us to know your personal identity unless you expressly choose to provide it to us. Most cookies expire after a certain period of time, or you can delete them any time you want from your browser. You can also let your browser notify you when you receive a cookie so you can accept or decline it.

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**7. Options and means to limit the use or disclosure of your personal data.** You have the following options to limit the use or disclosure of your personal data: **a)** By sending your request to the "Responsible" to the address [datospersonales@gsalud.com.mx](mailto:datospersonales@gsalud.com.mx). If your request is appropriate, you will be registered in the exclusion list of the responsible; **b)** Requesting registration in the Registro Público de Consumidores, also known as the "Public Registry to Avoid Advertising" provided in the Ley Federal de Protección al Consumidor; **c)** Requesting registration in the Registro Público de Usuarios provided in the Ley de Protección y Defensa al Usuario de Servicios Financieros.

**8. Means to exercise the Rights of Access, Rectification, Cancellation and Opposition (ARCO Rights).**

- 1)** By sending an email to the Personal Data Protection Unit, to the electronic address [datospersonales@gsalud.com.mx](mailto:datospersonales@gsalud.com.mx)
- 2)** In writing in free format addressed to the Personal Data Protection Unit, at our address located at Av. Patriotismo No. 266, Colonia San Pedro de los Pinos, Benito Juárez, Zip Code 03800, Mexico City.
- 3)** In the section available through our website: <http://www.generaldesalud.com.mx/derechos-arco-salud/>. Your request must be made through the ARCO Rights Application, which must be downloaded from the web address indicated in the previous paragraph **3)**, or, requested at the email address indicated in paragraph **1)**.

**Requirements:** In order for the Personal Data Protection Unit to follow up on your request, you or your legal representative (accrediting this quality), must: **a)** Indicate your full name and address or another way to communicate the response to your request.

- Properly prove your identity, completing all fields of the ARCO Rights Application and accompanying a copy of any of the current official identifications indicated in said format; **b)** Describe in a clear and precise way the personal data with respect to which you seek to exercise any of the aforementioned rights. Likewise, if you request the rectification of personal data, you must indicate the desired modifications, and provide the documentation that supports your request.

If you request it, our Personal Data Protection Unit will give you the guidance you require in this matter, through the email [datospersonales@gsalud.com.mx](mailto:datospersonales@gsalud.com.mx) or in our offices.

**In what terms will we respond to your request for ARCO rights?** **I.** Five business days, in case we need additional information about your request ; **II.** You will have 10 business days to provide the additional information we request; in case of not providing the same within that period, the corresponding application will be deemed not submitted, in terms of law, **III.** We have 20 business days to issue a response. If there is justified cause, and to grant an adequate response, we may extend this period for another 20 business days, which will be informed.

**9. Implemented security measures:** For the protection of your personal data we have implemented security measures of an administrative, physical and technical nature in order to avoid losses, misuse or alteration of your information. Such data will be treated and protected with a high standard of security, ethics and strict confidentiality, and only for the purposes of the legal relationship, in full compliance with this Privacy Notice and the applicable legislation.

**10. Modifications to the privacy notice:** This privacy notice may undergo modifications, changes or updates derived from new legal requirements, from the needs of the "Responsible" for the services offered, privacy practices or other causes. Therefore, the "Responsible" reserves the right to make any changes or updates that are necessary to this privacy notice at any time. The "Responsible" will make available to the client the updated version of the privacy notice, on the website: <http://www.generaldesalud.com.mx/aviso-de-privacidad-2/>

**11. Right to promote the rights protection and verification procedures substantiated by the Institute.**

Any complaint or additional information regarding the processing of your personal data or doubt in relation to la Ley Federal de Protección de Datos Personales en Posesión de los Particulares or its Regulations, may be directed to the Instituto Nacional de Transparencia, Acceso a la Información y Protección de Datos Personales (INAI).

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**I Accept this Privacy Notice and my data processing,  
including sensitive data**