DANSK SUNDHEDS SIKRING

Terms - Trade and industry Health Insurance - Full-time coverage

Family360

Health professional advice and health navigation in case of serious illness.

Version 2.0 | Forsikringsselskabet Dansk Sundhedssikring A/S | Q1 | 2024

DANSK SUNDHEDS SIKRING

Table of Contents

1. Basis for the agreement

These insurance conditions are valid from 1 January 2024.

The insurance has been taken out through Dansk Sundhedssikring A/S, VAT no. DK34739307 – hereinafter referred to as Dansk Sundhedssikring A/S.

The total insurance contract with Dansk Sundhedssikring A/S is comprised of the insurance contract (the policy), any addenda to the insurance contract and the insurance conditions attached to the insurance contract. The insurance is also subject to Danish law, including the Insurance Contracts Act, the Insurance Business Act and the Financial Business Act.

The insurance contract applies between Forsikringsselskabet Dansk Sundhedssikring A/S and the company, association or organisation named as the policyholder.

The policyholder has a duty to inform their employees/members about what the insurance covers, as stated in the insurance contract with any addenda.

Definition of certain terms used in the insurance/policy conditions:

Company
This means Forsikringsselskabet Dansk Sundhedssikring A/S, referred to in the conditions as Dansk Sundhedssikring.

The insurance period
The insurance period is the period from when the insurance enters into force until it ends, for whatever reason.

Policyholder
The person with whom we have entered into the insurance contract.

Insured party
The person covered by the insurance, often referred to as you/yours in the following.

1.1 When does the insurance apply

The insurance applies during the insurance period. The insurance will come into effect at the time agreed between the policyholder and Dansk Sundhedssikring. The qualifying period commences when the insurance takes effect, see section 2.2 ”Qualifying provisions”.

1.2 What the insurance covers

The insurance covers health professional advice and health navigation in relation to serious or critical illness, which is described in these conditions, where reference is made to assessment and treatment at a Danish public hospital.

The insurance covers only the diseases/conditions specified in the conditions under section 5.2.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

2. Who the insurance covers

The insurance can be taken out by companies registered with a VAT number in Denmark, and the company must be located in Denmark.

The insurance covers the employees who are subscribed and named in the insurance contract and their family members, who are registered on the policy.

The insurance can be purchased for an employee or a group of employees, as a compulsory or voluntary scheme. There is no upper age limit for the employees.

The insurance covers the following individuals:
- yourself
- your spouse/partner
- your/your spouse's/partner's biological children, adopted children or children of whom you or your spouse/partner are the legal parent irrespective of their place of residence.
- if this is purchased also your biological, adoptive, step or legal parent(s), regardless of age, and your spouse's/common-law partner's biological, adoptive, step or legal parent(s), regardless of age. A maximum of 4 parents can be registered at a time.

The insured parties must be registered on the policy to be covered. The registration of insured parties can be done at www.mit-ds.dk.

Employees employed in reduced-hours jobs or jobs with light duties are covered, but not for the disorders that are the reason for the employee having a reduced-hours job or job with light duties.

The insurance terminates when it is terminated by one of the parties or upon the death of the policyholder (employee).

The insured party must have a permanent National Registration Office address in Denmark (excluding Greenland and the Faroe Islands), have a Danish health insurance card and be entitled to receive Danish public health insurance benefits at hospitals.

Expatriates and any co-insured party stationed abroad with the health-insured party are only covered for examination and treatment at a public hospital in Denmark.

Transport costs to and from Denmark are not covered.

2.1 Subscribing and unsubscribing employees

The company must always keep us informed of which employees should be subscribed or unsubscribed from the insurance policy and must ensure that we have an updated list of employees covered by the scheme.

Dansk Sundhedssikring offers the option to make adjustments free of charge twice in connection with the renewal date. If there are adjustments in addition to this, an adjustment fee of DKK 2,500 will be charged per adjustment. Adjustments can only be made during the current year and no more than 3 months in arrears. The company pays for claims payments that Dansk Sundhedssikring has made for employees who have been unsubscribed back in time.

