Complaints and Claims Form
Customer Service Department
cajamarvida@cajamarvida.es

This form is provided to facilitate the submission of complaints and claims and, where appropriate, to initiate the corresponding procedure with our customer service department. Its use is not mandatory: complaints and claims may be submitted by any other means that includes the minimum information required by current regulations. This document can be used both as a processing form and as a guide to the requirements for proper submission.

CLAIMANT'S DETAILS

Name/Surname or business name: **ID No./Tax ID:**

Date of birth:

Telephone: **E-mail:**

Postal address:

Acting as (Policyholder, Beneficiary, Insured Party, Injured Party, or Representative):
If acting as a representative, you must indicate the status of the person being represented (policyholder, beneficiary, injured party, or other) and attach documentation proving your authority to act on their behalf.

DECLARATION OF VULNERABILITY

For the purposes of this Complaint Form, vulnerable individuals are those who are in any of the following situations:

- *Persons with physical, sensory or mental disabilities, officially recognised in accordance with the applicable regulations.*
- *Persons aged 65 or over, with particular attention paid to situations that may limit their ability to understand, communicate or carry out administrative procedures.*

Are you in any of the vulnerable situations described above?

- ☐ **NO**
- ☐ **YES**

If the answer is yes, please briefly describe the disability, condition or limitation you have.

This information is requested so that the organisation can tailor its service and communications to your specific needs, ensuring appropriate treatment in particularly sensitive situations. The data provided will be used exclusively to improve the personalised service we offer and to ensure that your complaint or claim is handled appropriately.

(Please write the description here)

IDENTIFICATION OF AFFECTED INSURANCE POLICIES

Policy number(s): **Number of incidents:**

DESCRIPTION OF THE CLAIM OR COMPLAINT:

Please explain clearly, concisely and in detail the facts underlying this complaint or claim, as well as the request or claim you wish to submit to this Service. You may write your description in this space or, if you prefer, attach it on a separate sheet. You may also provide any supporting documentation you consider necessary to substantiate the facts forming the basis of your complaint or claim.

***Important note:** In accordance with the provisions of Article 29.3-D of Law 44/2002 of 22 November on Measures to Reform the Financial System, as introduced by Final Provision 2.1 of Law 10/2025 of 26 December, the complaint or claim will not be accepted for processing:*

- *When essential information required for processing is omitted and cannot be rectified (e.g. the claimant's identity has not been sufficiently verified).*
- *When attempts are made to process as a complaint or claim matters that fall within the jurisdiction of administrative, arbitral or judicial bodies, or where such matters are pending resolution or litigation, or have already been resolved by these bodies.*
- *When the facts, grounds and request forming the basis of the complaint or claim do not relate to specific transactions.*
- *When complaints or claims are made that duplicate previous ones that have already been resolved, submitted by the same customer in relation to the same circumstances.*
- *When five years have elapsed since the events took place without any complaint or claim having been made.*

Similarly, the submission of complaints or claims relating to transactions, guarantees or services provided by the Financial Institution shall constitute additional grounds for inadmissibility specific to the Institution.

(Space reserved for the description of the circumstances)

DECISION PERIOD: *In accordance with Article 29-F of Law 44/2002 of 22 November on Measures to Reform the Financial System, as introduced by Final Provision 2.1 of Law 10/2025 of 26 December, the time limit for resolving the complaint or claim shall be one month from the date of its submission.*

This service is available 24 hours a day for the submission of complaints or claims, meaning that the time limits will run from the date of reception of the notification, including Saturdays, Sundays and public holidays.

If the statutory time limit has elapsed from the date the complaint or claim was submitted without it having been resolved by the Company's Customer Service Department, where the latter has rejected the request or it has not been accepted for processing, the interested party may submit their claim to the Complaints Service of the Directorate General of Insurance and Pension Funds, via its website, or at its office at the following address: Pº de la Castellana, 44, 28046 Madrid.

PROCESSING: *Once it has been verified that the complaint or claim meets the essential requirements for processing, an acknowledgement of receipt will be sent via the same channel through which it was received, stating the assigned reference number, the date and time of receipt of the notification, and a summary of its content.*

TRACKING THE STATUS OF YOUR CLAIM: *Once the complaint or claim has been accepted for processing, it will be assigned to the administration stage. At this stage, this Department will take all necessary steps to investigate the respective matter.*

Once the facts have been established, a reasoned decision will be drawn up and notified to the claimant via the same channel through which the complaint was received. Following notification, the case will be marked as closed; the outcome of the decision may be: full acceptance, partial acceptance or rejection of the claims.

CONTACT CHANNELS: *This Complaints Form, as well as any additional documentation you may wish to submit to this Department at a later date, may be sent via the following channels:*

*-By e-mail: **cajamarvida@cajamarvida.es***
-By post, addressed to Servicio de Atención a la Clientela (SAC), Plaza Manuel Gomez Moreno nº 5, Planta 8 (28020-Madrid).

GENERAL DATA PROTECTION REGULATION (RGPD)

*For the purposes of the provisions of current data protection legislation set out in the General Data Protection Regulation (GDPR) Regulation 2016/679 of the European Parliament on the protection of natural persons, the claimant consents to the personal data provided (including health data) being included by the insurance company in a data file and to its subsequent processing, as the provision of such data is mandatory for the processing of the claim submitted, with CAJAMAR VIDA, S.A. de Seguros y Reaseguros, with registered office at Calle Ciudad Financiera nº1, 04131 Almería (Spain), being the recipient and data controller of the file, where the claimant may exercise their rights regarding the processing of such data by writing to the registered office or by e-mail to the following address: **dataprotection@cajamarvida.es***

BASIC PERSONAL DATA PROTECTION INFORMATION

- *Controller: CAJAMAR VIDA, S.A. de Seguros y Reaseguros, ("CAJAMAR VIDA"), registered address: Calle Ciudad Financiera,1, 04131 – Almería (Spain)*
- *Data source: the interested party*
- *Purposes: The personal data collected will be processed for the purpose of addressing and resolving the complaint or claim made, and will be communicated to "D.A. Defensor", as the head of the Customer Service Department at CAJAMAR VIDA.*
- *Legal basis: Maintenance and development of contractual or pre-contractual relationships.*
- *Recipients: No data will be disclosed to third parties unless required by law. Rights: You have the right to access, rectify and erase your data, restrict its processing, object to its processing and exercise your right to data portability, all free of charge. You can find further detailed information on data protection on our website.*

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Signed