

Sales no.	Insurance no.	Agent no.
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Group scheme through	Employer	CVR no.
	Name of employee	Civil reg. no.

Insured	Name		Civil reg. no.
	Address		Postcode. Postal area
	Occupation	Trade (industry/company)	Secondary job, if any
	Describe the nature of work (job function)		
	<input type="checkbox"/> Administration <input type="checkbox"/> Supervision and instruction <input type="checkbox"/> All work in the trade		
	Enrolment in the insurance policy on / 20		

Premium	The premium follows the contract entered into between my spouse's/cohabitant's employer and Danica Pension.		
	The premium is paid once a year.		
	PBS (direct debit) <input type="checkbox"/>	Reg. no. _____	Account no. _____ (10 figures)

Extract from insurance conditions on extent of cover in the basic module

The policy does not cover	The policy does not cover diseases/disorders or physical disability arisen prior to the inception of the policy. Moreover, any subsequent resulting conditions will not be covered.
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Health statement 4 - is to be filled in by the policyholder

1) Are you fully able to work? If you are fully able to work, you can carry out your work under normal conditions just like any other person in a similar job.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Have you been recommended for/referred or granted supported employment (fleksjob), or - is a resource programme (jobafklaringsforløb or ressourceforløb) being considered for you or are you in such a programme, or - are you in a vocational rehabilitation, work capability assessment or subsidised employment programme (revalidering, forrevalidering, arbejdsprøvning or ansættelse med løntilskud), or - do you work at reduced hours for health reasons, or - is there, or has there been, a special arrangement with an employer and the public authorities about the obligation to pay sickness benefits (dagpengeforpligtelsen)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3) Have you been recommended for or been granted public anticipatory pension or other pension or disablement benefits from the public authorities for health reasons?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If you answer No to question 1) or Yes to question 2) or 3), you must complete Health statement 1.		

I declare that the information stated here is the truth and that I have not withheld any information. I am aware that the insurance may be reduced or cancelled altogether if my answers are not completely true or if I have withheld information.

I acknowledge receipt of the guide on coverage and health statements.

Date Signature

If Danica Health Insurance has been supplemented with module 2, the policy comprises cancer and locomotive apparatus disorders arisen prior to the inception of the policy.

We refer to the relevant insurance conditions.

HE-3A

Please read the following before you complete this statement

- You must complete the questions **personally** and answer **all questions and sub-questions** carefully.
- You must **not** withhold any information, **even though** you may consider it irrelevant to the insurance company.
- However, you are **not** required to disclose genetic test results if you have taken such a test to determine whether you are hereditarily susceptible to certain diseases.
- Please note that if your answers are **not** completely truthful, or if you have withheld information, the insurance may be either reduced or cancelled altogether under the Danish Insurance Contracts Act.
- If you are not sure about the answers to the questions, such as about the diagnoses and dates, you can contact your doctor before you complete the statement. Your doctor often has the information in your medical record. You are, however, **personally** responsible for the information that you give in this statement. The insurance company does **not** pay or refund the doctor's fee.

1.

<p>Within the past year have you seen or been examined or treated by any of the following practitioners or at any of the following places of treatment?</p> <ul style="list-style-type: none"> - doctor/specialist - hospital/outpatient clinic/private clinic - psychologist, psychiatrist, psychotherapist - chiropractor, physiotherapist - other practitioner, including alternative therapist <p>NB! Underline the relevant practitioners or places of treatment</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> By whom? _____</p> <p style="text-align: right;">Name</p> <p style="text-align: right;">Address</p> <p>Why? _____</p> <p>When? _____</p> <p style="text-align: right;">Month/year</p> <p>Were there any complications or the like?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____</p> <p style="text-align: right;">If there is not enough room for your answer, write your answer on a blank sheet of paper.</p>
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2.

<p>Have you been referred to or accepted onto a waiting list for examination, treatment or hospitalisation?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Where? _____</p> <p>Why? _____</p>
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3.

<p>a. Are you taking medicine (prescription or non-prescription) prescribed by a doctor or other therapist?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> What? _____</p> <p>Why? _____</p>
<p>b. Within the past year have you taken medicine for more than one month including tranquilizers or painkillers?</p>	<p>If yes: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> What? _____</p> <p>When? _____</p> <p style="text-align: right;">Month/year</p> <p>Why? _____</p>

<p>c. Within the past year have you been ill or unable to work for a consecutive period of two weeks or more?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes: When? _____ Month/year</p> <p>Why? _____</p> <p>For how long? _____ Number of weeks</p> <p>Were there any complications or the like? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____</p>
<p>d. Have you been recommended for/referred or granted supported employment (fleksjob), or - is a resource programme (jobafklaringsforløb or ressourceforløb) being considered for you or are you in such a programme, or - are you in a vocational rehabilitation, work capability assessment or subsidised employment programme (revalidering, forrevalidering, arbejdsprøvning or ansættelse med løntilskud), or - do you work at reduced hours for health reasons, or - is there, or has there been, a special arrangement with an employer and the public authorities about the obligation to pay sickness benefits (dagpengeforpligtelsen)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> If yes: Which? _____</p> <p>Since when? _____ Month/year</p> <p>Why? _____</p>
<p>e. Have you been recommended for or been granted public anticipatory pension or other pension or disablement benefits from the public authorities for health reasons?</p>	<p><input type="checkbox"/> <input type="checkbox"/> If yes: Which? _____</p> <p>Since when? _____ Month/year</p> <p>Why? _____</p>

4.

