

Have you ever had an accident? If yes,
what was the nature and the consequences of the accident?

Do you have any disabilities?

Please enter the following in figures: Height: cm

Weight: kg

Please enter your blood pressure stats:

Maximum pressure:

Minimum pressure:

The undersigned hereby states that the answers given above are true and accurate and no omissions have been made and that they have disclosed any and all previous medical conditions and illnesses fully in the foregoing sections, having being duly noted that these statements are essential elements for determining risks. Likewise, the undersigned hereby authorises Mutuallidad to subject them to a medical check-up if the Governing Board so decides.

Likewise, the undersigned hereby states they have read and accept the Terms and Conditions of Mutuallidad.

In, on of

Applicant's signature

.....

Approved by the Ministry of Work and Social Security and registered with the ID number 3142/83 Administered by: Avda. de la Industria, 8 - Oficina, 3-2º D - 28108 ALCOBENDAS (Madrid)
Tel.: 91 661 66 50 - Fax: 91 661 86 51



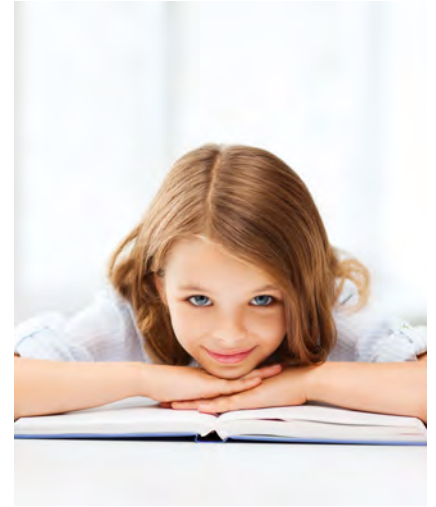
**Mutuallidad
Escolar SEK**
de Previsión
Social General
a Prima Fija

Avda. de la Industria, 8
Oficina, 3 - 2º D
28108 Alcobendas - Madrid
www.sek.es



**Mutuallidad
Escolar SEK**

de Previsión
Social General
a Prima Fija



Insure your children's future

Enrolment form

ENROLMENT FORM

1. HOLDER DETAILS:

Surname(s) and Name:
.....
Address
Town/city P.C.
Province Tel.
Mobil E-mail
Date of birth: Day Month Year
ID card Profession
.....

2. HOLDER SPOUSE DETAILS:

Surname(s) and Name:
.....
Address
Town/city P.C.
Province Tel.
Mobil E-mail
Date of birth: Day Month Year
ID card Profession
.....

3.1. BILLING ADDRESS:

Organisation
Office Address
..... P.C.
Town/city Control Digit
Account n°

4. LEVEL OF COVERAGE:

School fees for beneficiary(ies) as of the death of the holder.

5. BENEFICIARIES:

5.1. Surname(s) and Name:
.....
Year School enrolled in
.....
5.2. Surname(s) and Name:.....
.....
Year School enrolled in
.....
5.3. Surname(s) and Name:
.....
Year School enrolled in
.....
5.4 Surname(s) and Name:
.....
Year School enrolled in
.....

6. DECLARATION OF HEALTH OF HOLDER:

Are you currently in good health?.....
Are you currently fit to work?
What are you past medical conditions?
.....
Have you ever undergone surgery?
If yes, what for and when?
.....
.....