



Complementary benefit application



Claim
Case No.

Personal details of the worker

First surname Second surname Forename
Age Address, town and province

Details of the worker's status

Sick leave Cured discharge Pending ruling Pensioner Unemployment Ended contract Working
WA or OI date and relapses WA or OI provision recognition date Medical discharge dates Profession Current employment status
Risk Work accident Occupational illness
Recognised or foreseeable disability

Consequences or injuries

Gross monthly income

TD Pension Salary
Unemployment Others **Total income**

Monthly costs of the cohabitation unit

Mortgage Personal loans Vehicle Rent Res. Assoc. costs Alimony Financial institutions

Have you received or will you receive any other accident compensation? NO YES
 By agreement Private By salary direct debit Circulation
Date Amount

(if it has not yet been paid, indicate approximate amount and date)

Educational or training level

Cannot read/write Spanish Can read/write Spanish Primary education
 Secondary education Vocational Training Higher education

Company reference

Registered Name
Address, town and province

Persons living in the cohabitation unit (not including the applicant)

First surname Second surname Forename

Age Relationship with the person who has suffered the accident Present activity

Gross monthly income

TD Pension Salary Unemployment Others

Total income Monthly cost of studies

First surname Second surname Forename

Age Relationship with the person who has suffered the accident Present activity

Gross monthly income

TD Pension Salary Unemployment Others

Total income Monthly cost of studies

First surname Second surname Forename

Age Relationship with the person who has suffered the accident Present activity

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Total income Monthly cost of studies

Request made

Invoice or quote

Quote amount

Rest of the amount up to 100%

Amount applied for

Reason and intended use of the aid

You are informed that should the complementary provision be awarded, it is considered the same as remuneration for employment (either monetary or in kind) for the purposes of personal income tax, and the Friendly Society will inform the tax authorities of the payment of the provision. Similarly, the applicant undertakes to provide the receipts of proof of the use of the aid or, to the contrary, to return the amount received. Complementary provisions may be awarded to the beneficiary once only for each work accident or occupational illness suffered.

Applicant's signature

To be completed only when the person who has suffered the accident is not the applicant for aid
(person who has suffered the accident legally incapable or deceased)

Personal details of the applicant

First surname	Second surname	Forename
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age	Address, town and province
<input type="text"/>	<input type="text"/>

Details of the applicant's status

Sick leave Working Pensioner Unemployed Others

Relationship with the person who has suffered the accident	Profession	Current employment status
<input type="text"/>	<input type="text"/>	<input type="text"/>

Should they be disabled, indicate degree, risk and consequences

Gross monthly income

TD	<input type="text"/>	pension	<input type="text"/>	salary	<input type="text"/>
unemployment	<input type="text"/>	others	<input type="text"/>	Total income	<input type="text"/>

Monthly costs of the cohabitation unit

Mortgage	Personal loans	Vehicle	Rent	Res. Assoc. costs	Alimony	Financial institutions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have they received or will they receive any other accident compensation? NO YES

agreement Private By salary direct debit Circulation

Date Amount

(if it has not yet been paid, indicate approximate amount and date)

Educational or training level

<input type="checkbox"/> Cannot read/write Spanish	<input type="checkbox"/> Can read/write Spanish	<input type="checkbox"/> Primary education
<input type="checkbox"/> Secondary education	<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Higher education

In compliance with current regulations in terms of data protection, Asepeyo Mutual Insurance Company working with the Social Security No. 151, with Tax Code G-08215824, informs you that your personal data will be processed on the legal basis of freely-given consent with the aim of managing your registration and attendance at the event of interest to you. Registration for the event may entail the sending of related documentation and/or requests to take part in event satisfaction and rating surveys. We similarly inform you that during the event, photographs or videos may be taken that may be added to Asepeyo's bank of audiovisual images. This audiovisual material may be used in both internal and external publications, social media, press releases, etc. for the purposes of publicising the staging of the event.

Your personal data will be kept for 1 year after the end of the event. During this time, Asepeyo may process these data for the purposes stated above and in accordance with the requirements set out in the applicable legislation.

Your data will not be communicated to third parties. However, third parties that provide services to Asepeyo may have access to them, such as computer service providers, companies providing audiovisual material production and editing, printing, translating, dubbing, communication, outreach or dissemination by internet, social media, press or other media. Your data will only be processed by these providers for the provision of the service contracted.

You may exercise your rights of access, rectification, removal, limitation and/or portability by any of the enabled means aimed at accrediting and guaranteeing your identity:

- a) By means of telematic request made via the Asepeyo Virtual Office (after prior registration)
- b) By submitting a digitally signed request by means of e-certificate issued by an accredited agency by email to the User Help Service (asepeyo@asepeyo.es)
- c) In person at any of our Care Centres

You may also write to the Asepeyo DPO (dpd@asepeyo.es) with any query, suggestion and/or complaint with regard to the processing of your personal data. In any event, you have the right to file a complaint with the Spanish Data Protection Agency (AEPD), the competent authority in data protection matters, via its electronic office, or in writing to the head offices of said agency.

I authorise the processing of my personal data by Asepeyo for the management of the social assistance requested. In the event that you do not authorise the processing of your personal data on the terms stated, your social assistance application cannot be processed.