

Guidance for application for disability sum, disability benefit and/or waiver of premium

Before you apply

It will be easier for you to fill out the application, if you have the following information ready:

- Month and year for when you fell ill
- Which hospital and section you may have been treated or examined
- Name and address of your general practitioner
- The date on which you were employed/covered by the group life insurance
- A copy of your most recent payslip, if you are employed through state, region or municipality
- A copy of the ruling, if you are given early retirement benefit

In order for FG to process your application, we need some information. It is important, that the application is filled out accurately, as described below.

Please indicate whether you are applying for waiver of premium and/or whether you are applying for payment of disability sum or disability benefit. Please fill out items 1-11 of the application form. It is important that you fill out all the items.

Applicant's declaration

In the declaration, your employer, pension fund, association, union or the like state the group life agreement no. and when you will leave the group life agreement, if relevant.

If you have any questions, please contact FG by tel. +45 39 16 78 00 or by e-mail via FG's contact form at www.fg.dk.

If you are covered by the group life insurance due to your employment, it is important that you or your employer encloses a copy of your most recent payslip showing the group life premium. If your earning capacity is not assessed to have been permanently reduced to half or less or, to one third or less, or if you are not awarded state incapacity benefits or senior pension, depending on the group life contract, within the period of your most recent payslip, you must also enclose a copy of the payslip for the month when your earning capacity was assessed to have been permanently reduced to half or less, one third or less, or when you were awarded state incapacity benefits, or senior pension. We use the payslip as documentation that you are covered by the insurance.

Consent form

You must sign the consent form on page 4 allowing FG to obtain and pass on information.

Why do I need to give my consent?

In order to assess your application for payment of the insurance sum, FG must generally obtain information on your illness and treatment from hospitals, doctors or job centre.

If you are covered by the group life insurance through a pension fund, association or union, please also sign the consent form on page 3. The consent form is necessary for us to be able to obtain and pass on information. This may cover information as to the date when you entered or left the group life insurance and information on the outcome of the case. It may be in order for them to advise you or possibly adjust the premium after payment of the insurance sum. You can always withdraw your consent.

Withdrawal of consent and the consequences

At any time you can withdraw your consent allowing FG collecting your information and disclosing your information to the Center for Health and Insurance to insurance medical assesment.

The withdrawal may affect the ability of FG to consider my application for payment.

The withdrawal of your consent does not affect the legality of the collection of your information prior to your withdrawal.

What happens to my health information?

Your health information is used **confidentially** and in accordance with applicable rules.

FG will keep your information as long as you are covered by the group life insurance. When your insurance expires your health information are deleted according to the regulation on general data protection.

Find more information about the use of your information

Please find more information about our use of your information and your rights on our website www.fg.dk.

FG uses e-Boks

FG only sends certain types of letters via e-Boks, but we are continuously working on providing all communications through e-Boks. This means that, for some time, we will still send some letters by regular way mail. e-Boks is a secure digital mailbox online where you can receive and store documents. The use of e-Boks is far more secure than using e-mails as e-Boks protects the access to the documents by a number of components and procedures.

If you give your consent that FG may send mail to your e-Boks, we will only send mail regarding your insurance with FG. You can always decline receiving mail by means of e-Boks.

If you have given your consent to receive mail from FG in your e-Boks in one of FG's forms, including forms in Mit gruppeliv (My group life), please send a mail to fg@fg.dk and ask FG to cancel your consent.

If you have subscribed for mail from FG at www.e-boks.dk, you must cancel your subscription in e-Boks.

Please find more information about our use of e-Boks on www.fg.dk.

Bank documents

If you are entitled to payment of the insurance sum, the amount will be deposited on your **NemKonto**. If you do not want the insurance sum deposited on you NemKonto, please provide another account no. The disability sum may be secured, cf. section 513 of the Danish Administration of Justice Act. In order for the protection from creditors to take effect, you must open a separate account where the disability sum will be deposited and kept separate from your other assets.

