

Application for family member

Healthcare insurance

The application can be submitted via www.dkvhalsa.se or
postage free to: DKV Hälsa, Svarspost 20803368, 110 12 Stockholm



Insurance agent

Name of insurance agent:

Company:

Sales code:

Telephone:

Email:

Co-insured party (spouse, partner or child)

Surname:

First name:

Personal identity number:

Address:

Private telephone number:

Work telephone number:

Postal code / City:

Email:

Co-insured party (spouse, partner or child)

Surname:

First name:

Personal identity number:

Address:

Private telephone number:

Work telephone number:

Postal code / City:

Email:

Co-insured party (spouse, partner or child)

Surname:

First name:

Personal identity number:

Address:

Private telephone number:

Work telephone number:

Postal code / City:

Email:

Choice of insurance

Top with qualifying period

No excess

Plus with qualifying period

With excess 750 kr

Basic with qualifying period

With excess 1500 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.

The policyholder's employer (the company that has taken out the Healthcare Insurance Group policy)

Name of employer:

Corporate identity number:

Policyholder (the company employee)

Surname:

First name:

Personal identity number:

Payer (if other than the co-insured party, e.g., an employer or guardian)

Surname / Company:

First name / Company contact:

Personal id number / C.I.N. Number:

Address:

Private telephone number / Company contact:

Work telephone number:

Postal code / City:

Email private / Company contact:

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):

E-invoice

As a private individual, you can choose e-invoice in your internet bank after you pay the first invoice.

Companies that have e-invoices receive this automatically in their finance or business system if it supports e-invoices.

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.

Signature Direct Debit

The undersigned payer undertakes to pay the premium for the stated insurance policy.

Signature Direct Debit

Place:

Date:

Account holder signature:

Terms and conditions

ERGO FÖRSÄKRING 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.
- 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 Försäkrina Filial.

DECLARATION OF HEALTH – DISCLOSURE REQUIREMENT

- I hereby assert that the information provided is as accurate and complete as possible. I am aware that incorrect or incomplete information may make the insurance invalid or eligible for termination, and that no payments will be made in accordance with the Swedish Insurance Contracts Act.

Declaration of health

In order for a co-insured party to be included in the insurance, one condition is that they are of full earning capacity in accordance with the definition provided below at the time of the application.

To be considered “of full earning capacity”, the insured must not have been on sickness leave for more than 30 consecutive days in the last 12 months, 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. The health status of a child shall be the equivalent to that of a person of full earning capacity.

Is everyone on this application of full earning capacity? Yes No

Policyholder's signature

I hereby confirm that I have received pre-purchase information from DKV Hälso relating to this application and I have had the opportunity to read it before completing this application.

Co-insured party's signature (if the person is under 18 years old, the application shall be signed by a guardian)

Place: _____ Date: _____

Insured party's/guardian's signature

Policyholder's signature

Place: _____ Date: _____

Policyholder's signature

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

Signature Payer

The undersigned payer undertakes to pay the premium for the stated insurance policy.

Payer's signature

Place: _____ Date: _____

Payer's signature