

**Consent form in connection with notification of claim  
Loss of earning capacity, Waiver of premium and  
Health insurance**

*The completed form must be sent to Euro Accident via the contact form on Euro Accident's website [www.euroaccident.dk](http://www.euroaccident.dk), under Contact information.*

Consent giver's name: \_\_\_\_\_

By my signature, I consent to Euro Accident, in connection with my claim, obtaining, using and disclosing any information necessary for the company's assessment of my claim and to Euro Accident disclosing information in this connection for the identification of me and my insurance claim to those from whom the company obtains the relevant information. The company 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 I have been, are or will be in contact in the period stated below:

- My present and former physician
- Public and private hospitals and laboratories, outpatient facilities and clinics
- Specialists, physiotherapists, chiropractors and psychologists
- Alternative therapists
- My present and former municipality of residence
- Other insurance companies and pension funds
- My present and former employer
- Other parties of whom I have notified Euro Accident in connection with my application

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 obtained information to the following parties, who are affiliated with Euro Accident:

- Physicians, specialists and psychologists
- Reinsurance company
- Sygeforsikring Danmark ("danmark" health insurance)
- Hospital/clinic where my case is examined and treated.

In addition, with this consent, Euro Accident may disclose the obtained information to the following parties:

- Public authorities such as municipalities and the National Board of Industrial Injuries
- Insurance companies and pension funds

**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
- Information on social and financial matters
- To my employer: Name, civil reg. no. and that this is an insurance case
- From my employer: Working hours, absence due to illness, salary and special working conditions

**For which period may information be obtained?**

The consent comprises information for a period of 10 years prior to the time of my signing of this consent and until the time when Euro Accident has decided on my 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 may at any time withdraw my consent and/or have any incorrect or misleading information rectified or erased. Those who are involved in my case are informed of my consent.

I receive notification each time Euro Accident obtains information. I am 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.

Date	Signature by the insured	Civil reg. no.
_____	_____	_____