

NOTIFICATION OF CLAIM - CRITICAL ILLNESS

Danica Pension

PERSONAL INSURANCE

Danica Pension • Parallelsvej 17 • DK-2800 Kgs. Lyngby • Denmark
Telephone +45 70 11 25 25

Do not fill in this form if you are also filing a claim for compensation of loss of earning capacity or a waiver of contributions. Instead, fill in the NOTIFICATION OF CLAIM - LOSS OF EARNING CAPACITY.

Policy No.		
Name of the insured		CPR No.
E-mail	Tel.	Mobile

You must answer all the questions. Use a blank sheet of paper if there is not enough room next to each question. Once we have received your claim, we will contact the hospital or doctor who diagnosed your critical illness, requesting a copy of your medical record. If you hold a copy of this record yourself, please enclose a photocopy of it so we can assess your claim as soon as possible.

1.

What illness or condition are you suffering from?	_____

2.

When did you notice the first symptoms of your illness or condition?	_____

3.

Have you suffered from the same condition or illness before?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes: When? _____
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4.

When was the illness or condition diagnosed?	Date: _____
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5.

Who made the diagnosis?	<input type="checkbox"/> Own doctor	<input type="checkbox"/> Specialist	<input type="checkbox"/> Hospital physician
	<input type="checkbox"/> Other - Who? _____		
	Name: _____		
Address: _____			

6.

Have other illnesses affected your current condition?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes: Which illness(es)? _____

7.

Who is your usual doctor?	Name: _____
	Address: _____

8.

Place of treatment:	<input type="checkbox"/> No treatment	<input type="checkbox"/> At home	<input type="checkbox"/> At the doctor's
	<input type="checkbox"/> At an outpatient clinic	<input type="checkbox"/> Admitted in hospital	
	Please state the details of the attending doctor, specialist, hospital or the like:		
	Name: _____		
	Address: _____		

	First treatment	Date: _____	
	Last treatment	Date: _____	
Name: _____			
Address: _____			

First treatment	Date: _____		
Last treatment	Date: _____		

9.

What is your occupation (position)?	_____
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10.

First sick day:	Date: _____
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11.

When do you expect to resume work to the same extent as before you contracted the critical illness?	<input type="checkbox"/> I have not been on sick leave
	<input type="checkbox"/> I have already done so on Date: _____
	<input type="checkbox"/> I expect to do so on Date: _____
	<input type="checkbox"/> I do not expect to be able to do so again.

12.

Comments or other specifications:	_____

Declaration

I declare that all questions have been answered to the best of my knowledge, and that I have not concealed any information which might be relevant to a decision on whether the conditions laid out in the insurance policy have been fulfilled.		
_____	_____	_____
Date	CPR No.	Signature

We need your consent – this is why

To be able to assess your request for insurance benefits, we need information about your illness or any other event substantiating your insurance claim. We will typically need information about your illness and treatment, if any. We may also need information from before your illness in order to assess whether your current condition may have causes that are irrelevant to the insurance.

The information stated in the request for insurance benefits or the claims notification is thus in many cases not sufficient. Remembering information dating back a while can be difficult. This may be particularly true when the information is of a medical or financial nature, for example. We therefore need to be able to obtain such information from sources that are also familiar with the circumstances and have documentation of the events in medical records, files and the like.

When you make a request for benefits from Danica Pension, you are required under the Danish Insurance Contracts Act to provide us with all available information relevant to the assessment of your claim.

Your doctor and others may disclose health information with your consent

Pursuant to the Danish Health Act, your doctor may disclose information about your health, information about other personal matters and other confidential information if you give your consent.

Pursuant to other legislation, public authorities and insurance companies and others may also disclose information about you if you give your consent.

You will be notified each time Danica Pension obtains information

Each time we obtain information, you will be notified about why we requested the information, the type of information we requested, the precise period for which we requested it and from whom.

You can withdraw your consent at any time

A copy of this consent will be given to anyone from whom Danica Pension wishes to obtain information. If you change your mind about having given your consent, you can withdraw it at any time. You can do so by calling us on +45 45 13 22 98 or by contacting us via danicapension.dk.

If you choose to withdraw your consent, this will only apply from the date of your withdrawal. This means that, up to the date of withdrawal, the registration and use of your personal data will be based on the consent you have previously given. Please note that withdrawing your consent could mean that we will not be able to process your request for benefits, as we will not be able to obtain all relevant information that we need to assess your claim.

Processing of personal data

We protect your personal data by taking all relevant measures in accordance with the legislation.

Read more about how Danica Pension looks after your personal data and the privacy rights you are granted by law at [\[\[danica.dk/personoplysninger\]\]](http://danica.dk/personoplysninger).

CONSENT

FP 003 CONSENT: WHEN I BECOME ILL
CRITICAL ILLNESS INSURANCE

Danica Pension • Parallevej 17 • 2800 Kgs. Lyngby • Danmark
Telephone +45 70 25 02 03

Consenter's name	Consenter's civil reg. no.:
Case No.:	

With my signature, I consent to Danica Pension, collecting and disclosing, in connection with my application for payment, the information relevant for the company's consideration of my application.

Danica Pension collects information to be able to assess whether I have a critical illness covered by the insurance. In this connection, Danica Pension may disclose information that identifies me (such as my civil registration number) and relevant information about my insurance case and my health to the parties from which the company collects information. Danica Pension will specify to the parties from which information is collected what information is relevant.

From whom can information be collected?

With this consent, Danica Pension may for one year from the date of my signature collect relevant information from the following parties:

- My current and former general practitioner.
- Public and private hospitals, clinics, centres and laboratories.
- Medical specialists.

With this consent, the specified parties may for one year from the date of my signature disclose the relevant information to Danica Pension.

To whom may relevant case information be disclosed?

With this consent, Danica Pension may disclose relevant case information to the following parties in connection with the consideration of my application for payment:

- Medical specialist who is to fill in or prepare a medical specialist's certificate.

What types of information may be collected and disclosed?

The consent covers collection and disclosure of the following categories of information:

- Medical information, including information about illnesses, symptoms and contacts to the health services.

For what period of time may information be collected?

The consent covers information for a period of 10 years prior to the date of occurrence or the time of onset of the disease and until the time when Danica Pension has considered my application for payment.

If the information for that period so warrants, Danica Pension may, providing a specific reason, also collect information relating to the time before that period.

Patientforening

With this consent, Danica Pension may also disclose my name and address to the relevant Patients association in relation to my diagnosis, if Danica Pension has entered into an agreement with the Patient association for a partial payment for my membership. I accept that the relevant Patients association will subsequently contact me about the membership.

Withdrawal of consent

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of Danica Pension to consider my application for payment.

Date

Signature

Consenter's civil reg. no.: