

DECLARATION OF HEALTH

You must fill out the declaration **yourself** and answer **all** questions carefully. You must not conceal anything – even if you believe that it is irrelevant to NordikLív. According to the Danish Insurance Contracts Act, if your answers are not truthful, or if you have concealed anything, insurance coverage may be withdrawn. The consequence of this is that you will not receive payment of the sum insured.

If there is not sufficient space in the individual sections, you may attach additional information. This must also be signed and you must add your civil registration (P-tal).

First name and last name		
Position		Civil registration (P-tal)
Address	Postcode	Town
Have you in the last 3 years consulted, been examined by or treated by a general practitioner, chiropractor, physiotherapist, psychologist/psychiatrist, had laboratory tests, been prescribed medicine or been admitted to hospital, outpatient care, etc.? No <input type="checkbox"/> Yes <input type="checkbox"/>	Where? For what? When? For how long? Any after-effects?	
Are you undergoing rehabilitation or have you been recommended for, or are you employed in, a flexible job (fleksjob)? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: For what reason? When?	
Have you been recommended for, or are you receiving, a pension or disability benefits from the state due to your state of health? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Have you in the last 10 years been ill or on sick leave for more than 1 month? No <input type="checkbox"/> Yes <input type="checkbox"/>	What were you suffering from? When? For how long? Any after-effects?	
Are you completely healthy ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no: Why not?	
Are you fully able to work ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Who is your general practitioner? (enter your GP's name and address)		

I declare that I have answered all questions to the best of my knowledge and that I have not concealed anything. I am aware that incorrect or missing information, which may be of significance for NordikLív's assessment of the insurance risk, may mean that the insurance will not cover if I need to claim payment from the company.

With my signature, I give NordikLív consent to process and register all relevant information which NordikLív receives from me or collects through my consent from third parties, including the healthcare professionals, hospitals, outpatient clinics, clinics, physiotherapists, etc. with whom I have had contact as well as the Danish Centre of Health & Insurance.

In this context, NordikLív may disclose information that identifies me to the parties from which NordikLív collects information. The information received may be used in connection with creation and administration of the insurance policy at NordikLív.

Date: _____ **Signature:** _____

CUSTOMER GUIDELINES

Why must I provide information about my health?

You must answer a number of questions about your health to enable NordikLív to assess whether your state of health constitutes an increased insurance risk on the date of entry into the insurance scheme. It is very important that you answer all questions accurately, otherwise, in the worst case, you risk being without coverage when an insured event occurs.

Why do I need to give my consent?

When you take out the insurance, NordikLív assumes a financial risk. NordikLív needs to know this risk in order to define the terms of the insurance policy.

The details the policyholder possesses and is able to remember are often not sufficient for NordikLív. Therefore, NordikLív requires your consent to collect information from, e.g., hospital admissions, treatments, etc.

NordikLív only collects the information necessary to enable assessment of your application to take out or change an insurance policy, and the information will be processed in accordance with data protection rules.

What information do I need to provide?

When you wish to take out or change group life insurance, you must fill out a Declaration of Health and, if applicable, additional forms.

When you fill out the Declaration of Health and other questionnaires, it is extremely important:

- That you answer all of the questions
- That you provide details of current illnesses
- That you provide details of previous illnesses
- That you provide details of permanent or temporary use of medicines
- That you provide details about examinations and treatments with authorised healthcare professionals (e.g. doctors, chiropractors or physiotherapists), at hospitals and at healthcare institutions.

If you are in any doubt about how to answer the questions, e.g. regarding diagnoses and dates, you may contact your general practitioner before you complete the declaration. Your GP will usually have the details in your journal. Any fee payable to your GP will **not** be paid by NordikLív.

However, you are not required to provide details of the results of genetic tests, i.e. examinations which may disclose your genetic susceptibilities and the resulting risk of future disorders.

The responsibility for completing the form correctly is yours and yours alone.