2.2 Qualifying provisions

There is a 6 months qualifying period for existing diseases, injuries and disorders. This means that you must have been covered by the insurance for 6 months before the insurance can cover illnesses/diseases that occurred and/or were diagnosed before the insurance came into effect. Thus, it is important that the insured parties are registered on the policy. Diseases and injuries that arise after the insurance comes into force will be covered on the basis of the applicable insurance conditions.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

3. What the insurance covers

The insurance covers health professional advice and health navigation (described in more detail in section 5) for the 20 illnesses/diseases listed in the insurance conditions, and where the investigation, examination and treatment take place in a public hospital in Denmark, or where the public hospital, as part of the investigation and treatment, has referred to a hospital with which the region has an agreement.

Examination and treatment in Greenland or the Faroe Islands are never covered. This also applies if you have a registered address in Denmark but are staying in Greenland or the Faroe Islands.

4. Using the insurance

The overall conditions apply to all cover, but with the detailed rules and exceptions described in the individual cover. We therefore recommend that you read the terms and conditions before using the insurance.

The insurance covers health professional advice and health navigation for up to 24 months per illness/disorder mentioned under section 5.2. Only these illnesses/disorders are covered by this insurance.
Consequential conditions arising from the covered illness/disorder, or in relation to its treatment, are covered within the same period. The period of cover starts on the day we receive and approve your claim.

Relapse of the same disorder/illness or its consequential condition outside the coverage period of up to 24 months from the date of approval of your original claim is not covered.

4.1 Referral to a public hospital

To use the insurance, you must be referred to a public hospital in Denmark for examination, investigation, treatment or for a public treatment regimen relating to one of the illnesses/disorders covered by the insurance. We will need a copy of your doctor's referal before insurance assistance can begin.

4.2 The claim must be approved

We must always approve your claim before insurance assistance can begin. To assess this, we need a copy of the referral. If your claim meets the conditions, you will be contacted in order to set up an initial interview with you and possibly your relatives. During the interview, together we will identify your needs for help.

4.3 Ongoing and planned examination/treatment

If you file the claim at a time when you have started or are already undergoing treatment in a public hospital for one of the covered illnesses/disorders, the coverage period will start up to the 24 months from the date we receive and approve your claim. We may ask you to send us medical records and other documents from your course of treatment at the hospital so that we can help you in the best possible way.

4.4 Assistance in case of emergency admission and acute treatment

The insurance covers health professional advice and health navigation during our opening hours on business days. If you are admitted urgently and need health professional advice during your coverage period, you or your relatives can contact us on the first business day. Alternatively, you can write to us via your claim form and we'll call you back on the next business day.

If you need emergency assistance or acute treatment, you or your relatives should contact your doctor, the emergency medical service, the emergency telephone line, the casualty ward or 112.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

4.5 Health professional advice and health navigation during a stay abroad

The insurance only covers health professional advice and health navigation regarding your course of treatment at a public hospital in Denmark. The insurance does not cover health professional advice, health navigation or medical advice if you are abroad during your course of treatment, including treatment or recreational stays abroad that are referred by the Danish healthcare system.

4.6 Extension of coverage period in the event of absence from hospital appointments and cancellations

If you choose to be absent from an examination and treatment, and this contributes to prolonging your overall stay at the hospital, the coverage period will not be extended accordingly.

If the hospital cancels your treatment without a medical/health reason and this contributes to a significant extension of your hospital referral, a reasonable extension of the coverage period is possible through the insurance.

If the hospital cancels or postpones your examination or treatment for medical/health reasons and this results in your referral being significantly extended, we will assess whether this should give rise to a reasonable extension of the coverage period through the insurance.

The coverage period can be extended by a maximum of up to 4 months. Assessment of an extension will depend on a health professional assessment of what is estimated to be expected in relation to the illness/disorder. The extension must be assessed and approved by us.

4.7 Experimental treatment or treatment carried out as part of a research project

The insurance does not cover counselling on experimental examination and treatment, examination/treatment that the Danish health authorities have not finally approved, or investigation/treatment carried out as part of a research project.

4.8 Making a claim

A claim should be filed as soon as possible. You can report the case by calling us every weekday during our business hours at +45 7020 6121. Our business hours are listed on our website www.ds-sundhed.dk. Claims can also be filed online at https://mit.ds-sundhed.dk/#/login. Claims filed will be treated quickly and, in most cases, from one day to the next. If you file a claim online outside business hours on weekdays, the claim will be handled on the next earliest business day.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

5. What the insurance covers

The insurance covers health professional advice and health navigation. Our counselling team consists of experienced nurses, doctors, physiotherapists, social workers, psychologists and other health professionals. They all have many years of experience in different specialities and offer professional advice and navigation in the Danish healthcare system.

