

The purpose of this document is to help you to complete the application and health questionnaire for taking out **Nueva Mutua Sanitaria Health Insurance**, as well as to provide information to you about the entire contracting process related with your health insurance and about how to obtain the certificate that you will have to present to get your visa.

Insurance Application

Below, we provide some notes about the fields that you have to complete.

DATOS DEL TOMADOR

NOMBRE:

PRIMER APELLIDO:

SEGUNDO APELLIDO (Opcional):

TRATAMIENTO:
[INDEFINIDO ▼]

NIF/ NIE/ PASAPORTE:
[N.I.F. ▼] [Seleccionar archivo] NINGÚN AR... ECCIONADO

PROVINCIA:

POBLACIÓN:

CÓDIGO POSTAL:

DIRECCIÓN COMPLETA:

CORREO ELECTRÓNICO (E-MAIL):

NÚMERO DE TELÉFONO MÓVIL:
[ESPAÑA (34) ▼]

OTRO N° TELÉFONO (Opcional):
[ESPAÑA (34) ▼]

PROFESIÓN:
[SELECCIONE UNA OPCIÓN ▼]

EL TOMADOR, ¿DESEA SER ASEGURADO DE LA PÓLIZA?
 SÍ NO

EL TOMADOR, ¿DESEA TENER LA MISMA DIRECCIÓN PARA LA PRESTACIÓN (ASISTENCIA A DOMICILIO)?
 SÍ NO

The policyholder will be you, even if someone else is paying. In student insurance, the policyholder must be the same person as the insured.

You can contract insurance using a Spanish National ID Card, Alien ID Card, or Passport.

It is essential to provide a cellphone number to validate the health questionnaire by means of electronic signature. An SMS with a 7-digit code will be sent to the cellphone number provided.

Please pay attention when you provide your cellphone number. You must indicate the country where the telephone line is from, as that is a very important piece of information in order to receive the SMS to be able to digitally sign the insurance application.

Your email address is also an essential piece of information to be able to inform you of the status of the entire insurance contracting process. All communication with you will be done through the email you provide us with.

The address that you should include on the application is the address where you will reside in Spain. This is important because it will be the address where we will send you your insurance card, which is what you will need to use to go to the doctor.

If you still do not know where you are going to live, you can put your address in your country and later provide us with your address in Spain.

DATOS DOMICILIACIÓN BANCARIA

TITULAR DE LA CUENTA:

NIF/ NIE/ PASAPORTE:
N.I.F. NINGÚN AR... ECCIONADO

MODALIDAD DE PAGO:
IBAN

PAÍS CUENTA BANCARIA:
ESPAÑA

NÚMERO DE CUENTA
ES82

PERIODICIDAD RECIBOS PRIMA:
ANUAL

* La periodicidad de pago es anual por exigencias de las embajadas para tramitar el visado

Insurance payment is made in a single lump sum by credit card. The insurance policy is annual.

Card payments may be made with VISA or MasterCard. Other credit cards like American Express may cause problems.

If any incidents arise with the payment, you can contact Esther García at +34 912 908 075 from 9:00 a.m. to 4:30 p.m. Payment may be made through the payment gateway with a bank card.

If your stay in Spain is for a period of less than one year, you must prove so by means of a certificate of studies and you will be charged the proportional part of the year for the time you are going to study in Spain.

DIRECCIÓN DEL DOMICILIO DE PRESTACIÓN DE SERVICIO (ASISTENCIA A DOMICILIO)

PAÍS:
ESPAÑA

PROVINCIA:
ARABA/ALAVA

POBLACIÓN:

CÓDIGO POSTAL:

DIRECCIÓN COMPLETA:

CORREO ELECTRÓNICO (E-MAIL):

NÚMERO DE TELÉFONO:
ESPAÑA (34)

It is important to know the address of where you are going to live in Spain because our insurance offers a medical service at home option; i.e., emergency care at home.

DATOS ASEGURADO (1)

NOMBRE:

PRIMER APELLIDO:

SEGUNDO APELLIDO (Opcional):

TRATAMIENTO:

INDEFINIDO

NIF/ NIE/ PASAPORTE:

N.I.F.

Seleccionar archivo

NINGÚN AR...ECCIONADO

FECHA DE NACIMIENTO:

DD / MM / AAAA

SEXO:

HOMBRE

ESTADO CIVIL:

SOLTERO

CORREO ELECTRÓNICO (E-MAIL):

NÚMERO DE TELÉFONO:

ESPAÑA (34)

PARENTESCO CON EL TOMADOR

SELECCIONE UNA OPCIÓN

The next item on the form is the health questionnaire.

