Spain Visa Health Insurance

Application Details & Health Questionnaire

GuiriGuru partners with licensed Spanish insurance agents to help you find the right visa-compliant health insurance for your move to Spain.

How to complete this form

- Complete one copy of this form for each person who will be included in the policy.
- Type into the fields on your computer, or print and write clearly in capital letters.
- Attach a clear photograph or legible copy of your NIE or passport.
- Email the completed form and your document photo to Insurance@GuiriGuru.com.

Prefer to do it together? We can complete the questionnaire with you over the phone. Book a free call at guiriguru.com/thank-you-quote-on-the-way or email us with any question.

1 · INFORMATION FOR THE INSURED PERSON

Full name and surname(s)

NIE or passport number

Nationality

Date of birth (DD / MM / YYYY)

Marital status

Height (cm)

Weight (kg)

Email address

Mobile phone number

Address in Spain *(leave blank if you do not have one yet, see note below)*

Full address: street, number, floor and apartment / door number

Postal code

Province

Bank account for direct debit payments, IBAN (optional, see note below)

Address in Spain: if you do not yet have an address in Spain, leave this section blank. We will temporarily use the address of our office; once you arrive and have a permanent address, let us know and we will update the policy and send you the corresponding documentation.

Payment method: if you do not have a Spanish bank account and prefer to pay by card, leave the IBAN blank. We will send you a secure payment link.

2 · HEALTH QUESTIONNAIRE

Please answer every question truthfully, providing complete and detailed information. This information will be reviewed by the insurer's medical underwriting department during the application process.

1. Have you ever suffered from, or do you currently suffer from, any cardiac, endocrine, neurological, respiratory, digestive, psychiatric, oncological or other relevant medical condition?

   ☐ Yes ☐ No **Details (if yes):**

2. Are you currently taking any medication? If yes, please give the name of the medication, the reason for taking it, and how long you have been taking it.

   ☐ Yes ☐ No **Details (if yes):**

3. Have you been on sick leave for more than three consecutive weeks during the past five years?

   ☐ Yes ☐ No **Details (if yes):**

4. Have you ever been hospitalised or undergone surgery? If yes, please indicate the reason and approximate date.

   ☐ Yes ☐ No **Details (if yes):**

5. Have you been officially recognised as having any disability, incapacity or invalidity?

   ☐ Yes ☐ No **Details (if yes):**

6. Do you currently smoke, or have you smoked in the past? If yes, please indicate the daily amount and for how long.

☐ Yes ☐ No **Details (if yes):**

7. Do you currently consume, or have you previously consumed, alcohol excessively or used any type of drugs?

☐ Yes ☐ No **Details (if yes):**

Declaration: I confirm that the information provided in this form, including the health questionnaire, is complete and truthful. I understand that it will be reviewed by the insurer's medical underwriting department and that final approval, pricing and policy issuance are subject to that review.

Date

Full name (as signature)

Need help? We've got you.

We can complete this questionnaire with you over the phone and answer any questions about coverage or your visa requirements.

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