Notification of claim and Consent form
Critical illness

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

Your full name	Civil reg. no.
Address	Postal code/city
Tel./mobile	E-mail
Your employer	Your position
Your agreement number	

Guide

All questions must be answered. You may use a blank page if there is not enough space in the fields to the right.

When we have received your notification of claim, we will ask for a copy of medical or medical record information and results of relevant tests and scans concerning your notified diagnosis. In case of a cancer diagnosis, we ask for a copy of tissue test results (histology results). In case of a coronary thrombosis, we ask for a copy of blood test results (cardiac biomarkers). In case of cerebral haemorrhage/cerebral thrombosis, we ask for results of CT or MRI scan.

If you have the above information, please enclose a copy. We can help retrieve the information. In that case, it may take another 2-3 weeks to process your case.

1.	What is the name of the illness/diagnosis?		
2.	When did you first experience symptoms of the illness, and what were your symptoms?		Date:_____ Symptoms: _____ _____
3.	When did you first contact a physician in connection with the illness and whom did you contact?		Date:_____ Hospital/physician_____ _____
4.	Where have you been examined/treated in connection with the illness?		Hospital_____ Department: _____ Address: _____ _____
5.	Have you applied for or received payment elsewhere for this or a similar illness?	No ☐ Yes ☐	If yes, from where? _____ _____

EN_EA_Skade_KS

Health information, continued

6.	Have you previously been affected by or received treatment for: A. A similar illness? B. Other illnesses?	No ☐ Yes ☐ No ☐ Yes ☐	If Yes to "A", when/date: _____ Which illness? _____ _____ If Yes to "B", when/date: _____ Which illness? _____ _____ Where were you treated – physician/hospital: _____ _____
7.	Who is your family physician?		Name: _____ Address: _____ Postal code: _____ City:_____
8.	Payment from Euro Accident will be made to your NemKonto. As a main rule, a payment to NemKonto is not protected from creditors	No ☐ Yes ☐	If you want payment to be made to an other account , you must provide the following information: Reg. number: _____ Account number:_____ You must submit documentation for ownership of the account to us

Signature

I declare that my answers and information are truthful and that I have not concealed any information. I am aware that the insurance may be reduced or terminated if the answers are not completely truthful or if information has been concealed.

Date Signature

_____ _____

Consent form on the next page must also be completed and signed in order for Euro Accident to process the application.

Euro Accident Liv, branch of Euro Accident Livförsäkring AB, Ørestads Boulevard 69, 2. th., 2300 Copenhagen S, Denmark
Tel. +45 88 626 626, www.euroaccident.dk, CVR 39727412

Consent form in connection with notification of claim
Critical illness

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 the insured: _____

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 the insurance claim and to Euro Accident disclosing relevant information in this connection for the identification of me and my insurance claim to those from whom 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 I have been, are or will be in contact:

- My present and former physician
- Public and private hospitals and laboratories, outpatient facilities and clinics
- Specialists, physiotherapists, chiropractors and psychologists
- Other insurance companies and pension funds
- 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

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

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.

_____ _____ _____-_____

EN_EA_Skade_KS