

Guidance on application for payment of insurance sum on certain critical illnesses

Before you apply

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

- Which hospital and section you may have been treated or examined
- Month and year for when you fell ill
- Have you previously had a critical illness, and if so which illness
- 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

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.

Application for payment of insurance sum in certain critical illnesses

Please fill out items 1-8 of the application form. It is important that you fill out all the items.

If you are covered by the group life insurance through your employment, please enclose a copy of your most recent payslip. If your diagnosis is not made within the period of your most recent payslip, please enclose a copy of the payslip for the month in which the diagnosis were made. The payslips are our proof of your coverage.

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 and doctors.

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 your 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.

Please return the bank form with the application.

Protection of disability sum and disability benefit from creditors

If you are entitled to payment of the insurance sum, we can not guarantee that the payment is secure from your potential creditors. This protection may be achieved by depositing the sum into an account, opened with this purpose 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.

Please return the application to FG, when all the items are filled out. FG will collect your medical record from the relevant hospitals upon receiving your application. If you have a copy of your medical record, please enclose it with your application. This may expedite our assessment.

The application must be submitted via
www.fg.dk/kontakt (secure connection) or
by mail to Forenede Gruppeliv, P.O. Box 442, Krumtappen 4, 2500 Valby

Application for payment of insurance sum on certain critical illnesses

Please fill out the form in block letters:

Full name:	
Address:	
Postal code:	City:
Telephone no.:	Civil reg. no.:
Occupation:	E-mail address:
1. What is the name of the illness?	
2. When did you fall ill? (Date and year or date of diagnosis)	
3. When were you examined/treated initially? (Hospital/medical specialist – date and year)	
4. State the name of the hospital and the departments where you have been treated	
5. When and for how long have you been hospitalised?	
6. Have you previously had a critical illness YES___ NO___ If yes: Which one? _____ When? _____ Where were you hospitalised/treated? _____	
7. Name, address and telephone number of your general practitioner:	

8. Before we can process your application, it is important that you fill out the below items:

If you are covered by the group life insurance via your employment contract, please provide the following information:

Name of your employer: _____

The date when you were employed/entered the group life agreement: _____

Date of resignation, if relevant: _____ Have you resigned due to illness? YES__ NO__

Please enclose a copy of your most recent payslip on which the group life premium is disclosed and the payslip for the month in which the diagnosis was made.

If you are covered by the group life insurance via a pension fund, an association or a union, please provide the following information:

Name of fund/association/union: _____

Resignation, if relevant: _____ Have you resigned due to illness? YES__ NO__

CONSENT

I hereby consent to FG obtaining and passing on relevant information to the pension fund, association or union. This may include information:

- as to when I entered or left the group life agreement, including information about the cause of my exit in preparation for offer on waiver of premium or continuing insurance,
- about the outcome of the application.

Withdrawal of consent and the consequences

At any time you can withdraw your consent allowing FG collecting disclosing your information.

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

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

Date: _____ **Signature:** _____

CONSENT e-Boks

CONSENT

I hereby give my consent for FG to send mail to my e-Boks YES__ NO__

Date

Signature

If you do not allow FG to send mail to your e-Boks, you will receive mail by regular mail. You can always decline receiving mail by means of e-Boks. Read more about e-Boks in the enclosed guidance

Bank documents

NemKonto

If you are entitled to the sum insured, the amount will be paid into your **NemKonto**.

I consent to payment of the sum insured into my NemKonto

Date: _____ **Signature:** _____

If you do not wish us to pay the sum insured into your NemKonto, please provide us with the account number you wish us to use. See below:

Details of the account that is not your NemKonto

If you wish us to pay the sum insured into a Danish account:

Bank sort code: _____ Account no.: _____

Date: _____ **Signature:** _____

If you wish us to transfer the sum insured to an overseas account:

SWIFT/BIC code: _____ Bank code*: _____

Account number/IBAN no.: _____

* Sorting, Fedwire, Bankleitzahl, Routing no.

Date: _____ **Signature:** _____

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

FP 003 Consent: When I become ill

Critical illness insurance

With my signature, I consent to 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 I have a critical illness 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.

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 relevant case 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:

- Center for Health & Insurance
- Medical specialist who is to fill in or prepare a medical specialist's certificate.

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.

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.

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.: _____ - _____