

## Claim form Occupational group life TGL

## >> In order to process your case, please attach:

- A certified copy of an ID document (driving license, passport or other approved ID document), see appendix.
- For payments to children under the age of 18, we need a certified ID document for the guardian.
- "Certificate of death and kinship investigation" from the Swedish Tax Agency.
- Proof of bank account controlled by the Chief Guardian for payments to children under the age of 18.

Euro Accident may need to obtain supplementary information if the supporting document above are insufficent to process the matter.

#### >> Insured

Name of the deceased	Swedish Social Security Number
Employer	Period of employment of the deceased. From (YYMMDD) To (YYMMDD)
The deceased's normal working hours	
Full-time Part-time post, normal working hours were	hours per week.
At the time of death, was the deceased absent from work?	If Yes, enter from which date the deceased was absent from work (YYMMDD)
Yes No	
Reason for absence from work	

### >> Details of the death

Cause of death		Date of death (YYMMDD)
Illness	Accident	
Description of illness/accident that cause	d the death	

#### >> Marital status of the deceased

Married/regis	tered partners		If an application for divorce/d submitted to the district court	lissolution of partnership had been t, please state the date:
Cohabitee?	If Yes, from when?	Cohabitees Social	Security Number	Name of cohabitee
Yes	No			

## >> Other persons entitled to inherit

In capacity as	I decla	are on my honour and faith:	
(specify kinship with/connection to the deceased)			
That the attached kinship investigation, as far as I am aware, includes all entitled to inherit.			
That there are additional persons entitled to inherit, as far as I am aware.			
If there are additional persons entitled to inherit, please specify below:			
Name	Social Security Number	Kinship/connection with the deceased	
Name	Social Security Number	Kinship/connection with the deceased	
Name	Social Security Number	Kinship/connection with the deceased	

#### >> Account for payments

Our payments are made via Swedbank's payment system (SUS). Details of the bank account into which the compensation should be paid should therefore be provided via swedbank.se/kontoregister. The bank account may be with a different bank, and it is not required to be a customer of Swedbank. If no bank account details are provided, we will send an advice notice which can be exchanged via Swebank's website or in certain shops. Payments to children under the age of 18 do not go via Swedbank's payment system, but directly to a bank account in the child's name controlled by the Chief Guardian.

#### >> Other insurances

Did the deceased have occupational group life insurance with any other company?

Yes	No
If Yes, state	which company

## >> Additional information

#### >> Processing of personal data

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy (available at www.euroaccident.se) or by contacting Euro Accident. Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.

#### >> Signature

The information in this claim form creates the basis for the insurance agreement and its performance. I am aware that incorrect or incomplete information may render the insurance invalid and that any rights to insurance compensation may lapse. I certify that the information is accurate and complete to the best of my knowledge. I agree that Euro Accident Life Insurance AB obtains information from the Swedish Social Insurance Agency that may be necessary to assess the right to compensation. The consent does not apply to obtaining medical records, medical certificates and similar documents.

Signature	Name
Swedish Social Security Number	Place and date (YYMMDD)
Postcode and city	Postal address
Mobile number	E-mail address



# **Certified copy of ID document**

## >> Copy of valid identification

Space below for copy of ID document (driving licence, passport or the bank s or the postal service s ID card).

PLACE YOUR ID DOCUMENT IN THIS BOX AND TAKE A COPY

>> This photocopy of an ID document should be certified by one person (cannot be personally certified by the holder of the ID document)

The above copy of the ID document is hereby certified

Place and date	Signature
Print name	Street adress
Postcode and city	Mobile number

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