

Health declaration and Consent form

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.
company name	CVR no.
Provider's name/company	

Health information

Please complete this declaration as establishment of your insurance cover depends on your health. It is important that you answer all questions in detail yourself and return the form to Euro Accident.

1.	Do you have full capacity for work? Full capacity for work means the ability to carry out ordinary work without restrictions and that no form of wage compensation is paid by the employer, insurance companies, public authorities or the like.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2.	Are you on full or partial sick leave or are you working reduced hours for health reasons?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3.	Have you been on sick leave for more than 20 days within the last 12 months?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4.	Are you or have you been in employment rehabilitation or participated in a resource-building employability programme, work ability test, job clarification programme, employed with wage compensation or the like?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
5.	Have you asked you local authority to assess the possibility of flexjob, sheltered job, public disability pension or has the local authority decided to assess this?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6.	Have you been recommended for or are you employed in a flexjob, sheltered job or do you receive public disability pension?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7.	Do you have insurance that is comprised by health clauses or increased premium?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8.	Have you or have you had an agreement under section 56 of the Danish Sickness Benefits Act with your current or previous employer? A section 56 agreement means that your employer receives a refund of sickness benefit from your first sick day.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

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.

Consent form for new policy and change of policy

Loss of earning capacity, Waiver of premium, Disability lump sum benefit, Lump sum on death, Children's pension, 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.

Consent giver's name: _____

By my signature, I consent to Euro Accident, in connection with my application for new policy/change of policy, obtaining, using and disclosing any information necessary for the company's assessment of my application and to Euro Accident disclosing information in this connection for the identification of me and my application 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
- 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

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

The consent does not include information on:

- The current or former state of health of other persons, such as relatives
- The result of genetic testing carried out to clarify the applicant's future risk of having certain illnesses (predictive genetic testing)
- Participation in and the result of preventive examinations. However, the result of such examinations may be stated if they reveal current signs of illness or concern illnesses that the applicant has previously had or that have already broken out.

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 application. 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. Withdrawal may influence Euro Accident's ability to process the insurance application. 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.