

# APPLICATION GROUP HEALTHCARE INSURANCE

MANDATORY AFFILIATION - FOR COMPANIES WITH AT LEAST FIVE EMPLOYEES



KON

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

## Insurance agent

NAME OF INSURANCE AGENT

SALES CODE

COMPANY

MOBILE TELEPHONE NUMBER

ADDRESS

POSTAL CODE/CITY

EMAIL

## Choice of insurance

- |                               |   |   |
|-------------------------------|---|---|
| <input type="checkbox"/> Top  | <input type="checkbox"/> No qualifying period   | <input type="checkbox"/> No referral, no excess           |
| <input type="checkbox"/> Plus | <input type="checkbox"/> With qualifying period | <input type="checkbox"/> No referral, with excess 500 kr  |
|                               |   | <input type="checkbox"/> No referral, with excess 1000 kr |
|                               |   | <input type="checkbox"/> With referral                    |

A referral requirement means that the insurance only becomes applicable once the treating physician in the primary care system has written a referral for continued treatment.

“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.

With excess, you pay SEK 500 per condition/injury at the first doctor's visit.

## 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 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 inactive.

## 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)

### 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 payers 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.

#### PROCESSING OF PERSONAL DATA

- We process personal data in order to register and administer the healthcare insurance at DKV Hälsa and to determine correct terms for your contract.
- The personal data that you have provided to DKV Hälsa are necessary for us to manage your customer relationship and fulfill our contractual obligations. Personal identity number is required to secure identification and ensure proper reporting to the authorities.
- We store information as long as you are customer with us. The data is deleted when we no longer have obligations under the agreement or other regulations.
- You can read more about your rights, such as the right of access, rectification and erasure, in our privacy policy at [www.dkvhalsa.se](http://www.dkvhalsa.se).
- The CEO of DKV Hälsa is responsible for how your personal data is being processed. If you have any questions about the processing of personal data you can send an email to [admin@dkvhalsa.se](mailto:admin@dkvhalsa.se). You can also send a letter to DKV Hälsa, 105 39 Stockholm.

## 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

# GROUP HEALTHCARE INSURANCE

## LIST FOR GROUP AGREEMENT WITH MANDATORY AFFILIATION



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

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 4.**

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

\*) Check the box "Not of full earning capacity" if the person does not meet the conditions to be considered of full earning capacity.

# GROUP HEALTHCARE INSURANCE

LIST FOR GROUP AGREEMENT WITH MANDATORY AFFILIATION



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

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 30 consecutive days in the last 12 months, 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**