

Registration of co-insured - Lifeline health insurance

Advisor information

Advisor information	Agency number
---------------------	---------------

Employee information

Name	CPR no.
Employer	

Registration of spouse/partner (requires spouse/partner's signature on page 2)

Name	CPR no.	
Agreement number		
Address	Postal code	City
E-mail	Telephone	

The employee's employer and Skandia may have concluded an agreement that special optional cover has been taken out for co-insured parties. If this is the case, the co-insured parties will automatically be covered by the special optional cover.

Registration of children (valid for children living at home and the employee's biological children between the ages of 1 and 24)

Name	CPR no.
Name	CPR no.
Name	CPR no.

Registration of children is not possible where the company has selected collective children's cover. The employee's employer and Skandia may have concluded an agreement that special optional cover has been taken out for co-insured parties. If this is the case, the co-insured parties will automatically be covered by the special optional cover.

Effective date

The health insurance will enter into force on the date indicated below, but no earlier than by the date of receipt by Skandia:

Date

If the spouse/partner/children has/have been covered by another health insurance policy until the date indicated above, the company and commencement date for this health insurance must be stated below.

Company	Date
---------	------

Co-insured persons are covered by a 12 months waiting period from the effective date. In order for the spouse/partner/children to be able to transfer any seniority from the ceding company, the employee will have a maximum of three months subsequent to their own acceptance of the agreement to register their spouse/partner/children. The effective date will always be the same date as the one on which the employee's insurance come into force, with reservation for any children below the age of 1. Any spouse/partner/children who has/have not previously been insured cannot be placed on the policy with retroactive effect.

Consent

I give my consent for the disclosure of all information regarding myself between all companies of Skandia Danmark for the purposes of providing advice and administration of my insurance policies

Yes – I hereby give my consent for the disclosure of my information between companies in the Skandia group for marketing purposes

Your signature

Date:	Signature:
-------	------------

Spouse/partner's signature

Date:	Signature:
-------	------------

Spouse/partner's signature