User's Guide

Registration of insured persons

NOVA Worksheet

VidaCaixa

Índice

What improvements can I find?

NOVA Worksheet

A **standardized file** with a single structure to **standardize** all **processes**.

Nationality Search Tool

A **search tool** to **complete** all information related to the nationality of your insured persons.

NOVA Workspace

It will be the **new digital experien**ce for companies that will allow working in a **clearer** and more **connected** environment to streamline management.

What steps should I follow?

01

NOVA EXPERIENCE

- It is possible to download both files from your policy section in Aporta+, with the updated status. Additionally, from this same website you can download the template for both files.
- On this website you can obtain the "NOVA Worksheet" file with the appropriate format to Renew or Regularize your Group, but without updated information.

02

COMPLETE THE FILE

- In the following slides we will demonstrate step by step how the file should be completed.

03

SENDING THE DOCUMENT

- The sending of the document will be carried out in the same way.

What do the files allow you to do?

REGISTRATION OF NEW ENTRIES

The registration of new entries will allow you to register new insured persons and add the initial contributions and type of contribution.

REGISTRATION OF CONTRIBUTIONS

The registration of contributions will allow you to enter the new contributions that have been made for each insured person.

Registration of insured persons

To register a new insured person, they must appear in the **NOVA Worksheet – Alta de Asegurados**

It is only **necessary** to report the **same insured person once** in the registration record.

It is **important** that only **insured persons** who are not already in the policy appear in the file.

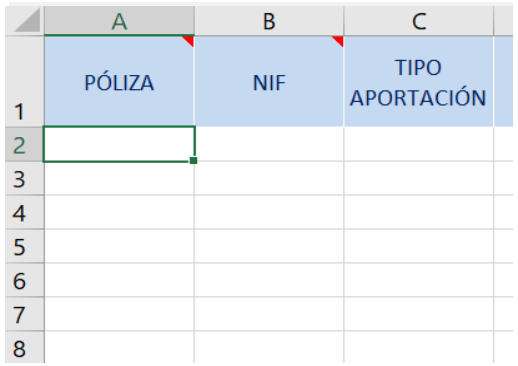
New contributions must not be reported in the file.

How do I complete the registration of the file?

DOWNLOAD OF THE NOVA WORKSHEET FILE

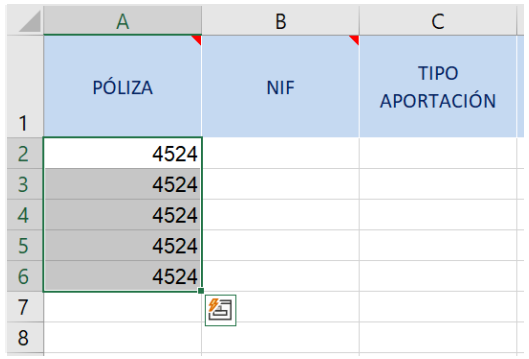
From this same website you can download the file in the **downloads** section.

Additionally, it can also be downloaded from the policy section in Aporta+.



COMPLETE THE FILE

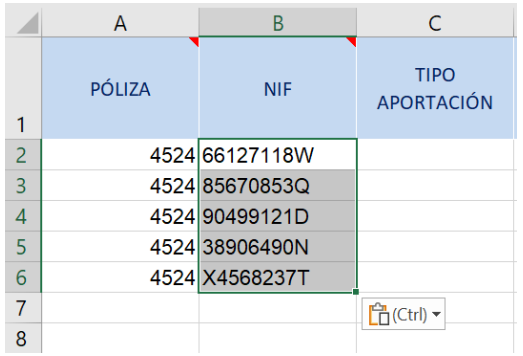
In the Excel file you can start adding all information related to insured persons from **cell A2**.



INDICATE THE POLICY'S NUMBER

Indicate the policy number. It must be in simplified format.

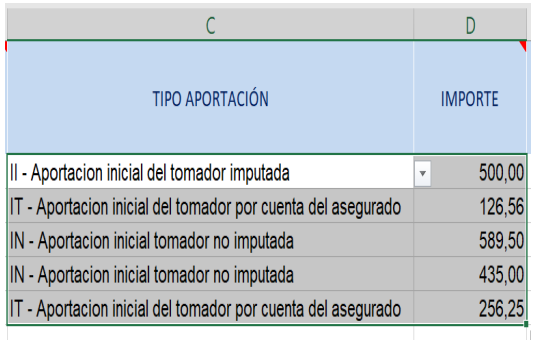
That is, for a policy: 9690.88.0000**XXXX**.XX -> you must indicate **XXXX**.