5.1 Your contact nurse

Once your claim is approved, you will be assigned a healthcare advisor, a primary contact nurse, who will be with you and your family throughout your course of treatment at a public hospital.
The aim is for your contact nurse to remain the same individual during the course of treatment. In the event of temporary or permanent absence (e.g. illness or maternity), we ensure that you are provided with a new contact nurse.

Your contact nurse will assist you and your family with, for example:

- Contact with the hospital regarding follow-up to your referral, including ensuring compliance with applicable guarantees of investigation/treatment.
- Prepare for the meeting with the hospital, examinations and further treatment.
- Participate in medical consultations via digital platforms or the phone and be your professionally competent and independent support person.
- Help review your medical records and examination results from the hospital.
- Medical advice from the insurance's own medical consultants, including whether the planned examinations are sufficient, relevant and expected in relation to your illness or disorder.
- Clinical advice including medication advice.
- Schedule appointments for treatment or examination, to the extent permitted by the public hospital system.
- Help you in ordering transportation or other assistance if required.
- Have caring calls with you.
- Help you in getting in contact with your pension company, accident insurance company and the like.
- Contact municipal authorities if necessary.
- Assist you in the transition between hospitalisation and discharge.
- Social worker assistance.
- Psychological counselling concerning serious illness, grief/crisis.
- Conversation about the end of life.

We start with a conversation where we identify your needs for help. This will also include the need for you to give us your permission to approach, on your behalf, the relevant bodies to assist you in your course of treatment at a hospital. We will have ongoing contact with you and also your relatives if you wish that.

We always end your programme with a conversation with you and your relatives, where you are helped and guided in the right direction.

5.2 Illnesses/disorders covered by the insurance

The insurance covers the following 20 diseases/conditions:

- **Cancers that are part of the public healthcare system's "standardised treatment regimens"** – the cancer treatment regimens ensure uniform screening and treatment, specifically tailored to selected cancers.
- **Alzheimer's/dementia** – progressive brain disease that affects memory and ability to function.
- **Brain haemorrhages** – bleeding in the brain.
- **Blood clot**

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

- **Aneurysms** – dilatation of the artery.
- **Heart failure**
- **Narrowing of coronary arteries requiring bypass or PCI, balloon dilatation of coronary arteries.**
- **AMI** – blood clot in the heart.
- **Sclerosis** – neurological disorder that attacks the brain and spinal cord.
- **Heart rhythm disorders, ICD** – heart rhythm disorders requiring an implantable cardioverter-defibrillator.
- **Kidney failure** – a condition in which kidney function is significantly impaired or has ceased.
- **Progressive muscular atrophy** – incurable muscle disease in which muscle tissue is gradually replaced by connective tissue.
- **HIV/AIDS** – virus that harms the immune system.
- **ALS** – incurable disease affecting the brain and spinal cord.
- **Pulmonary embolism** – (blood clot in the lungs).
- **Parkinson's disease** – disease that gradually destroys the nerve cells in the brain.
- **Total blindness/deafness** – loss of sight/hearing.
- **Type 1 diabetes** – insulin-requiring diabetes.
- **Post-concussion syndrome** – long-term after-effects of a concussion lasting more than 24 months.
- **Whiplash syndrome** – chronic whiplash.

5.3 Consequential condition, side effects and relapses

Consequential conditions arising with regard to the coverable underlying disease/condition, or in relation to its treatment, are covered within the same coverage period and within the same coverage period of 24 months from the date of approval of the underlying disease/condition, and includes health professional advice and health navigation. The coverage period starts on the day we receive and approve your claim.

Relapses of the same disorder/disease or its consequential conditions outside the coverage period of up to 24 months per illness/disorder are not covered.

5.4 Membership of a patients' association

If you are diagnosed with one or more of the 20 diseases/conditions covered by the insurance during your examination at the hospital, the insurance will cover the cost of 1 membership of the appropriate patients' association for up to 12 months. However, this is subject to a certain reasonable amount determined and continuously regulated by DSS based on the current tariffs for patients' associations in Denmark and the general price development for such. The amount will appear on the payment guarantee that we issue. Your 12-month membership in a patients' association has no impact on your course of treatment through the insurance.

