

# Application Group Healthcare Insurance

## Mandatory affiliation - for companies with at least five employees



The application is sent post-free to:  
DKV Hälsa, Frisvar 121 420 300, 110 00 Stockholm

### Provided by Handelsbanken

Name of insurance agent:

Clearing number:

Sales code:

Office:

Email:

Address:

Postal code / City:

Telephone number:

### Choice of insurance

Top

No qualifying period

No excess

Plus

With qualifying period

With excess 500 kr

With excess 1000 kr

“Qualifying period” means that the insured person must not receive treatment or have symptoms of a prior condition for 24 months after taking out the insurance policy, after which time the insurance is also valid for these illnesses or injuries.

### Group definition

Example of a group definition: the whole company, all salaried employees or a certain employment category

### All employees

Attach a list of names along with personal identity numbers, home addresses and daytime telephone numbers. The list is confirmed by signature asserting that all of the employees are aged 16-66 years, registered with a Nordic social insurance office and of full earning capacity. To be considered “of full earning capacity”, the insured must not have been on sickness leave for more than 15 days in total during the last 90 days, they must be able to carry out their regular work tasks without restrictions and must not have adapted work, salary subsidy, sick pay, sickness allowance, activity benefit, sickness benefit, and they must not have been granted such benefits which are currently inactivate.

### Policy holder

Company:

Name of group representative:

Corporate identity number:

Address:

Mobile number of group representative:

Switchboard telephone number:

Postal code / City:

Email group representative:

### The insurance always enters into effect on the 1st of the month

Date (YYYY-MM) when the agreement enters into effect

Note! No more than three months may pass from the date of signing the application until the group's work capacity certificate is received by DKV Hälsa. The information received will be archived by DKV Hälsa regardless of whether or not the application is approved.

## Premium payment

I want to pay by direct debit: Monthly Quarterly Every six months Annually

Name of bank: Bank account number (clearing number, 4 digits and account number):

I want to receive an invoice: Quarterly Every six months Annually

Account number or bank giro number in case of outstanding premium that is to be refunded.

Bank giro number/bank account number (clearing number, 4 digits and account number):

## Information, terms and conditions

### PREMIUMS AND PAYMENTS

- I am aware that premiums and insurance terms are applicable for 1 year and are subject to change by the insurance company at the annual contract renewal;
- that for the insurance agreement to enter into effect (be valid) and the insurer to be liable, the first premium must be paid no later than on the day specified as the final payment day on the premium payment slip. Provided that the premium is paid no later than on this day, the insurance agreement enters into effect on the day the premium was paid; however, no earlier than on the date specified in the insurance policy. The insurer becomes liable as of the same date and under the same conditions.

### TERMS AND CONDITIONS FOR DIRECT DEBIT

#### General

Direct debit is a payment service in which payments are transferred from the payer's account at the recipient's initiative. In order to pay by direct debit, the payer shall give their consent for the payment recipient to initiate payments from the payer's account. In addition, the payer's payment service provider (e.g., a bank or payment institution) must approve the use of the account for direct debit and the payment recipient must approve the payer for payment by direct debit. The payer's payment service provider is not obligated to evaluate the authorisation or to inform the payer ahead of requested withdrawals. Withdrawals are charged to the payer's account in accordance with the regulations applied by the payer's payment service provider. The payer will receive notification of withdrawals from their payment service provider. At the payer's request, their consent can be transferred to another account with the same payment service provider or to an account with a different payment service provider.

#### Definition of banking day

Banking days are all days except Saturday, Sunday, Midsummer's Eve, Christmas Eve, New Year's Eve or other public holiday.

#### Information about payment

The payer will be notified by the payment recipient of the amount, due date and payment method no later than eight banking days before the due date. This notification can be made ahead of each individual due date or at a single occasion in reference to several future due dates. If the notification refers to several future due dates, the notification shall be made no less than eight days ahead of the first due date. However, this does not apply in cases where the payer has approved the withdrawal in conjunction with a purchase or order of a product or service. In that case, the payer will receive a notice from the recipient regarding amount, due date and payment method in conjunction with the purchase and/or order. By signing this consent, the payer agrees to the execution of payments covered by the payment recipient's notification in accordance with this point.

#### There must be sufficient funds in the account

The payer shall ensure that there are sufficient funds in the account no later than 00:01 on the due date. If the payer does not have sufficient funds in the account on the due date, it may result in payments not being made. If there are not sufficient funds for the payment on the due date, the payment recipient may make further attempts to withdraw the money in the following banking days. The payer may request information from the payment recipient regarding the number of withdrawal attempts.

#### Stop payment (cancellation of a payment order)

The payer may stop a payment by contacting the payment recipient no later than two banking days ahead of the due date or their payment service provider no later than the banking day prior to the due date at the time specified by the payment service provider. If the payer stops a payment in accordance with the above, it means that the payment in question is stopped on that specific occasion. If the payer wishes for all future payments initiated by the payment recipient to be stopped, the payer must withdraw their consent.