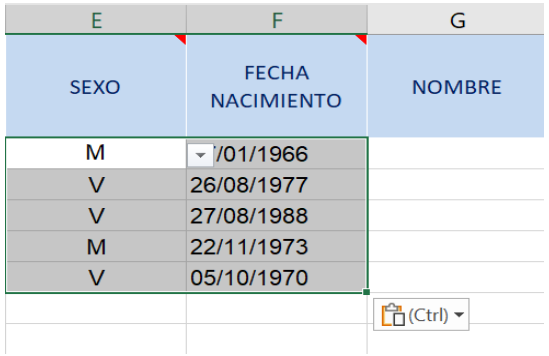
REPORT THE INSURED PERSON'S NIF

The insured person's **NIF/NIE** must be reported in **any case** so that the registration process can be carried out.

How do I complete the registration of the file?

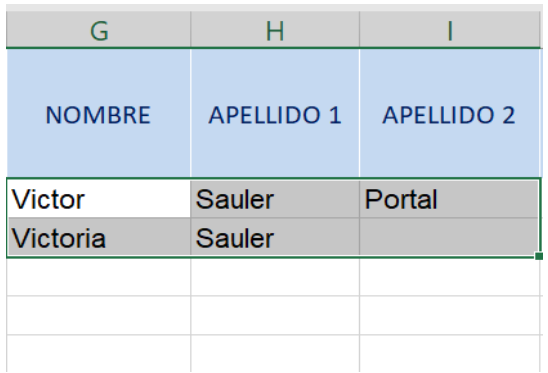


C	D
TIPO APORTACIÓN	IMPORTE
II - Aportacion inicial del tomador imputada	500,00
IT - Aportacion inicial del tomador por cuenta del asegurado	126,56
IN - Aportacion inicial tomador no imputada	589,50
IN - Aportacion inicial tomador no imputada	435,00
IT - Aportacion inicial del tomador por cuenta del asegurado	256,25

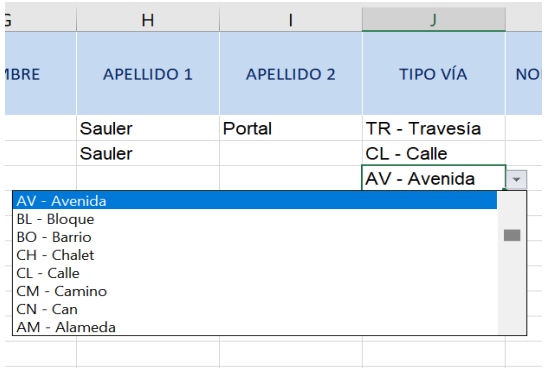


E	F	G
SEXO	FECHA NACIMIENTO	NOMBRE
M	/01/1966	
V	26/08/1977	
V	27/08/1988	
M	22/11/1973	
V	05/10/1970	

(Ctrl)



G	H	I
NOMBRE	APELLIDO 1	APELLIDO 2
Victor	Sauler	Portal
Victoria	Sauler	



H	I	J
APELLIDO 1	APELLIDO 2	TIPO VÍA
Sauler	Portal	TR - Travesía
Sauler		CL - Calle
		AV - Avenida

AV - Avenida
BL - Bloque
BO - Barrio
CH - Chalet
CL - Calle
CM - Camino
CN - Can
AM - Alameda

INDICATE THE TYPE OF CONTRIBUTION AND AMOUNT

The types of contribution appear in the dropdown:

- **II**: Initial policyholder contribution allocated

- **IT**: Initial policyholder contribution on behalf of the insured person

- **IN**: Initial policyholder contribution NOT allocated.

The amount must be equal to or greater than 1.

REPORT THE DATE OF BIRTH AND SEX OF THE INSURED PERSON

You must report the date of birth in the format:

DD/MM/AAAA

You must report the sex of the insured person as:

V: to indicate male

M: to indicate female

INDICATE THE NAME OF THE INSURED PERSON

It must be entered in the following format:

- Name / Surname 1 / Surname 2

In the case that there is only one surname, it must be entered as follows:

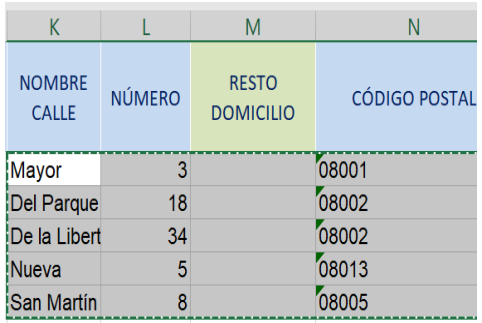
- ***Name / Surname 1***

INDICATE THE TYPE OF ROAD

The Type of road must be reported using one of values from the dropdown.

