

REIMBURSEMENT OF EYEWEAR EXPENSES

Promotional insurance cover which is valid until 31 December, 2016, for customers who have a Caser Salud Prestigio, Integral, or Activa insurance policy.

Purpose and description of cover

This cover is for the reimbursement of optometry expenses and eyewear, such as glasses and contact lenses to correct visual impairments, and eyeglass frames (except sunglass frames), that are bought at an optician's in Spain.

The Insurer will reimburse 50% of the cost of these items, up to a maximum of €100/insured. In order to be reimbursed, the insured should attach the receipt, and the prescription from the eye doctor or original eye test, to the request for reimbursement form.

Insured parties can benefit from the special conditions of Caser Salud + Benefits to enjoy special discounts on purchases from General Óptica, which offers special discounts to Caser Salud customers. You can see these conditions on the Caser Salud + Benefits webpage at casersalud.es.

Exclusions to the cover:

The following are excluded from this insurance cover: sunglass frames and non-corrective sunglass lenses, intraocular lenses (IOLs), colour correction lenses, and any other type of material, prosthesis, or implant that is not included in this cover.

How to claim reimbursement of eyewear expenses

In order to claim reimbursement of these expenses, the policyholder or, when applicable, the insured should provide the Insurer with the following documentation:

a) The Insurer's request for reimbursement form, duly filled in and signed by the insured.

b) The original invoice receipts which show that the optician has been paid, which should **list the results of the eye test and type of eyewear purchased.**

c) Medical prescription or original eye test.

In order for the expenses to be reimbursed all the documents must have the name and surnames of the patient who received the treatment.

Furthermore, **the insured undertakes to cooperate with the Insurer in any way in order to help it obtain all the information it requires about the claim and its consequences.**

Settlement and payment

After the Insurer has received all the documentation necessary, and carried out the checks and calculations required to determine the amount of the reimbursement, it will reimburse or allocate the reimbursement to the insured within a maximum period of **15 business days**, depending on the circumstances.

Information about the policy:

Policyholder (name and surnames):

Policy:

Full address:

Direct debit

information

Tax number:

Contact tel:

Bank

Branch

Control digits

Account number

Insured who received the healthcare:

Name and surnames:

Invoice No:	Supplier tax number	Business name	Description of healthcare/service	Amount

I, the undersigned, declare that I have received and paid for the healthcare services described in this form, and in the attached documentation. I authorise Caser to appoint and send healthcare professionals to visit me, and to carry out any other checks and verifications that it deems necessary. In this regard I undertake to provide all the medical reports on the services provided that are necessary.

In compliance with the prevailing personal data protection regulations, the beneficiary (insured) who receives healthcare agrees that the personal data (including health data) given in this request for reimbursement form will be entered into a file and processed by the Insurer, as this is essential in order to assess and define the risk and, in consequence, to manage the contractual relationship. The recipient and data controller is CAJA DE SEGUROS REUNIDOS, Compañía de Seguros y Reaseguros, S.A., CASER, a company whose address is Avenida de Burgos nº 109, 28050 Madrid. The beneficiary (insured) may exercise their right to access, correct, delete or challenge the processing of their data by writing to the Director of the Legal/Technical Department at the above address. The beneficiary further authorises the Insurer to disclose their personal data to the doctors, medical centres, hospitals, or other institutions and persons who are providing the healthcare services. The personal data should be adequate, relevant and not excessive in relation to the purpose of the insurance contract. Under the terms of the Insurance Contracts Act, the insured is legally obliged to inform the Insurer of the reasons why they require the healthcare services, so that it can request the information it needs from the healthcare service providers in order to comply with its obligations with respect to the beneficiary's healthcare and the medical treatment they are receiving. If the insured objects to the processing or disclosure of their personal data, as described in the preceding paragraph, the Insurer will not be able to provide the healthcare services covered by the insurance policy, as it will not have the data it needs to calculate the indemnities payable, or comply with the other terms of the insurance contract.

In _____ on _____ of _____ of _____
(signature of the insured who received the healthcare services)

INSTRUCTIONS:

Fill out one request for reimbursement form per insured.

The original invoices, prescriptions, and original payment receipts must be provided.

The invoices should include the name and surnames of the healthcare professional, or business name of the centre that issued the invoices, together with their address, telephone number, tax number and, when applicable, license number. They must also include an itemised list of the healthcare services provided and the cost, the date they were provided on, and the name and surnames of the patient who received the healthcare.

Caser will make all payments to the policyholder who appears on the policy certificate.

Please send invoices to Caser, Dpto. de Reembolsos de Salud, Avda. Burgos, 109, 28050, Madrid.

If you have any queries or would like more information, please do not hesitate to call us on 901 33 22 33.