

Sickness announcement

(to be filled out by the sick person)

Policyholder	Id. number	
Phone/Cell phone	Email	

Name of the sick person	Id.number	
Addresse	Phone	Email

When did you first become aware of the illness ? (day / month /year)
Description of the symptoms:
Diagnosis ;

When did you first seek medical help due to the symptoms?
Please state name of the doctor and / or medical center
Name of the general practitioner?
Where you perfectly healthy and able to work before the illness?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explane further:
Have you been assessed as invalid?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes – who did the valuation and state the presentage of the invalidism;

Have you been unable to work because of the illness?
<input type="checkbox"/> Yes <input type="checkbox"/> No From date. _____ till date. _____

Other:
Compensation shall be deposit into account nr. _____ - _____ - _____

Informed consent for the processing of sensitive personal information

I, the undersigned, hereby certify that my responses to the above questions are, to the best of my knowledge, correct and truthful and that no attempt is made to conceal anything that may be of importance in the company's determination of liability and compensation amount

I, the undersigned, hereby grant Vördur tryggingar hf. unequivocal permission to collect information from physicians, hospitals, healthcare centres and other medical institutions/treatment entities about my current health. This permission, moreover, applies to the collection of information about previous illnesses and/or accidents as deemed necessary for the processing of this case.

Furthermore, I authorise the company to collect information from the State Social Security Institute, pension funds, unions, tax authorities and other insurance companies as deemed necessary for the processing of this case and determining the amount of compensation.

I am aware that Vördur tryggingar hf. will use this information for the sole purpose of processing my case with the company and that access to this information within the company is solely in the hands of those parties who are responsible for processing personal claims.

This declaration includes my consent for processing personal information in accordance with Act No. 77/2000. This consent may be recalled at any time by written notification thereto to the company.

Place/date

Signature