No other value that is not included in the list is allowed.

How do I complete the registration of the file?



K	L	M	N
NOMBRE CALLE	NÚMERO	RESTO DOMICILIO	CÓDIGO POSTAL
Mayor	3		08001
Del Parque	18		08002
De la Libert	34		08002
Nueva	5		08013
San Martín	8		08005

INDICATE **THE REST OF THE ADRESS FIELDS**

Indicate the rest of the address fields

- Street Name
- Number
- Additional Adress Information (Optional)
- Postal Code

O	P	Q	R
LOCALIDAD	NACIONALIDAD	PAÍS DE RESIDENCIA FISCAL	LUGAR NACIMIENTO
Barcelona	ESP	ESP	Barcelona
Barcelona	ESP	ESP	Madrid
Barcelona	ESP	ESP	Barcelona
Barcelona	ESP	ESP	Sevilla
Barcelona	DEU	ESP	Berlín

INDICATE **PERSONAL AND TAX DATA**

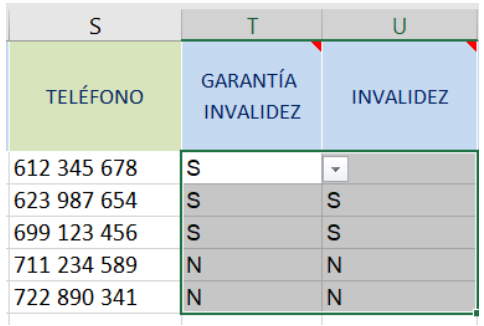
In these three columns inform:

- City
- Nationality
- Country of Tax Residence
- Place of Birth (City)

R	S
LUGAR NACIMIENTO	TELÉFONO
Barcelona	612 345 678
Madrid	623 987 654
Barcelona	699 123 456
Sevilla	711 234 589
Berlín	722 890 341

INDICATE **THE TELEPHONE NUMBER**

It is indicated as shown in the image and must not contain a prefix nor have a length of more than 9 characters.



S	T	U
TELÉFONO	GARANTÍA INVALIDEZ	INVALIDEZ
612 345 678	S	
623 987 654	S	S
699 123 456	S	S
711 234 589	N	N
722 890 341	N	N

INDICATE **WHETER THE INSURED PERSON HAS:**

- Garantía de Invalidez: refers to Absolute Permanent Disability (IPA)
- Invalidez: refers to Professional Permanent Disability (IPT)

In these columns you must indicate:

- **S**: if they have the coverage
- **N**: if they do not have the coverage

Mandatory fields for registration of insured persons

If you want to register insured persons, these will be the following fields to report:

Policy and contribution data

- Policy
- Contribution type
- Amount

Removals

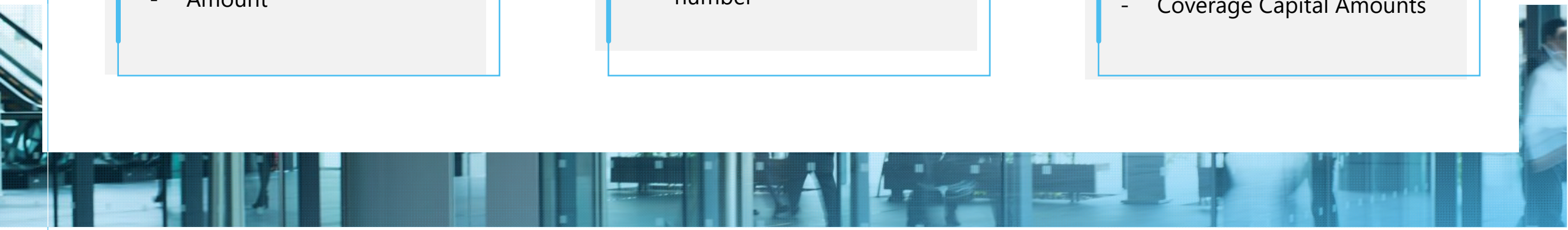
The following data are mandatory:

- Cancellation date
- ID or membership number

Capital Modifications

The following data are mandatory:

- Effective date
- ID or membership number
- Coverage Capital Amounts



Mandatory fields for registration of insured persons

If you want to register insured persons, these will be the following fields that you must report