<p>Who is your doctor?</p>	<p>Name: _____</p> <p>Address: _____</p>
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I declare that the information stated here is the truth and that I have not withheld any information. I am aware that the insurance may be reduced or cancelled altogether if my answers are not completely true or if I have withheld information.

I acknowledge receipt of the guide on coverage and health statements.

<p>_____</p> <p>Date</p>	<p>_____</p> <p>Proposer's signature</p>	<p>_____</p> <p>CPR No.</p>
<p>_____</p> <p>Landline No</p>	<p>_____</p> <p>Mobile No.</p>	

Declaration

Legislation	I accept that Danish law will apply to the full insurance policy. (If the policyholder is a private individual and not a company residing outside Denmark, the mandatory rules of the country of residence will apply instead of Danish law.).
Guidance	Our guidance only includes our own products and is therefore not independent. You can read more about our products and services at danicapension.dk
Complaints	I have been informed that any disagreement between me and Danica Pension over the insurance policy may be brought before the Danish Insurance Complaints Board; cf. the insurance conditions.
Resignation	The insurance policy ceases when the spouse/cohabitant resigns from his or her position.
Electronic mail	Danica Pension sends its letters electronically. <input type="checkbox"/> I do not want to receive letters electronically from Danica Pension
Declaration of consent	I consent to Danica Pension disclosing internally the personal data Danica Pension obtains about me in connection with the establishment of pension schemes and insurance covers for the purpose of providing me with the best possible advisory services. The consent covers information about - myself, such as my name, address, CPR number and state of health - the products I have opted for at Danica Pension, including details about types of insurance cover, the amount of benefits, custody accounts and contributions. Danica Pension is a group consisting of Forsikringselskabet Danica, Skadeforsikringsaktieselskab af 1999 and Danica Pension, Livsforsikringsaktieselskab. <input type="checkbox"/> I also consent to Danica Pension sending me marketing material by post. I do not want to receive marketing material by post from Danica Pension. Information by e-mail <input type="checkbox"/> I consent to receiving information about Danica Pension by e-mail, including general pension and insurance information, information about existing and new products, and newsletters. I may at any time request details about any consent I have signed, the type of information Danica Pension is allowed to disclose under the individual consent, the purpose of the consent given, and to whom Danica Pension is allowed to disclose the information.
Incorrect information	I declare that the information stated here is the truth and that I have not kept back any information. I am aware that the insurance may be reduced or cancelled if my answers are not completely true or if I have withheld information.
Signature	_____ Date _____ Signature of the insured

Insurance agent's declaration	_____			
	Agent no.	Shared agent	Referral agent	
	_____	_____	_____	_____
	Date	Stamp of insurance agent	Signature	Card no.

Consent to

retrieval and release of information – Taking out insurance
/Changes in the insurance period – health insurance.

Danica Pension

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Why we need your consent

In many cases, the information you yourself have or remember is not sufficient for Danica Pension to effect the insurance. Examples of information we need could be events that took place a long time ago, or information of a medical or financial nature. As a result, Danica Pension needs your consent to obtain documentation from the relevant sources about matters such as hospitalisation, treatments and contact with the public authorities in the form of medical records, case files, etc. Under the Danish Insurance Contract Act, the sum insured may be reduced or may not be payable at all if you submit a claim for compensation from Danica Pension and it turns out that you have provided incorrect information or have failed to provide relevant information.

Your doctor and others may pass on information about your health and other personal matters

Pursuant to the Danish Health Act, your doctor may, subject to your consent, pass on information about your health, information about other personal matters and other confidential information. Other legislation allows public authorities and insurance companies, etc. to pass on information about you on condition that you have given your consent.

You will be notified each time Danica Pension obtains information

You will be notified each time Danica Pension obtains concrete information. The notice will state why we requested the information, the type of information we have requested, the precise period and from whom we have requested it.

Consent

I hereby give my consent allowing

- Danica Pension to retrieve, use and release any information about me that Danica Pension deems necessary in order to assess my current application to take out/change a health insurance policy.
- parties from whom Danica Pension retrieves information to release the information requested by Danica Pension.

From/ to whom may Danica Pension retrieve/release information?

- Hospitals, doctors and other healthcare personnel.
- Municipalities.
- Insurance companies /pension funds.

What kind of information may be exchanged?

- Health data including information on illness and information on contacts made to the health care system and alternative practitioners.

The consent includes information until such time as Danica Pension has reached a decision regarding my application. The consent does not include information on genetic tests which solely serve to illustrate any risk of developing an illness later on.

Period of validity, notification etc.

The consent is valid for one year. I may, at any time, withdraw my consent and/or have any false or misleading information rectified/deleted. The parties involved in my file will be informed of my consent.

