

# Application for compensation for certain critical illnesses

<b>Send the form to:</b> Skandia Postboks 830 7007 Fredericia Phone +45 7010 0117
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## 1. Personal details

Name:	CPR number:
Address:	Postcode & City:
Phone number:	Email:
Employer:	

All questions must be answered. You can use a blank page if there is not enough space in the boxes.

When we have received your application, we will obtain relevant medical journals and test results related to the diagnosis you have reported. If it is a cancer diagnosis, we also ask for a copy of the tissue sample results (histology report). If it is a blood clot in the heart, we also ask for a copy of the blood test results (cardiac biomarkers). If it is a brain haemorrhage/blood clot in the brain, we also ask for the results of the CT or MR scans.

If you have a copy of your patient records, test results, etc., we encourage you to forward these with your application. This may speed up the assessment of your claim, as we may not need to ask your consent and obtain further information.

## 2. Questions

1	What is the name/diagnosis of the illness?	
2	When did you first have symptoms of the illness, and what symptoms did you have?	Date: Symptoms:
3	When did you first contact a doctor regarding the illness, and who did you contact?	Date: Hospital/doctor:
4	Where were you examined/treated for the illness?	Date: Hospital/doctor: Department: Address:

<p>5</p> <p>Have you previously suffered from or received any treatment for:</p> <p>a. A similar illness? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>b. Other illnesses? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, on which date?:</p> <p>Which:</p> <p>Which:</p> <p>Where were you treated? Doctor/hospital?</p>
<p>6</p> <p>Who is your general practitioner?</p>	<p>Name:</p> <p>Address:</p>

### 3. Payment

<p>7</p> <p>Payment from Skandia is made into your NemKonto account.</p> <p>A payment into a NemKonto account is generally not protected against creditor claims. If you want to protect the payment, you need to set up an account with your bank or another bank that is protected against creditor claims, and notify us.</p>	<p>Payment will be made into your NemKonto account.</p> <p>If you want payment to be made into another account, you need to tell us:</p> <p>Registration no.:</p> <p>Account no.:</p>
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### 4. Signature

<p>I hereby declare that my answers and the information given is true and that I have not concealed anything. I am aware that the insurance may be reduced or cancelled if my answers are not fully truthful or I have concealed anything, and that Skandia may claim compensation in case of incurred loss due to these reasons.</p> <p>If you are applying on behalf of someone who is unable to sign the application, you must also complete the 'Apply for compensation for certain critical illnesses on behalf of someone else' form. The forms must be sent together.</p> <p>Date: _____ Signature: _____</p>	
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