EURO ACCIDENT
försäkring + hälsa

Health declaration Simplified

☐ Insured/ Group member ☐ Co-insured

» Personal data

Name	Personal identity (ID) number
Postal address	Postcode and district
Telephone	E-mail address

» Health issues

The information contained in this health declaration forms the basis of the insurance agreement and its performance, and shall be provided personally by the person to be insured. All questions following shall be answered, if not indicated otherwise. If you are not fully capable of working, you can apply for insurance once you are fully capable of working.

» Fully capable of working

1. Are you fully capable of working? That is to say can you carry out your normal work without restrictions and do not receive sick pay from your employer or compensation from the Social Insurance Agency, such as sickness or rehabilitation benefit, activity compensation, temporary sickness compensation, sickness compensation or other compensation owing to work disablement, nor payment of occupational injury annuity. You are not deemed fully capable of working if you have been granted dormant activity/sickness compensation or corresponding, wage subsidy employment or have been allocated adapted work owing to health reasons.The 'Social Insurance Agency' and 'compensation' also mean the corresponding in the Nordic countries.	☐ Yes ☐ No
2. Have you been fully capable of working for the last 3 months?	☐ Yes ☐ No

» General

3. State your height _____ cm and weight _____ kg	
4. Do you smoke?	☐ Yes ☐ No

» Health issues - please answer all the questions

5. Do you have visual- and/or hearing impairments? In case of myopia or hyperopia, state your dioptric reading: _____ **If Yes**, state which – If applicable, state if it concerns your right respectively left eye and/or ear.	☐ Yes ☐ No
6. Have you during the last three years received care, treatment, been for a check-up or examined at a hospital, health care centre, treatment institution or other care establishment or otherwise consulted a physician or other care provider (for example nurse, psychologist, chiropractor, physiotherapist or naprapath? **If Yes,** what is the sickness/complaint called? Diagnosis?	☐ Yes ☐ No
6a. Describe the complaint/symptoms in your own words.	
6b. When did the sickness, complaint or symptoms first appear? Month/year.	
6c. What kind of treatment/examination have you received and during which period? Month/year.	
6d. When were you last treated for the condition in question?	
6e. Are you free of symptoms? **If Yes,** when did you become symptom-free? Year/month. **If No**, what after-effects/complaint/symptoms do you still have?	☐ Yes ☐ No

6f.	State full name and address of the care provider/care establishment.	
7.	Have you been on full or partial sick leave in the last three years for more than 14 consecutive days? If Yes, please specify as carefully as possible below the times when you have been on sick leave or received sickness benefit/temporary sickness compensation, disability pension/sickness compensation, activity compensation or similar and also which sickness/injury. From _____ To _____ Diagnosis _____ From _____ To _____ Diagnosis _____	☐ Yes ☐ No
8.	Do you use any pharmaceutical (prescription or over-the-counter)? **If Yes**, which? Reason? Prescribed by (name and address of physician):	☐ Yes ☐ No

» In addition to the above

9.	Do you have, have you had or is there any suspicion of some kind of problem with your internal organs, physical or mental disability, sickness, HIV, injury or other physical defect? Also state visual and hearing defects. **If Yes**, state what kind.	☐ Yes ☐ No

» Processing of personal data

As a Controller, Euro Accident processes personal data to be able to offer and provide the insurance and services on which we have agreed and for other purposes such as, for example, compliance with laws and other rules. Further detailed information about the processing of personal data is available from Euro Accident's Integrity Policy (available at www.euroaccident.se) or by contacting Euro Accident. Our Integrity Policy not only includes information about how Euro Accident collects and uses your personal data, but also information about your rights in conjunction with the processing of personal data, such as the right to information, rectification, data portability, right to be forgotten and to object, etc.

The health declaration must be submitted together with the application to Euro Accident within 30 days from the date

» Signature

The information contained in this health declaration forms the basis of the insurance agreement and its performance. According to the existing application and underwriting regulations, I certify that I am resident and registered as resident in Sweden and entitled to compensation from a Swedish social insurance agency (in case of being resident and registered as resident in another Nordic country, I certify that I have taken part of the specific application and underwriting regulations stated in the pre-purchase information and the corresponding terms and conditions). I am aware that incorrect or incomplete information may render the insurance invalid and that any rights to insurance compensation may lapse. I consent to the insurer, and the companies that Euro Accident engages for risk assessments or claims handling, processing the personal data necessary for claims handling, administration and the performance of the insurance agreement.

Place and date (YYMMDD)	Signature
Name	

Insurer: Euro Accident Livförsäkring AB

The documents should be sent to
Euro Accident Livförsäkring AB
Bäckgatan 16, 352 31 Växjö