betri pensjón

Health Declaration

Betri Pensjón fills in	Policy No.:	Date:

Name		P-tal
Address	Postal code	City/town
E-mail address	Phone number	

We will contact you by e-mail for more information, if necessary. Should you need more writing space, please use a blank sheet and add as annex to the health declaration (or write on the back of this form). Please remember to date and sign any extra sheets.

Have you been in contact with, examined or received treatment from a doctor, specialist, hospital or other therapist in the last 3 years? (For example a physio-therapist, chiropractor, psychologist or other) *This does not include a cold, influenza etc.*	No ☐ Yes ☐	If yes, fill in the following: Cause? When?
Any following complications/discomforts?	No ☐ Yes ☐	Which?

Within the past 10 years, have you received medical treatment for more than a month? *This includes tranquillizers or painkillers*	No ☐ Yes ☐	If yes, fill in the following: Which medicine? Cause? When?

Within the past 10 years, have you been ill or unable to work for a consecutive period of one month or more?	No ☐ Yes ☐	If yes, fill in the following: Cause? When? Duration?
Any following complications/discomforts?	No ☐ Yes ☐	Which?

Are you fully capable of working?	No ☐ Yes ☐	If no: Why not?

Within the last 10 years, have you applied for, received social benefits or disability benefits due to your health?	No ☐	Yes ☐	If yes, fill in the following: Cause? When?

Are you in rehabilitation, had a career change or working reduced hours due to your health?	No ☐	Yes ☐	If yes, fill in the following: Cause? Since when?

What is your height and weight?	Height (cm)	Weight (kg)

Do you smoke?	No ☐	Yes ☐	If yes, fill in the following: How much?
If no, have you smoked within the past 2 years?	No ☐	Yes ☐	When did you stop?

I have answered all questions to the best of my knowledge and have not concealed or omitted anything. I am aware that in the case of incorrect or inadequate information, the insurance may not cover if I need to claim payment from Betri pensjón.

Date _____ Signature _____

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

LIFE AND NON-LIFE INSURANCE (Excl. Health Insurance)

Consenter's name:	Consenter's P-tal:	Policy number:

With my signature, I consent to Betri Pensjón 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.

Betri Pensjón collects information to be able to assess whether – and on what terms and conditions – I can take out insurance. In this connection, Betri Pensjón may disclose information that identifies me (such as my P-tal) and relevant information about my insurance case and my health to the parties from which the company collects information. Betri Pensjón will specify to the parties from which information is collected, what information is relevant.

From whom can information be collected?

With this consent, Betri Pensjón 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
- Danish Centre of Health & Insurance (https://helbredogforsikring.dk/)

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

To whom may relevant case information be disclosed?

With this consent, Betri Pensjón may disclose relevant case information to the following parties in connection with the consideration of my proposal:

- Danish Centre of Health & Insurance (https://helbredogforsikring.dk/)

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

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 Betri Pensjón has considered my proposal for insurance or change of insurance.

If the information for that period so warrants, Betri Pensjón 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 Betri Pensjón to consider my proposal for insurance or change of insurance.

Date _____ Signature _____