CUESTIONARIO DE SALUD

PESO:

KG

ESTATURA:

CM

INDIQUE SI PACEDE O HA PADECIDO ALGUNA DE ESTAS ENFERMEDADES:

- CUALQUIER TIPO DE PROCESO ONCOLÓGICO (CON DIAGNÓSTICO MENOR DE 10 AÑOS O CON DIAGNÓSTICO ANTERIOR A 10 AÑOS CON RECIDIVAS).
- ENFERMEDADES DEL SISTEMA NERVIOSO Y ÓRGANOS DE LOS SENTIDOS: ESCLEROSIS MÚLTIPLE, PARKINSON, ALZHEIMER, EPILEPSIA, PARAPLEJIAS.
- ENFERMEDADES MENTALES: ESQUIZOFRENIA, TRASTORNOS BIPOLARES, RETRASO MENTAL, TRASTORNOS DE LA CONDUCTA ALIMENTICIA.
- ENFERMEDADES DEL SISTEMA ENDOCRINO: DIABETES MELLITUS TIPO I, OBESIDAD MÓRBIDA, ALTERACIONES CORTICOSUPRARRENALES.
- ENFERMEDADES DEL SISTEMA OSTEIOARTICULAR Y TEJIDO CONECTIVO: LUPUS SISTÉMICO, ARTRITIS REUMATOIDE, ESPONDILITIS ANQUILOPOYÉTICA, DERMATOMIOSISTIS, DISTROFIAS MUSCULARES, ANOMALÍAS CONGÉNITAS Y CROMOSÓMICAS.
- ENFERMEDADES DEL SISTEMA CIRCULATORIO: CARDIOPATÍA ISQUÉMICA, ENFERMEDADES CEREBROVASCULARES, ARTEROESCLEROSIS, ENFERMEDAD HIPERTENSIVA MALIGNA, INSUFICIENCIA CARDIACA, MIOCARDIOPATÍA, TRASTORNOS DEL RITMO, ENFERMEDADES VASCULARES.
- ENFERMEDADES DEL APARATO RESPIRATORIO: ENFERMEDAD OBSTRUCTIVA CRÓNICA, FIBROSIS PULMONAR, NEUMONITIS, GRANULOMATOSIS, NEUMOCONIOSIS, HISTIOCITOSIS.
- ENFERMEDADES DEL APARATO DIGESTIVO Y GENITOURINARIO: COLITIS ULCEROSA, ENFERMEDAD DE CROHN, HEPATOPATÍAS CRÓNICAS, INSUFICIENCIA RENAL CRÓNICA.
- ENFERMEDADES DE LA SANGRE Y ÓRGANOS HEMATOPOYÉTICOS: HEMOFILIA, ANEMIA FALCIFORME, ALTERACIONES DE LA COAGULACIÓN.

sí NO

It must be completed by truthfully answering the only question asked.

Also included is a field for making remarks about the contracting of your health policy.

OBSERVACIONES A ESTA SOLICITUD

Later, you will find contractual information that, in accordance with current regulations, we must provide you with before you take out insurance.

To finalize the insurance contracting process, the health questionnaire must be validated by means of a digital signature (OTP: one-time password).

This process begins when you mark "I have read and accept the privacy policy and authorize the processing of my personal data."

DOCUMENTACIÓN

[Nota informativa previa](#)
[Información del seguro](#)

POLÍTICA DE PRIVACIDAD

RESPONSABLE DEL TRATAMIENTO: Nueva Mutua Sanitaria del Servicio Médico, Mutua de Seguros a Prima Fija, con CIF ...
[Mostrar más](#)

- He recibido la Nota Informativa Previa y la Información de la Póliza.
 He leído y acepto la política de privacidad, y consiento el tratamiento de mis datos.
FECHA DE EJECUCIÓN DE LA PETICIÓN: En Madrid, a 20 de Mayo de 2021.

Enviar

contratacion@nuevamutuasantaria.es 91 290 90 90

Once you accept the privacy policy, an informational window automatically pops up indicating that you are going to receive an SMS with a 7-digit code.

Entering the code validates the application and the health questionnaire.

www.nuevamutuasantaria.es dice

Recibirá un SMS con un código, en los próximos segundos, para confirmar su solicitud y que deberá de introducir en el campo Clave OTP

Aceptar

The 7-digit code is entered in the field labeled OTP KEY.

CLAVE OTP:

En caso de haber superado un minuto y no haber recibido la clave OTP por SMS, puede pulsar en el siguiente botón.

Nuevo OTP

Enviar

If you do not receive the SMS, check the application to verify that you have correctly entered the country where the cellphone is from.

The telephone number where the SMS message is to be sent was entered in the first section of the application titled "POLICYHOLDER DATA."

NÚMERO DE TELÉFONO MÓVIL:

VENEZUELA (58) 
45758962453

If the SMS message has not been received or more than 1 minute has passed, it can be requested again. The following text appears:

En caso de haber superado un minuto y no haber recibido la clave OTP por SMS, puede pulsar en el siguiente botón.



You will receive an SMS message with an OTP signature key, similar to as shown below:



Once the OTP signature code has been entered, you have to click on the "SEND" button and that is when the insurance contracting process begins on the company's side.



To inform you that the contracting process has started correctly, we will send you an email similar to the one shown below:

Dear xxxxx:

Below, we are providing information in relationship with the health insurance policy entered into with Nueva Mutua Sanitaria through xxxxxxx.