Protection of disability sum and disability benefit from creditors

The disability sum and disability benefit may be secured, cf. section 513 of the Danish Administration of Justice Act. In order for the protection from creditors to take effect, you must open a separate account where the disability sum will be deposited and kept separate from your other assets.

Insurance mediation

Operating as an insurance intermediary, FG arranges the sale of insurance products on behalf of its owner companies. FG is registered as an insurance intermediary and receives fees from its owner companies for providing these mediation services. You can see a full list of FG's owner companies and can read more about insurance mediation at www.fg.dk, for instance details about the extent to which FG provides advice and information about complaints options.

Application for disability sum – disability benefit - waiver of premium (please check of)

Name: _____ Civil reg. no.: _____

Address: _____ Zip code: _____ City: _____

E-mail: _____ Tel.: _____

Question	Answer
1. What is the cause of your incapacity for work? (either the name of the illness or the nature and consequences of the accident).	
2. When did you fall ill, or when did the accident happen? (date and year)	
3. a. Which doctor initially treated you for the illness or the injuries. b. Are you currently undergoing treatment and if so at what hospital	
4. Have you been hospitalised, treated or examined in hospital, outpatient department or elsewhere due to the illness or accident. If yes: Where and for how long?	
5. Are you waiting for treatment or examination due to the illness or accident If yes: When and where?	
6. Are you currently employed? (also applicable to work after you have retired early, if relevant) If yes: Weekly hours? If no: When did you go off sick? What did your work consist in? What was your annual income? Have you resigned from your position? If yes, at what date?	

<p>7.</p> <p>a. Are you in rehabilitation?</p> <p>b. Are you in a rehabilitation programme?</p> <p>c. Are you in a flexible job?</p> <p>d. Do you receive public service pension?</p> <p>e. Have you been recommended for disability pension or</p> <p>f. Have you been approved for disability pension?</p> <p>g. Have the ruling been appealed?</p> <p>h. Have your retired early?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no from / to /</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no from / to /</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no _____ hours per week</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, if "yes", please enclose copy of ruling</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, if "yes", please enclose copy of ruling</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>8. Are you insured against illness or accidents in other insurance</p>	
<p>9. Name, address and tel. no. of your general practitioner.</p>	
<p>10. If in connection with your illness or accident you are or have been in contact with your local authorities (disability pension, rehabilitation, flexible job and sheltered job, etc.), please indicate:</p>	<p>Municipality</p> <p>Job centre / regional office (state address and case officer)</p>
<p>11. If you are insured in case of disablement, and you are entitled to a disability sum, the insurance sum will be deposited to your NemKonto.</p> <p>If the insurance sum should be deposited to another account than the NemKonto, please fill in the bank information.</p> <p>The disability sum may be secured, cf. section 513 of the Danish Administration of Justice Act. In order for the protection from creditors to take effect, you must open a separate account where the disability sum will be deposited and kept separate from your other assets.</p>	<p>Name of bank</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Reg.no. _____ account no. _____</p>

Consenter's name: _____ Consenter's civil reg. no.: _____

**FP 004 Consent: When I become injured or ill
Insurance against loss of earning capacity**

With my signature, I consent to Forenede Gruppeliv (FG) collecting, using and disclosing, in connection with my application for payment, the information relevant for the company's consideration of my application.

FG collects information to be able to assess whether my loss of earning capacity is covered by the insurance. In this connection, FG 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. FG will specify to the parties from which information is collected what information is relevant.

From whom can information be collected?

With this consent, FG 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, physiotherapists, chiropractors and psychologists.
- My current and former municipality of residence.
- Other insurance companies and pension funds from which I have applied for payment.
- Other parties of which I have informed FG in connection with my claim for payment.
- My current and former employer.

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

To whom may the collected information be disclosed?

