

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.			
Tour fair faire	Civil reg. no.			
Address	Postal code/city			
T 1 () 1 ()				
Tel./mobile	E-mail			
Your employer	Your position			
Tour employer	Tour 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:
3.	When did you first contact a physician in connection with the illness and whom did you contact?		Date:
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?



Health information, continued

6.	Have you previously been affected by or received treatment for: A. A similar illness?	No	Yes	If Yes to "A", when/date: Which illness?
	B. Other illnesses?	No 🗆	Yes	If Yes to "B", when/date:
				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				

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



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:	
Name of the moured.	

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.
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