I will be notified each time Danica Pension retrieves information. I will be informed as to the reason for the retrieval, the nature of the retrieved and released information, the period which it concerns, and from whom the information is retrieved.

Date

CPR number

Signature of propose

The consent form is issued in agreement between the Danish Medical Association and the Danish Insurance Association.

The effective date of your insurance

If your health information is satisfactory, the insurance will generally provide cover from the date when we receive your completed proposal form and health statement or from a later date according to your wishes. Sometimes, we may encounter circumstances that prevent us from effecting the insurance right away: the proposal does not comply with Danish law, or it does not meet our general conditions for writing insurance, and we need, for instance, a few more details about your health.

Why you must complete a health statement

Before we can effect life and pension insurance for you and your family, you must answer some questions about your health in a health statement. We use this information to calculate your premium and determine your insurance cover.

The premium must match the risk

If we do not have the correct information, you may end up paying a wrong premium and receiving inadequate compensation. At worst, you may end up with no compensation at all if anything happens to you. It is important for us to know if you suffer from, for instance, a back disorder or heart disease, as it increases the risk of your becoming disabled or dying. Once we have the correct information, we fix a premium that matches the risk, and if your health statement is not satisfactory, your premium will be higher than the standard premium.

Exclusion of cover

An alternative to the higher premium is to add an exclusion clause to your insurance conditions; meaning that you pay standard premium, but will not be eligible to receive compensation should you become disabled because of an illness under the exclusion.

What we need to know about your health

When you complete a health statement and other questionnaires from Danica Pension, it is very important that you:

- answer all questions
- inform us of current illnesses
- inform us of past illnesses
- inform us of permanent or temporary use of medicine
- inform us of all examinations and treatments by doctors, chiropractors, physiotherapists, psychologists, etc.

Hidden illnesses

Health statements also include information about 'hidden illnesses'. Some people may tend not to mention mental illnesses or use of medicine or alcohol, or they may play down their back complaints. Maybe you do not know whether to mention a certain illness or an appointment that you have had with your doctor. To be on the safe side, you should mention whatever circumstance that comes to your mind, including information you may consider irrelevant at first.

If you are in doubt

If you are in doubt as to whether you have included everything in the statement, you can ask your doctor for additional information from your medical record. You can also use your e-record (e-journal) at sundhed.dk (the official Danish e-Health Portal) which lists the examinations you have had.

However, not all data may be available from your doctor or e-record; you may have changed doctors or others may have examined or treated you in the past. Therefore, it may be helpful to get in touch with these people or have your family help you retrieve the necessary information. But you must remember that you are personally responsible for the answers to all our questions being exhaustive and truthful.

If you find out afterwards that you have left out information, you must notify Danica Pension immediately.

Sensitive information

Your personal health information will be treated in strict confidence. The few people who read your health statement are bound to observe professional secrecy. You can also choose to put down the sensitive information in a letter and send it in an envelope to the Health Assessment department at Danica Pension.

After you have completed the health statements

Once you have completed and signed the health statements, you must send them to Danica Pension. If we accept your statements and do not require additional information, we will issue an insurance policy to you on our general terms and conditions. However, if you are suffering from an illness now or have done so in the past, we will consider your proposal thoroughly and may ask your doctor for more details, including a copy of your medical record. Subsequently, should we still need clarification of certain circumstances, we may also ask for information from a specialist or ask you to undergo a new medical examination. When we have considered your proposal, you will be offered insurance either on our general terms and conditions or on conditions that take your situation into account. It might also be that we are not in a position to offer you insurance on the present basis.

Reliable assessment

Like many other insurance companies, we make our assessments on the basis of statistical data prepared by the Danish Centre of Health and Insurance. The Danish Centre of Health and Insurance regularly collects data that may affect the assessment of health particulars. This enables insurance companies to update their knowledge in the personal risk area. Danica Pension's Health Assessment department bases its assessment of the insurance risk on professional and statistical knowledge. In this way, you are sure that your health information is treated uniformly and objectively.

Additional information

When you sign a proposal form for life insurance, you also authorise Danica Pension to retrieve information from public authorities, doctors and other insurance companies that hold information about your health. This authorisation applies for one year at a time.

If anything happens to you

If you are given a diagnosis or suffer an accident resulting in the payment of compensation, we will investigate the circumstances of your illness or the cause of your death. We will also ask for your or your surviving relatives' permission to request information from your doctor, specialist or relevant hospital. We then check this information with the answers you gave when you took out the insurance. In that way, we make sure that the insurance is paid to the legitimate beneficiaries only.

Compensation

Compensation will be paid out without undue delay, provided the information you gave about your health is true. If, on the other hand, you gave incorrect information when you took out the insurance, the compensation may be either reduced or, at worst, cancelled. This would be the case if it turns out that we would not have offered the insurance on standard terms had you given the correct information in the first place. The insurance cover will also be reduced or cancelled even though your claim for compensation is caused by an illness other than the one you failed to inform Danica Pension about. In case of wilful neglect, giving incorrect or incomplete information may be a criminal offence. If the incorrect information has no effect on the terms applying to the insurance, it will have no effect on the payment of compensation.