#### Validity of the consent, withdrawal

The consent is valid until further notice. The payer is entitled at any time to withdraw their consent by contacting the payment recipient or their payment service provider. The notification regarding the withdrawal of consent shall, in order to stop payments that have not yet been effectuated, have been received by the payment recipient no later than five banking days ahead of the due date, or by the payer's payment service provider no later than on the banking day before the due date at the time specified by the payment service provider.

#### The right of the payment recipient and the payer's payment service provider to cancel the direct debit

The payment recipient is entitled to cancel the payer's direct debit 30 days after notifying the payer of such action. However, the payment recipient is entitled to immediately cancel the payer's direct debit if the payer has repeatedly had insufficient funds in their account on the due date or if the account for which consent has been given is closed or if the payment recipient otherwise deems it inappropriate for the payer to pay through direct debit. The payer's payment service provider is entitled to cancel the payer's direct debit in accordance with the terms and conditions that apply between the payment service provider and the payer.

### OBLIGATIONS OF THE GROUP REPRESENTATIVE

DKV Hälsa handles all administration of the insurances in terms of applications for affiliation and termination of insurance as well as all administration of claims. The group representative shall continuously provide information regarding the number of insured parties to the extent and scope that this is necessary for the correct fulfilment of this agreement. The group representative shall also provide documents to the insured parties and information about the group insurance. This administration can also be handled by an external partner with a power of attorney from an authorised signatory.

## Information, terms and conditions

### ERGO FÖRSIKRING A/S, THROUGH ERGO FÖRSÄKRING FILIAL, UNDER THE BRAND NAME "DKV HÄLSA", PROCESSES YOUR PERSONAL DATA AS FOLLOWS:

- We process your personal data in order to register and administer your health insurance with ERGO Forsikring A/S through ERGO Försäkring Filial, under the brand name "DKV Hälsa".
- The personal data you have provided is necessary for us to manage the customer relationship and fulfill our contractual obligations. We also need to process personal data in order to calculate and provide you with information about your insurance premium. We also process your personal data to document the advice we provide. If the personal data is sensitive, we process it in order to establish, exercise, or defend legal claims, as well as to fulfill legal obligations. A personal identification number is required for secure identification and to be able to do accurate reporting to authorities.
- We store the information as long as you are covered by the insurance. The data is deleted when we no longer have any obligations under the agreement or other regulations.
- You can read more about your rights, such as the right to access, correct, and delete personal data, in our privacy policy at [www.dkvhalsa.se](http://www.dkvhalsa.se).
- DKV Hälsa is a brand name. The party responsible for processing your personal data is ERGO Forsikring A/S, Frederiksberg Allé 3, DK-1790 Copenhagen V, with CVR-number 62940514 in the Danish company register. Your personal data is received by ERGO Forsikring A/S through ERGO Försäkring Filial.
- The personal data, with the exception of health information, will also be processed within the Handelsbanken Group to fulfil obligations as insurance advisors and for analysis and statistical purposes. The personal data will also be processed for marketing purposes within the Handelsbanken group unless the person whose information used by Handelsbanken Liv or their Handelsbanken office has requested that their information should be not used for marketing. If you wish receive information about your personal data processed within the Handelsbanken group, you can request this in writing from Handelsbanken Liv or at your Handelsbanken office. The same applies if you wish to request a correction of your personal data.

## Signature

The undersigned is aware that the information provided in this application forms the basis of the insurance agreement. I am aware that the validity of the insurance is also dependent on the information provided by the insured party, in this or supplementary documentation, being complete and accurate. I hereby confirm that I have received pre-purchase information from DKV Hälsa relating to this application and I have had the opportunity to read it before completing this application.

The undersigned undertakes to pay the premium for the stated insurance policy. In case the payment is made by direct debit, I have read and accepted the terms and conditions for direct debit.

**Place:**

**Date:**

**Authorised signatory's signature:**

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## List for group agreement with mandatory affiliation

The list is confirmed by signature asserting that all of the employees are aged 16-66 years, registered with a Nordic social insurance office and of full earning capacity.

**Note! Remember to sign the application on page 5.**

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# Group Healthcare Insurance

## List for group agreement with mandatory affiliation

| Personal identity number | Surname | First name | Street address, postal code and city | Telephone, daytime | Not of full earning capacity* |
|--------------------------|---------|------------|--------------------------------------|--------------------|-------------------------------|
|                          |         |            |                                      |                    |                               |
|                          |         |            |                                      |                    |                               |
|                          |         |            |                                      |                    |                               |
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|                          |         |            |                                      |                    |                               |
|                          |         |            |                                      |                    |                               |
|                          |         |            |                                      |                    |                               |

An employee that does not meet the requirements to be considered of full earning capacity will be connected to the insurance once they do.

### Signature

I hereby assert that everyone on the list is of full earning capacity, i.e. they have not been on sickness leave for more than 15 days in total during the last 90 days, they are able to carry out their regular work tasks without restrictions and do not have adapted work, salary subsidy, sick pay, sickness allowance, activity benefit, sickness benefit, and they have not been granted such benefits which are currently inactivate.

**Place and date:**

**Authorised signatory's signature:** \_\_\_\_\_

**Name in block letters:**