

Consent form on death

Lump sum on death and Children's pension

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

Name of deceased	Civil reg. no. of deceased:
Consent giver's name	Consent giver's relation to the deceased

By my signature, I consent to Euro Accident obtaining, using and disclosing the information necessary for the company's assessment of my claim in connection with my claim for payment of benefit after the deceased. In this connection, Euro Accident may disclose information for identification of the deceased and relevant information regarding the insurance claim and health to the parties from which the company obtains the relevant information. Euro Accident will notify those 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 deceased has been in contact:

- Deceased's physician
- Public and private hospitals and laboratories, outpatient facilities and clinics
- Specialists, physiotherapists, chiropractors and psychologists
- Alternative therapists
- Deceased's employer
- Statens Serum Institut and the Danish Health Data Authority, including information from the Danish Register of Causes of Death
- Medical officer of health
- Other insurance companies and pension funds with which I have filed a claim for payment
- Other parties of whom I have notified Euro Accident Liv in connection with my claim for payment

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
- Beneficiaries

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
- Death certificate, forensic report and autopsy report

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 claim for payment. 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 Consent giver's signature Consent giver's civil reg. no.