The insurance does not cover the costs of examination, treatment, transportation, medication or similar.

5.5 Advice on the possibility of a second opinion

We advise and guide you on the possibility of being referred for a second opinion at a public hospital if there is a medical reason for this.

We can also offer our doctors the opportunity to review all relevant medical records and examination reports to advise on whether the investigation undertaken is considered sufficient, relevant and expected in relation to your illness or disorder.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

6. Communication between you and your contact nurse

The communication with your contact nurse will primarily be in form of telephone conversations and e-mail correspondence via your profile on our website.

For medical consultations that take place in the hospital, your contact nurse can participate via digital platforms or by listening on the phone. It is also possible that you and your family talk to your contact nurse before the doctor's appointment so that you are best prepared for the conversation with the doctor.

Together with your contact nurse, you agree from time to time when the next contact will take place - and how. You can always write to your contact nurse, who will get back to you as soon as possible.

You can also request a call by either writing or contacting our Health Team at +45 7020 6121 during business hours on weekdays. It is important that we have your correct contact details and the contact details for anyone that you would like us to provide information to about your course of treatment.

6.1 Consent and power of attorney

In order to best assist you during your course of treatment at the hospital, we may ask you to complete a consent form so that we have your permission to provide your relatives or other persons appointed by you with information about your course of treatment at the hospital and insurance assistance. A consent must always be approved by you.

You may also need to provide us with a power of attorney in order for us to contact the hospital on your behalf if there is a need for coordination of examinations, participation in medical consultations, contact with municipal authorities, patients' associations or the like. We will inform you if this is needed. A power of attorney must always be signed by you before it is valid.

7. What the insurance does not cover

Apart from what is stated in the insurance conditions, including the provisions of the individual covers, the insurance does not cover:

- Illnesses/disorders not mentioned in section 5.2. If a diagnosis is made for a disorder not covered by this insurance, a final consultation is offered to determine whether the claim should be reported to another insurance or whether a referral should be made to another body or treatment intervention.
- Pre-existing conditions that have arisen before the insurance took effect. These will only be covered 6 months after the insurance is taken out.
- Expenses. The insurance does not cover the costs of examination, treatment, transport, aids, home help, rehabilitation, prescriptions and medicines and what we assess is equivalent to this.
- If you have been referred for examination and treatment by a private hospital or specialist clinics outside the public hospital system, whether the clinics are public or private.
- If the examination and treatment take place abroad or are carried out by doctors abroad.
- Counselling and guidance in relation to non-medically approved treatment, experimental treatment, examination and treatment carried out as part of research or a research project. Examination and treatment that is not organised by the public hospital system and as part of your course of treatment at the hospital.
- Medical involvement in the hospital's planned examination and treatment plan. We will help you review your examination/treatment plan and assist you in clarifying questions in relation to this.
- Complications, consequential conditions, adverse reactions or similar, resulting from investigation and treatment in the public healthcare system are not covered beyond the 24 months from the date of approval of the claim, see section 5.3

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

- Recurrence of the same illness/disorder and/or relapse elsewhere in the body of the same illness/disorder beyond the 24 months from the date of approval of the claim.
- Navigation and health professional advice related to preventive examination/treatment and screenings.
- Injury/disease caused by war, warlike acts and conditions, including civil war, civil unrest, rebellion, revolution, terrorism, bacteriological and chemical attacks, nuclear reactions, nuclear energy, radioactive forces, radiation from radioactive fuel and waste, epidemics and pandemics.
- Injury/disease or secondary complications of medicines, vaccines as well as their side effects/long-term effects.

8. General provisions

8.1 Duration of insurance

The duration of the insurance is stated in the insurance contract. The insurance will be automatically renewed on the renewal date unless otherwise stated in the insurance contract.

8.2 Payment of the premium

The premium is paid for the first time when it enters into force. Later payments will follow the contract. We will send an invoice to the notified e-mail address or by electronic invoicing. In other cases, we will send an invoice to the notified payment address. We should be notified immediately if the payment address is changed.

Monthly payment

In order to be able to pay the premium monthly, it is a requirement that the payment is registered with PBS or other direct debit payment methods.

