

## Declaration of consent in case of health reservation

### Loss of earning capacity, waiver of premium, disability lump sum, death benefit, children's pension, certain critical illness

The completed form must be sent to Euro Accident via the contact form on Euro Accident's website [www.euroaccident.dk](http://www.euroaccident.dk), under Contact information.

Consent giver's name: \_\_\_\_\_

By my signature, I consent to Euro Accident, in connection with the establishment of my insurance as a result of a change of supplier, obtaining using and disclosing any information necessary for the company's assessment of my application and that Euro Accident may in this connection pass on information for the identification of me and my application to those from whom the company obtains the relevant information. The company will notify the party 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 with in the period stated below:

- Other insurance companies and pension funds

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

### 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

The consent does not include information about:

- Other people, e.g. relatives', current or previous state of health
- The result of genetic tests carried out to shed light on the insurance applicant's future risk of developing certain diseases (predictive genetic tests)
- Participation in and the result of preventive investigations. However, information must be provided on the results of such examinations if they show current signs of illness, or if they relate to illnesses which insurance applicants have previously had or which are already in onset.

### 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. Withdrawal may affect 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.

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