# FP 001 Consent: When I want to take out insurance or change insurance I already have

# Life and pension insurance

With my signature, I consent to [name of company], collecting, using and disclosing, in connection with my *proposal for insurance or change of insurance*, the information relevant for the company's consideration of my proposal.

[Name of company] collects information to be able to assess whether – and on what terms and conditions – I can take out insurance. In this connection, [name of company] may disclose information that identifies me (such as my civil registration number) and relevant information about my insurance case and my health to the parties from which the company collects information. [Name of company] will specify to the parties from which information is collected what information is relevant.

***From whom can information be collected?***

With this consent, [name of company] may for one year from the date of my signature collect relevant information from the following parties:

* My current and former general practitioner.
* Public and private hospitals, clinics, centres and laboratories.
* Medical specialists, physiotherapists, chiropractors and psychologists.
* Danish Centre of Health & Insurance (<http://helbredogforsikring.dk/>).
* Others (state the name and other relevant contact information).

With this consent, the specified parties may for one year from the date of my signature disclose the relevant information to [name of company].

***To whom may relevant case information be disclosed?***

With this consent, [name of company] may disclose relevant case information to the following parties in connection with the consideration of my proposal:

* Danish Centre of Health & Insurance (<http://helbredogforsikring.dk/>).
* Others (state the name and other relevant contact information).

***What types of information may be collected, used and disclosed?***

The consent covers *collection, use and disclosure* of the following categories of information:

* Medical information, including information about illnesses, symptoms and contacts to the health services.

The consent does not cover information about:

* The current or former health of other persons such as relatives.
* Results of genetic testing carried out to clarify the future risk of the proposer of developing certain diseases (predicative genetic tests).
* Participation in and results of preventive tests. However, information about results of such tests may be provided if such tests show signs of disease or they are about diseases which the proposer has previously had or the outbreak of which is already seen.

***For what period of time may information be collected?***

The consent covers information for a period of [insert] years prior to my signing of this consent and until the time when [name of company] has considered my proposal for insurance or change of insurance.

If the information for that period so warrants, [name of company] may, providing a specific reason, also collect information relating to the time before that period.

***Withdrawal of consent***

I can withdraw my consent at any time with effect for the future. The withdrawal may affect the ability of [name of company] to consider my proposal for insurance or change of insurance.

Date: ………………………. Signature: …………………………………………………. Civil reg. no.: \_ \_ \_ \_ \_ \_ - \_ \_ \_ \_