



## Insurance application FörmånsGrupp (Priority Group)

### Group agreement with compulsory membership – for companies with at least 10 employees

PLEASE USE CAPITAL LETTERS

Name of insurance broker	Sales code	Agreement no. (to be filled in by DKV)
Company		Telephone (incl. area code)
Address		
Postcode and town		E-mail
I agree to the new policy document being sent via the insurance broker		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### Choice of insurance

SjukvårdsGaranti	<input type="checkbox"/>	Topp	<input type="checkbox"/>	Plus	<input type="checkbox"/>	Bas	<input type="checkbox"/>
Compulsory choice	<input type="checkbox"/>	Referral *	<input type="checkbox"/>	No referral*	<input type="checkbox"/>	<small>* Referral means: to use this health insurance you must first have a visit at the local primary health care to get a referral to further health care.</small>	

#### Definition of the group

Examples of a defined group: the entire company or all office staff or a specific employment category
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#### Number of employees

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Enclose a list of names, personal identity numbers, home addresses and daytime phone numbers. The list should be signed to confirm that all the employees are in the age range 16–65, are members of a social insurance office and are fully able-bodied. An employee must not be in receipt of sick pay, sickness benefit, sickness compensation or activity compensation or have been off work sick for a total of more than 15 days in the previous 12 months.

Employees who do not meet the definition of able-bodied must provide a declaration of health.

#### Policyholder

Name of company	Corporate registration number
Address	Telephone (incl. area code)
Postcode and town	Fax (incl. area code)
Sector	E-mail
Contact person at the company	Telephone number of contact person

#### The insurance always commences on the first day of the

Date (YYYYMMDD)
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#### Payment of premium

<input type="checkbox"/> Notice of payment	<input type="checkbox"/> Quar-	<input type="checkbox"/> Six-monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Direct debit (fill in details below)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six-monthly	<input type="checkbox"/> Annually
Name of bank	Bank account no. (clearing no., 4 digits plus account number)		

NB Not more than one month may elapse from the date of the signature until the declaration of health reaches DKV Hälsa. Information which is collected will be archived by DKV Hälsa, regardless of whether or not the application is approved.

#### Signature

The undersigned undertakes to pay the premium for the above insurance. I have taken note of and agree to the terms and conditions on page 2.

.....  
Place and date (YYYYMMDD)

.....  
Company signatory

.....  
...Name.in.CAPITALS

## Information and conditions

### PREMIUMS AND PAYMENT

I am aware that:

- the existing premiums may be changed after the risk assessment is complete.
- premiums and insurance conditions apply for one year and may be changed by the insurance company at the time of the annual renewal of the contract.
- the coming into force of the insurance and the commencement of the insurer's liability require the initial premium to be paid by the date specified as the last date for payment on the premium notice. Provided that the premium is paid by this date, the insurance will come into force on the date on which the premium is paid, though not earlier than the date specified in the policy document. The insurer's liability commences at the same time and on the same condition. Payment of the initial premium after the final date specified for payment will be treated as a new application for insurance.
- the premium increases with age.

### AUTHORISATION OF PAYMENT BY DIRECT DEBIT (AUTOGIRO)

The undersigned Payer hereby authorises withdrawals to be made from my specified bank account at the request of the specified Payee for payment by direct debit. The bank holding the account is held is not obliged to verify authorisation of withdrawals requested or to notify the Payer about them in advance. Withdrawals will be made from the Payer's account according to the rules of the bank holding the account, which will notify the Payer of the transaction. Authorisation may at the request of the Payer be transferred to another account at the bank holding the account or to an account at another bank.

#### **The following also applies to withdrawals:**

##### APPROVAL/INFORMATION IN ADVANCE

The Payee may request a withdrawal from the Payer's account on the due date

- if the Payer has been notified of the amount, the due date and the method of payment not later than eight working days before the due date, or
- if the Payer has approved the withdrawal in connection with a purchase of or order for goods or services.