With this consent, FG 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.
- My current and former employer.
- The Danish Centre of Health & Insurance

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

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

- Medical information, including information about illnesses, symptoms and contacts to the health services.
- Municipal information about sickness benefits, test of capacity for work, resource clarification, decision on flexjob and incapacity benefits or other social security benefits.
- To my employer: Name, civil reg. no. and the fact that it is an insurance case.
- From my employer: Working hours, sickness absence, salary and special working conditions.

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 FG has considered my application for payment.

In connection with an assessment of whether the current payment should be maintained, the period is calculated from the time of assessment.

If the information for that period so warrants, FG 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 FG to consider my application for payment.

Date: _____ Signature: _____ Civil reg. no.: _____ - _____

Extract of the rules of the terms of insurance regarding disability sum, disability benefit and waiver of premium.

Clause 8. Payment of lump sum disability benefit

Subclause 1. The lump sum disability benefit is paid out if, during the policy period, the insured's earning capacity is assessed to have been reduced due to illness or accident in accordance with the specific provisions of clause 8 A or 8 B.

Subclause 2. Even if the conditions of clause 8 A or 8 B have not been met, the lump sum disability benefit may be paid out if the insured is in the terminal phase of a life-threatening and incurable illness.

Subclause 3. To claim payment, it is a condition that the group life contract contains provisions on payment of a lump sum disability benefit. The group life contract specifies whether payouts are based on the provisions of clause 8 A or clause 8 B.

Clause 8 A. Payment of lump sum disability benefit in the event of permanent loss of earning capacity

Subclause 1. The lump sum disability benefit is paid out if the insured's earning capacity, during the policy period, is assessed to have been permanently reduced to half or less or, depending on the group life contract, to one third or less due to illness or accident.

If the insured is able to bring his or her earning capacity above the above-mentioned limit by means of medical treatment, retraining, rehabilitation or education, the conditions for claiming payment are not met.

Subclause 2. The reduction of earning capacity is assessed by FG, taking into consideration the insured's general state of health based on a purely medical assessment. FG is entitled to obtain information from general practitioners who are treating or have treated the insured and to have the insured examined by a general practitioner chosen by FG.

Subclause 3. The amount paid out is equal to the lump sum disability benefit applicable on the date on which the insured's earning capacity was assessed to be permanently reduced to the extent described under subclause (1).

Subclause 4. The entitlement to claim payment of the lump sum disability benefit ceases on the death of the insured, unless a prior written request for payment has been presented to FG, and provided that the insured met the conditions described under subclause (1) on the date of filing the request.

Subclause 5. If an insured has withdrawn from the group life contract, or if the group life contract has ceased due to cancellation or for other reasons, a written request for payment must be presented to FG within six (6) months of the expiry of the policy period, cf. clause 3(e). At the expiry of this deadline, the entitlement to claim payment of the lump sum disability benefit for a disability that has not been reported will cease.

Subclause 6. Once the agreed lump sum disability benefit has been paid out, the insured's entitlement to claim further payment of a lump sum disability benefit will cease.

Clause 8 B. Payment of lump sum disability benefit in connection with a rehabilitation programme and incapacity benefits or senior pension

Subclause 1. If the insured is awarded state incapacity benefits or senior pension, the lump sum disability benefit applicable at the time of the award will be paid out.

Subclause 2. If the insured is approved for a rehabilitation programme (ressourceforløb) with associated benefits, half of the lump sum disability benefit will be paid out when the following conditions are met:

- The insured is approved for a rehabilitation programme, with associated benefits, lasting not less than 12 months;
- The insured has received rehabilitation benefits for six (6) consecutive months; and
- Approval for the rehabilitation programme is granted during the policy period.

The amount paid out is equal to half of the lump sum disability benefit applicable on the date on which the insured has received rehabilitation benefits for six (6) months. The remainder of the lump sum disability benefit applicable at the time of payout of half of the benefit will be paid out if the insured is awarded state incapacity benefits or senior pension.

Subclause 3. The entitlement to claim payment of the lump sum disability benefit ceases on the death of the insured, unless a prior written request for payment has been presented to FG, and provided that the insured met the conditions described under subclause (1) or (2) on the date of filing the request.