You must pay particular attention to back conditions, mental disorders and alcohol abuse. Some people have a tendency to play down back problems or conceal use of pills. Others have difficulty disclosing, e.g., mental disorders and sexually transmitted diseases. However, you can safely provide sensitive data. The only people who will see your details are those who will handle your case, and they all have a duty of confidentiality under the law. If you wish, you may write the sensitive details in a letter and put it in a sealed envelope addressed to NordikLív's doctor.

If it occurs to you later that you have forgotten to disclose some information, you should contact NordikLív.

What will happen to my health data?

The information about your state of health will be processed **confidentially** and will be stored securely.

NordikLív will keep your health data for as long as you have the insurance policy. When your policy terminates, your health data will be deleted according to the data protection rules.

Withdrawal of consent and the consequences

You may at any time withdraw your consent for NordikLív to collect and process your data and for NordikLív to collect and disclose your data to the Danish Centre of Health & Insurance for medical assessment for insurance purposes.

If you withdraw your consent so that NordikLív is unable to collect and process your data or to collect data from or disclose your data to the Danish Centre of Health & Insurance for processing, NordikLív may decline to process your application for insurance.

If you withdraw your consent, this does not affect the legality of the processing or disclosure prior to the withdrawal.

If an insured event occurs

If an insured event occurs and you apply for payment under the insurance, NordikLív may collect information about your state of health. Your health details may be collected with your consent, or the consent of your surviving next of kin, from authorised healthcare professionals (e.g. doctors, chiropractors or physiotherapists), hospitals and healthcare institutions. Health data are compared with the responses you gave when you took out your group life insurance.

If you provided incorrect health details when you took out your group life insurance, your compensation may in the worst case not be paid out.

Consent: When I want to take out insurance or change insurance I already have

Life and pension insurance

With my signature, I consent to NordikLív/Foreneðe Gruppeliv, collecting, using and disclosing, in connection with my proposal for insurance or change of insurance, the information relevant for the company's consideration of my proposal.

NordikLív/Foreneðe Gruppeliv collects information to be able to assess whether – and on what terms and conditions – I can take out insurance. Therefore, NordikLív/Foreneðe Gruppeliv 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. NordikLív/Foreneðe Gruppeliv will specify to the parties from whom information is collected what information is relevant.

From whom can information be collected?

With this consent, NordikLív/Foreneðe Gruppeliv may collect relevant information from the following parties until my insurance case has been decided:

- My current and former general practitioner
- Public and private hospitals, clinics, centres and laboratories
- Medical specialists, physiotherapists, chiropractors and psychologist
- Other parties that I have informed NordikLív/FG in connection with taking out insurance or changing insurance.

With this consent, the specified parties may disclose the relevant information to NordikLív/Foreneðe Gruppeliv until my insurance case has been decided.

To whom may relevant case information be disclosed?

With this consent, NordikLív/Foreneðe Gruppeliv may disclose relevant case information to the following parties in connection with the consideration of my proposal:

- Foreneðe Gruppeliv

What types of information may be collected, used and disclosed?

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

- My civil registration number
- Medical information, including information about illnesses, symptoms and contacts to the health services
- Financial information and information regarding social services.

The consent does not cover information about:

- The current or former health of other persons such as relatives
- Results of genetic testing carried out to clarify the future risk of the proposer of developing certain diseases (predicative genetic tests)
- Participation in and results of preventive tests. However, information about results of such tests may be provided if such tests show signs of disease or they are about diseases, which the proposer has previously had or the outbreak of which is already seen.

For what period of time may information be collected?

The consent covers information for a period of 10 years prior to my signing of this consent and until the time when NordikLív/Foreneðe Gruppeliv has considered my proposal for insurance or change of insurance.

If the information for that period so warrants, NordikLív/Foreneðe Gruppeliv may, providing a specific reason, also collect information relating to the time before that period.

Withdrawal of consent

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of NordikLív/Foreneðe Gruppeliv to consider my proposal for insurance or change of insurance.

Date:

Signature:

Civil reg. no.: