



Received stamp:

Declaration of withdrawal or change of status in the cessation of activity benefit for self-employed workers

Mr/Ms , holder of National ID No. (DNI) , and Social Security membership number , as prescribed in Royal Decree-Law 8/2015, passing the consolidated text of the General Social Security Law, in my capacity as a self-employed worker, I declare that on [date], , within the period of enjoyment of the economic benefit due to cessation of activity, there has been a change in my legal situation of cessation of activity due to:

- Employment contracts
- Self-employment
- Temporary Incapacity
- Total, Absolute or Severe Permanent Disability
- Maternity or Paternity
- Recipient of benefits for stoppage of the fleet
- Occasional transfer abroad
- Retirement
- Serving a sentence involving deprivation of liberty
- Death
- Voluntary waiver
- Imposition of a minor or serious penalty in the employment field
- Other (state the reason):

In view of the foregoing, I DO ASK Asepeyo, Social Security Mutual Insurance Partner No. 151 accept this document as submitted and the statements made herein as made, and I declare under my own responsibility that the details set out are true and that should they be false I have been informed that Asepeyo reserves the right to proceed as appropriate in law.

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Signature

Augusta nº 36, 08006 Barcelona, hereby informs you that the data provided shall be processed by Asepeyo on the legal basis (articles 80 and 82 of Legislative Royal Decree 8/2015) of the public interest in fulfilling the functions inherent in it as a mutual collaborating with the Social Security and, specifically, to manage your application for benefits, to make communications and notifications in that regard and, where appropriate, to pay the benefit applied for.

We also inform you that you can receive notifications and alerts regarding the status of your benefit via SMS sent to your mobile phone number. Your data shall be kept for the minimum storage period pursuant to current legislation and, at all events, until the end of the last statute of limitations for criminal and civil proceedings, as well as administrative sanctions, as applicable, notwithstanding the fact that may be duly blocked. Where provided for in law, your data may be forwarded to the public bodies responsible for controlling, managing and/or supervising the provision of the service:

- Considering the remunerative nature of the benefit, for the purposes of the Asepeyo Personal Income Tax return, you must declare the amount of the benefit to the Agencia Tributaria (tax agency).
- To the INSS, to manage the benefits according to law.

We also inform you that, should it be necessary in order to manage your file, third parties who provide services to Asepeyo may have access to your data, such as medical experts, technical experts, private investigators, solicitors, barristers, TI providers and providers of documentation custody, destruction and digitalisation services. Your data will only be processed by these providers for the purposes of providing the contracted service.

In general, we inform you that you may exercise your rights of access, rectification, deletion, limitation and/or portability by any of the means provided to prove and guarantee your identity:

- (i) By means of an online application made through Asepeyo Website (registration required).
- (ii) By emailing an application signed digitally by means of an electronic certificate issued by an accredited body to the User Service Department. (asepeyo@asepeyo.es)
- (iii) In person at any of our health centres.

You may also send any queries, suggestions and/or complaints regarding the processing of your personal data to Asepeyo's DPO (dpd@asepeyo.es). At any event, you have the right to file a complaint with the Spanish Data Protection Agency (AEPD), which has responsibility for data protection, through its website or by writing to its head office.

Instructions for filling in Declaration of withdrawal or change of status Cessation of Activity Benefit for Self-Employed Workers

NAME AND SURNAME(S)

Enter the name and surname(s) of the beneficiary self-employed worker declaring his/her withdrawal from the benefit or the change of status in the cessation of activity benefit.

NATIONAL ID NO. (DNI)

Enter the full Social Security membership number, or membership number, of the beneficiary self-employed worker declaring the withdrawal from the benefit or the change of status in the cessation of activity benefit.

SOCIAL SECURITY MEMBERSHIP NUMBER

Enter the full Social Security membership number, or membership number, of the beneficiary self-employed worker declaring the withdrawal from the benefit or the change of status in the cessation of activity benefit.

DATE OF WITHDRAWAL OR CHANGE OF STATUS

Enter the day, month and year on which the declared withdrawal of benefit or change of status occurred.

REASONS

Mark with an X the event causing the change in the legal status of a cessation of activity.

If the causal event is not among the reasons indicated, please mark with an X in the Other section, indicating specifically the cause of the withdrawal of the benefit or the change of status in the cessation of activity benefit.

DATE AND SIGNATURE

Enter at the bottom of the document the day, month and year in which the document is submitted; the beneficiary must sign the original.