1. We hereby confirm that the application for your policy with Nueva Mutua Sanitaria has been processed.

To formalize your insurance coverage, you must proceed to make the annual payment. You will soon receive a link by email which will take you to our card payment gateway. **PLEASE NOTE: THE VALIDITY OF THE LINK IS ONLY 5 DAYS.** The link will take you to a screen like this one:

The screenshot displays the payment gateway interface for Nueva Mutua Sanitaria. At the top, there is a language selection dropdown set to 'Castellano'. Below this, a progress bar shows four steps: 1. Selección método de pago, 2. Confirmación autorización, 3. Selección Autorización, and 4. Finalizar Transacción. The main content is divided into two sections: 'Datos de la operación' and 'Pagar con Tarjeta'. 'Datos de la operación' lists: Importe: 1,00 €, Comercio: NUEVA MUTUA SANITARIA DEL S. (ESPAÑA), Terminal: 14336309-1, Pedido: 0001, and Fecha: 05/06/2020 10:12. 'Pagar con Tarjeta' includes fields for 'Nº Tarjeta:', 'Caducidad:' (mm/aa), and 'Cód. Seguridad:'. There are 'Cancelar' and 'Pagar' buttons. Logos for VISA and Mastercard are visible. At the bottom, it says 'Powered by Redsys' and '© 2014 Redsys Servicios de Procesamiento, SL - Todos los derechos reservados.'

If the 5 days go by and you have not paid for the insurance policy through the link, the policy will be terminated and, if you wish, you can start a new insurance application.

2. Below is your tentative insurance data:

- **Policy xxxxx**
- **Insured Person Ref. No.: xxxxx**
- **Registration Date: xx/xx/xxxx**

IMPORTANT NOTE:

We need you to provide us as soon as possible with the following information, which is essential to correctly provide you with the health care you have contracted:

Address of residence in your country of origin, so that our company can handle your request in the event of needing medical transfer or medical repatriation.

- ADDRESS
- CITY
- PROVINCE OR STATE
- ZIP CODE
- COUNTRY

Likewise, it is necessary for you to inform us of the address where you will reside in Spain while you are studying. If you do not have this information yet, please let us know as soon as you know so that we can provide you with proper healthcare services in the event that we have to send a doctor to your home here in Spain.

- ADDRESS
- CITY
- PROVINCE OR STATE
- ZIP CODE

To do this, you just have to reply to this email and confirm this information.

The General Terms and Conditions for the Foreign Travel Care Policy are attached.

When the insurance payment is made, you will receive the specific conditions of your policy, which we ask that you please read and return signed.

**You can find the approved list of providers at:
<https://www.nuevamutuasantaria.es/cuadro-medico>**

To be able to register with the **NUEVA MUTUA SANITARIA PRIVATE AREA**, an exclusive space for insured individuals and policyholders, please send an email to: app@nuevamutuasantaria.es. Once your registration is complete, you can access all the available services, which include:

- Digital health insurance card for the insured individuals on your policy.
- Access to the video consultation service.
- Information about the list of providers and making appointments.

- Certificates proving that your policy has been contracted and that you have travel care coverage.
- Possibility to register in the Mutua club of benefits and discounts, and more.

Sincerely,



Policy Department

Telephone: +34 91 290 80 75

Address: Calle Villanueva 14, 4ª planta, 28001, Madrid

Email: polizas@nuevamutuasanitaria.es

Lastly, once the payment of the policy has been made, we will send you the insurance documentation and the certificate that you will need to present at the Embassy or Consulate to be able to process your visa.

Remember that this process may take about 3 business days, so please do not wait until the last minute to start the process to contract insurance. **The insurance contracting process can be undertaken up to 3 months before the date of your arrival in Spain and you will only be charged for the period of your stay.**

Here is a copy of the certificate that we will send you:



Madrid, 1 de junio de 2021

Estimada Sra. [REDACTED]

Atendiendo a su solicitud, le comunicamos que D.ª [REDACTED] con número de pasaporte [REDACTED] ha suscrito la póliza nº [REDACTED] que tiene vigencia del 31 de mayo de 2021 a 30 de mayo de 2022 con Nueva Mutua Sanitaria.

Dicha póliza se encuentra al corriente de todos sus pagos.

La póliza incluye las siguientes coberturas y condiciones:

- Asistencia Sanitaria Primaria
 - o Medicina General
 - o Enfermería
 - o Urgencias
- Especialidades Médicas, quirúrgicas y pruebas diagnósticas
- Hospitalización

Los servicios se prestarán a través del Cuadro Médico asegurador, con una cobertura total de los gastos médicos (sin límite anual), y sin copagos bajo las condiciones que se reflejan en el condicionado general y particular de la póliza.

Únicamente se aplican los periodos de carencia para dos prestaciones especiales, exclusivas de Nueva Mutua Sanitaria: la Cirugía Refractiva de la Miopía, y el Diagnóstico y Tratamiento de la Infertilidad, cuya carencia se mantiene en 24 meses.

Además, se incluye la repatriación del asegurado a su país de origen en caso de enfermedad, accidente o fallecimiento.

Aprovechamos la ocasión para darle las gracias por confiar en nosotros.

Un afectuoso saludo,

Inmaculada Pascual
Responsable Contratación

Nueva Mutua Sanitaria