Timely payment date

The amount is charged with information on the last timely payment date.

Overdue payment

If the amount in the first invoice is not paid on time, we have the right to terminate the insurance without further notice. We will send the first reminder letter if the amount in the subsequent invoices is not paid on time. If the amount is not paid within the deadline stated in the reminder letter, the policyholder loses the right to compensation. If the amount in the second reminder letter is not paid on time, the insurance will be cancelled.

A fee is charged for every reminder letter sent. The fee is listed on our website www.ds-sundhed.dk. We also have the right to charge interest on the overdue amount in accordance with the Interest Act and the right to transfer the amount to legal debt collection.

Fee for services

We have the right to increase existing fees or introduce new fees to cover our costs fully or partially, e.g. in connection with:

- Sending of invoices.
- Provision of services related to the policy and processing of claims.
- Cancelling of the insurance before the end of an insurance period.
- Communication through non-digital channels.

We will increase an existing fee with one month's notice to the first of a month. We introduce new fees with three months' notice to the first of a month. We notify you of increases and new fees via our website. The fees are listed on our website www.ds-sundhed.dk.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

8.3 Adjustment of premium and insurance conditions

The price is adjusted once a year, unless otherwise agreed. An annual statement is drawn up of the current number of insured persons versus the number being paid for. Any difference will be credited or charged to the policyholder.
The premium is determined once a year on the renewal date. The price adjustment is based on the latest year's claims accounts and changes in the net price index or similar (Statistics Denmark).

Premium adjustment is not limited to changes in the net price index and/or legislative changes. If this happens, you can choose to terminate the agreement in writing from the end of the current month plus one month after the renewal premium notification has been received.

If the price is based on some preconditions that are no longer present, we can adjust the price on the next renewal date. If a risk account is prepared for the insurance, the premium will be adjusted according to special rules.

In addition to the index-adjustment, we can change the insurance conditions and/or the price of already established schemes, with one month's notice to the end of a month, unless otherwise stated in the contract. The price will be adjusted by a percentage determined by Dansk Sundhedssikring.

If you cannot accept the changes, you must terminate the agreement in writing within 14 days of receiving the notification of the notified changes. The insurance will then be terminated on the change date. If the agreement is not terminated in writing, the insurance will continue with the changed insurance conditions and/or price.

Changes to the insurance conditions that are exclusively of a clarifying nature and which do not impair the insurance coverage, e.g. linguistic updates and improvements, are not notified.

Premium changes due to index-adjustment and imposed taxes etc. by the public authorities are not regarded as a change to the insurance conditions or the price and will not be notified.

8.4 Cancellation and termination of the insurance

Insurances that are purchased for one year at a time are automatically renewed from the renewal date. Unless otherwise agreed, an annual policy with annual statement of debit or credit is made.

The policyholder can cancel the insurance in writing during the month for it to come into effect at the end of the following month. Dansk Sundhedssikring can cancel the insurance in writing during the month for it to come into effect at the end of the following month. In case of fraud or attempted fraud, we can terminate the insurance without notice.

The insurance terminates at the end of the month when your employment terminates, if you leave the scheme or in case of non-payment of the premium.

The insurance will end at the end of a month if you no longer have a National Registration Office address in Denmark. The insurance will expire in any case at the time when the overall agreement between the company and Dansk Sundhedssikring ceases.

8.4.1 Coverage on termination of the insurance

When the insurance stops, you lose the right to cover and no new claims can be reported. Claims that have been reported and approved during the insurance period are covered for up to 3 months after the termination of the insurance. This applies in all cases, even if the overall scheme is terminated.

Illnesses/disorders occurring after termination of the insurance or referrals to hospital dated after the termination of the insurance are not covered by the insurance.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

Co-insured
For co-insured family members of a main insured party who is covered by a company scheme, the insurance will continue until the date for which coverage is paid in cases where the main insured party leaves the scheme or upon the death of the main insured party.

Continuation of the insurance
If you are no longer covered by the company scheme, you are entitled under our rules to apply to continue the insurance on our individual conditions and individual price for private persons. Your request for continuation must be made before or in direct connection with the departure from the previous insurance contract. The continuation will then occur without a qualifying period for existing disorders. If you do not request a continuation immediately, there will be a 6-month qualifying period for existing diseases in connection with a continuation. Co-insured persons can also apply for continuation of the insurance on our individual terms and individual price for private persons.