Subclause 4. If an insured has withdrawn from the group life contract, or if the group life contract has ceased due to cancellation or for other reasons, a written request for payment must be presented to FG within six (6) months of the expiry of the policy period, cf. clause 3(e). At the expiry of this deadline, the entitlement to claim payment of the lump sum disability benefit for a disability that has not been reported will cease.

Subclause 5. Payment of half of the lump sum disability benefit, cf. subclause (2), may only be made once and results in a corresponding reduction of the agreed lump sum disability benefit. Once the agreed lump sum disability benefit has been paid out, the insured's entitlement to claim further payment of a lump sum disability benefit will cease.

Clause 9. Payment of disability annuity

Subclause 1. The disability annuity is paid out if, during the policy period, it is assessed that the insured's earning capacity is reduced due to illness or accident to half or less, or to one third or less, depending on the group life contract.

Subclause 2. Earning capacity is considered reduced according to subclause (1) if, in FG's opinion, the insured is no longer able – assessed based on the insured's present state of health, education and former employment – to earn more than a third of the usual salary for persons fully fit for work and of similar education and age.

In the initial assessment of the insured's reduction in earning capacity, the reduced capacity is assessed based on the insured's current occupation.

If FG assesses that the insured cannot return to his or her current occupation within 18 months after the first sick day, general earning capacity is assessed. General earning capacity refers to capacity for work both in the insured's current occupation and in other occupations.

FG is entitled to obtain information from general practitioners who are treating or have treated the insured and to have the insured examined by a general practitioner chosen by FG.

Subclause 3. Disability annuity benefits are paid out from the date on which earning capacity has been reduced for three (3) consecutive months; however, no earlier than from the date on which a written request for payment is presented to FG. Annuity benefits are paid out monthly in advance to the insured, unless otherwise specified in the group life contract.

Subclause 4. Payment ceases when the insured recovers ability to work to an extent whereby the specified conditions for claiming payment are no longer present; however, no later than on the date on which the insured reaches the expiry age specified in the group life contract.

Subclause 5. If an insured has withdrawn from the group life contract, or if the group life contract has ceased due to cancellation or for other reasons, a written request for payment must be presented to FG within six (6) months of the expiry of the policy period, cf. clause 3(e). At the expiry of this deadline, the entitlement to payment of disability annuity benefits for a disability that has not been reported will cease.

Clause 12. Waiver of premium

Subclause 1. If waiver of premium is included in the group life contract, cover in the event of death, disability and critical illness and spousal cover stated in the group life contract may be maintained without payment of premium if the insured withdraws from the group life contract due to the medical reasons that, according to clause 9, entitle the insured to payment of disability annuity benefits. Waiver of premium may be maintained for up to three (3) years or until the expiry of the policy period, depending on the group life contract.

Subclause 2. The entitlement to waiver of premium is effective from the withdrawal date and ends after three (3) years at the expiry of the term of the policy or at the earlier date when the conditions for waiver of premium specified under subclause (1) are no longer met or the insured reaches the expiry age specified in the group life contract.

Subclause 3. If the policyholder is an association or an organisation, the entitlement to waiver of premium does not take effect until the date on which incapacity for work has lasted at least three (3) months, and provided that the insured is still covered by the group life contract at this time.

Subclause 4. An insured spouse's/cohabitant's incapacity for work does not entitle the insured to waiver of premium for the coverage defined in clauses 11 A and 11 B.

Subclause 5. A spouse/cohabitant who has enrolled in the group life contract is not entitled to waiver of premium in the event of incapacity for work.

Subclause 6. If an insured has withdrawn from the group life contract, or if the group life contract has ceased due to cancellation or for other reasons, a written request for waiver of premium must be presented to FG within six (6) months of the expiry of the policy period, cf. clause 3(e). At the expiry of this deadline, the entitlement to waiver of premium for a disability that has not been reported will cease.