##### THERE MUST BE SUFFICIENT FUNDS IN THE ACCOUNT

The Payer must ensure that there are sufficient funds in the account to allow payment to be made on the due date. If the credit balance is insufficient for a withdrawal to be made on the due date, the Payee may attempt further withdrawals over the next few business days\*, for up to a period of a week. Information about the number of withdrawal attempts will be provided by the Payee.

##### STOPPING WITHDRAWALS

The Payer may stop

- an individual withdrawal by contacting the Payee not later than two working days before the due date,
- all withdrawals for the direct debit by contacting the bank not later than two working days before the due date.

##### PERIOD OF VALIDITY OF MANDATE, CANCELLATION

The direct debit mandate will apply until further notice. A Payer who wishes to cancel this mandate may do this by contacting the bank holding the account or the Payee. The mandate will cease not later than five days after notice of cancellation has reached the bank holding the account or the Payee.

##### THE RIGHT OF THE BANK HOLDING THE ACCOUNT/THE PAYEE TO CANCEL A DIRECT DEBIT

The bank holding the account and the Payee are entitled to cancel the direct debit thirty days after the bank holding the account/the Payee has notified the Payer of this. The bank holding the account and the Payee are entitled, however, to cancel the direct debit immediately if the Payer has on repeated occasions not had a sufficient credit balance on the due date or if the account to which the mandate is linked has been closed.

### AUTHORISATION OF PAYMENT BY DIRECT DEBIT (AUTOGIRO) FOR BUSINESS

The undersigned company ("the Payer") hereby authorises withdrawals to be made from the bank account linked to the above bankgiro number at the request of the above-mentioned Payee for transfer to the latter on a particular day (the due date). The bank holding the account is not obliged to check the authorisation of withdrawals requested or to specially notify the Payer of withdrawals made.

A condition of this mandate is that the Payee vouches for the correctness of the payments and, on request, repays any amount that is debited in error or otherwise incorrectly from the Payer's bank account.

Unless otherwise agreed with his bank, the Payer undertakes to have sufficient funds available in the account not later than on the banking day before the due date. If the account does not contain sufficient funds, the Payer is aware that this may mean that the payments are not made. Should payments, nevertheless, be made, the Payer's bank is entitled to charge interest and fees according to the bank's rules in force from time to time to cover the debt.

The Payee's account will be credited on the same day that withdrawal takes place. If the Payer's account does not contain sufficient funds on the withdrawal date, but funds are later paid into the account, a transfer may be made later (by agreement between the Payee and the Payee's bank) within five banking days, provided that the amount is then available.

The Payer's bank is entitled to cancel the direct debit linked to a bank account which, in its judgment, should not be used for a direct debit because it is repeatedly overdrawn or for any other reason.

Bankgirocentralen BGC AB administers the direct debit procedure on behalf of the banks.

The direct debit mandate will apply until further notice. It ceases not later than five banking days after being cancelled by the Payer. If the Payer wishes to cancel a mandate, he may do this by notifying the Payee, the Payer's bank or BGC in writing.

### INFORMATION IN ACCORDANCE WITH THE PERSONAL DATA ACT

–DKV Hälsa recording and processing any personal data provided by me or a third party to DKV Hälsa in connection with this application, including personal identity numbers and health particulars for the risk assessment. DKV Hälsa may retain the data for up to ten years after the contractual relationship between the policyholder and the insurance company has ceased and for up to three years in the event of no agreement being made between the policyholder and the insurance company.

–the data in the register being used by DKV Hälsa for assessing and administering this and any future insurance applications and also for the administration and fulfilment of any agreements. Certain data may also be used for marketing purposes, entailing, among other things, information about "services" etc. being automatically sent to me.

–health particulars being sent to a reinsurer.

I am aware that:

- DKV Hälsa owns and is responsible for the customer register ("personal data controller").
- the provision of information in this application is voluntary. However, complete information is necessary to enable DKV Hälsa to make an accurate risk assessment of the application and to grant insurance.
- I am entitled to receive extracts from a file relating to me personally as well as details of the processing of my data by contact DKV Hälsa.
- I am entitled to contact DKV Hälsa to request the correction, blocking or deletion of personal data supplied.

**The application should sent (no stamp required) to: DKV Hälsa, Frisvar 121 420 300, 110 01 Stockholm**