Policy and contribution data

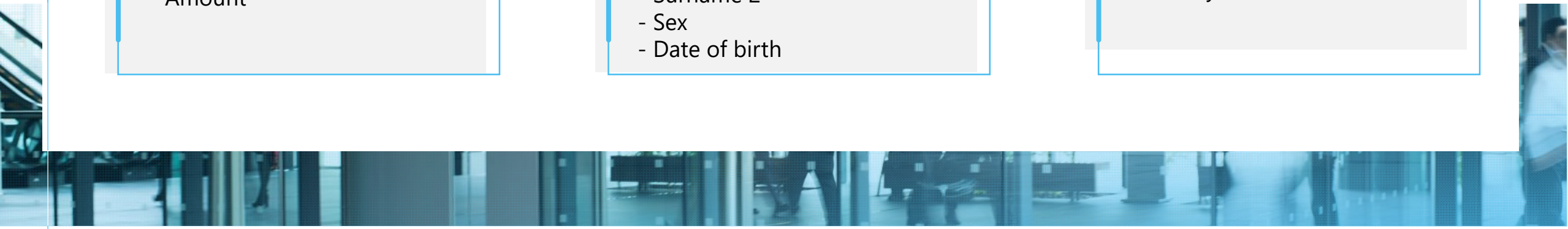
- Policy
- Contribution Type
- Amount

Personal Identification

- NIF
- Name
- Surname 1
- Surname 2
- Sex
- Date of birth

Origin and Tax data

- Place of birth
- Nationality
- Country of tax residence



Mandatory fields for registration of insured persons

If you want to register insured persons, these will be the following field that you must report

Adress

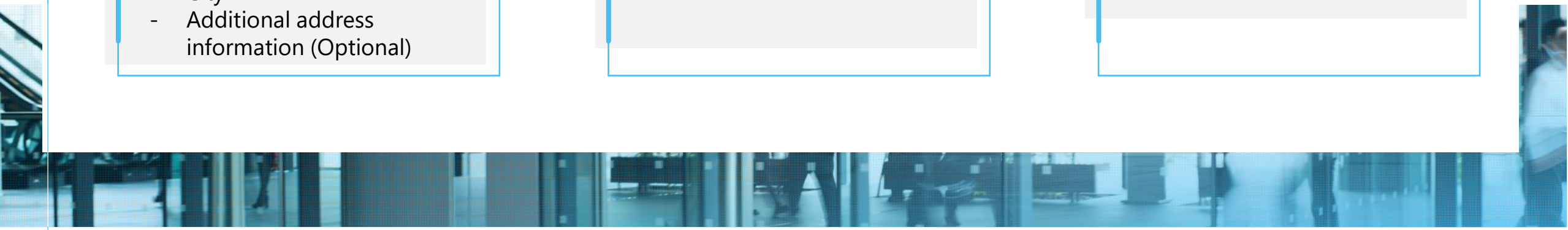
- Type of Road
- Street Name
- Number
- Postal Code
- City
- Additional address information (Optional)

Contact

- Phone number (optional)

Coverages

- Garantía Invalidez
- Invalidez



Good practices

MANDATORY FIELDS MUST ALWAYS BE COMPLETED

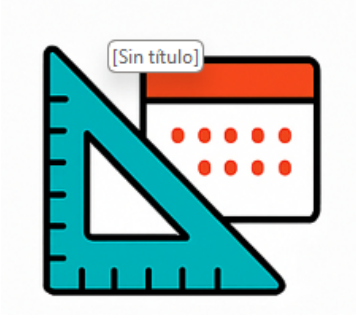
Before sending the file, **check** that all mandatory **fields** are **reported** and **correctly completed**.

CLEARLY IDENTIFY THE POLICY AND THE INSURED PERSON

Make sure that the **policy** and the insured person are **correctly identified.**

Always use the **policy number** in **simplified format** and check that the **NIF/NIE** is **correct.**

Do not include participants who have been previously registered.



RESPECT FORMATS AND STRUCTURE

Enter the data following the defined formats:

- Dates in **DD/MM/AAAA**
- Amounts with **two decimals**
- **Five-digit** postal codes
- **Telephone number**: without prefixes and maximum **9 characters**
- **Fixed** and **immovable headers**

CORRECT TYPE OF CONTRIBUTION AND AMOUNT

Always select one of the permitted contribution types and verify that the amount:

- Is **equal** or **greater** than **one** euro
- Is correctly **rounded**
- **Reflects** the **actual contribution** to be **registered**

Good practices

ADRESS AND CONTACT CORRECTLY REPORTED

The **address** must be **complete** and **consistent**: Type of road, street, number, postal code and city must correspond to each other.

CORRECT USE OF DROPDOWNS

In **fields** with **dropdowns**, use only the **available values**, strictly respecting the indicated coding.

CONSISTENCY OF PERSONAL DATA

Check that the **personal data** of the **insured person** are **consistent** with each other and with the reported document.

FINAL REVISION BEFORE SENDING

Before sending the file, perform a **global review** to detect **errors, inconsistencies or duplications.**

Thank you

VidaCaixa