

Application for compensation for certain critical illnesses

Send the form to: Skandia c/o AP Pension Østbanegade 135 2300 København Ø Phone +45 7012 1213
--

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:

