

Consent form in connection with notification of claim

Health insurance Children

The completed form must be sent to Euro Accident via the contact form on Euro Accident's website www.euroaccident.dk, under Contact information.

Consent giver's name (parent 1): _____

Consent giver's name (parent 2): _____

Child's name: _____ Child's civil reg. no.: _____ - _____

By my/our signature, I/we give consent to Euro Accident, in connection with the processing of my/our child's claim, obtaining, using and disclosing any information necessary for the company's assessment of the claim and to Euro Accident disclosing information in this connection for the identification of me/my child and the insurance claim to those from whom the company obtains the relevant information. Euro Accident will notify the party from whom information is obtained of the relevant information.

From whom can information be obtained?

With this consent, Euro Accident may obtain relevant information from the following parties, with whom the child has been, is or will be in contact:

- Child's current and former physician
- Public and private hospitals and laboratories, outpatient facilities and clinics
- Specialists, physiotherapists, chiropractors and psychologists
- Alternative therapists
- Other parties of whom Euro Accident has been informed in connection with the application
- Other companies to which the application has been submitted

With this consent, the mentioned parties may disclose the relevant information to Euro Accident.

To whom may the obtained information be disclosed?

With this consent, Euro Accident may disclose the relevant information to the following parties, who are affiliated with Euro Accident:

- Physicians, specialists and psychologists
- Reinsurance company
- Sygeforsikring Danmark ("danmark" health insurance), if reimbursement is received to cover damage
- Hospital/clinic where the child will be examined and treated

Which information may be processed?

The consent includes obtaining, using and disclosing the following categories of information:

- Health information, including disease information and information on contacts with the health service

For which period may information be obtained?

The consent comprises information for a period of 10 years prior to the time of my/our signing of this consent and until the time when Euro Accident has decided on the insurance claim. If justified by the information for this period, Euro Accident may, for a specific reason, obtain information prior to this period.

Time restriction, notification etc.

The consent applies for one year. I/We may at any time withdraw my/our consent and/or have any incorrect or misleading information rectified or erased. The parties involved in the insurance claim are informed of my/our consent.

I/We receive notification each time Euro Accident obtains information. I/we am/are informed why the information is obtained, which information is obtained and disclosed and for which period and from whom the information is obtained and to whom it is disclosed.

Tick off if joint custody

Date _____ Signature (parent 1) _____ Civil reg. no. _____ - _____

Date _____ Signature (parent 2) _____ Civil reg. no. _____ - _____

Both parents must sign the consent form.