8.5 Reimbursement
Invoices for expenses for approved 1 year membership at a patients' association must be submitted no later than 3 months after the payment date.

8.6 Disclosure obligation
You are required to provide us with the information that we find necessary in order to process the case so that we can assess the extent to which the insurance covers.

We have the right to ask about your health and you are required to provide us with all relevant information, including permission to obtain necessary information from doctors, hospitals, and other therapists with relevant knowledge of your health. We can obtain the information we consider necessary, including medical records or other written material about your health. We always only collect information with your consent. The information concerns both the period before and after the insurance's entry into force.

We should always be notified if you change addresses.

When you leave your position
When reporting a disease/injury, or if you request treatment, you are required to inform us if you have left or will leave the company. The insurance covers approved claims that have been reported during the insurance period for up to 3 months from the date you leave the company. Referrals to the hospital must always be dated during the insurance period.

We may require reimbursement of expenses for a patients' association, if you have not disclosed that you have left the company and have received a payment guarantee for the coverage of 1 year of membership to a patients' association.

Double insurance
If changes are made to the insurance policy's risk condition, including double insurance, we must be immediately notified of this, as we may otherwise limit the cover or completely refuse to cover the claim.

If you have made a claim to another insurance policy, you must always inform us of this in connection with making a claim to us. If there is cover from another insurance company, the cover from this insurance will be secondary and the other cover should therefore be used first. We do not pay costs for claims for which cover has been received from another company.

8.7 Processing of personal information
We treat your personal information confidentially and in ¬accordance with applicable legislation. When you purchase insurance from us, we gather information in connection with enrolment, filing a claim and use of our digital platforms, e.g. civil registration number, telephone ¬number, e-mail address, industry, employment, marital status and any health

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

information. This information is used to create and administer the insurance policy for use in case of a claim and in the ongoing case processing to ensure the best possible service and as part of sales management, product development, quality assurance, advice, and determination of general user behaviour.

We retain the gathered information for as long as necessary and in accordance with the applicable legislation.
You can always contact us if you want to know ¬which personal information we have registered about you. You are entitled to change incorrect information. On our website, www.ds-sundhed.dk, you can read more about data security and how we handle your personal information.

In some cases, we pass on personal information about you to the suppliers with whom we cooperate.

8.8 Processing of health information

There is no requirement to provide health information when you take out insurance with us. When reporting a disease/injury, you accept that we may obtain information about your health if we consider it to be relevant in connection with the reported disease/injury. We can obtain the information from the public healthcare service, public authorities, including municipalities, the National Board of Industrial Injuries, insurance companies, pension companies, Sundhed.dk, etc. Information is always obtained with your written or oral consent.

Health information is only used in connection with the handling of the reported disease/injury and is always handled in accordance with the requirements of the Health Act regarding confidentiality (§ 40 of the Health Act: ”a patient is entitled to healthcare professionals observing confidentiality about what they learn or suspect during the performance of their duties regarding health matters, other purely private and other confidential information”).

The disclosure of health information occurs solely in connection with the examination/treatment of the reported disease/injury in accordance with § 41 of the Health Act regarding the disclosure of health information, etc. in connection with the treatment of patients.

When reporting a claim, the insured party or the holder of custody of the insured party under 18 years of age agrees that we may obtain information on health conditions if this is relevant in connection with the illness/injury reported.

The insured party or the holder of custody for the insured party under the age of 18 must provide us with the information we consider necessary to determine whether we cover and the extent of the coverage.

8.9 Incorrect information

The insurance requires correct information. If you provide incorrect information or conceal information when the insurance policy is created or later, the right to cover may lapse in whole or in part.

8.10 Communication

We send letters and documents digitally.

We use digital platforms such as e-Boks, the insurance company’s user portal and mit.dk when we communicate with you about your insurance. We send invoices, notifications, premium increases and similar documents about your insurance via digital platforms. Receiving digital letters and documents has the same legal effect as receiving regular mail. This means that you must open and check what we digitally send to you.

If you are exempt from digital mail such as e-Boks, you must notify us of this. We will then send your letters and documents by email or regular mail.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk

Communication regarding your reported claims is conducted with you either by telephone or via the correspondence function on the insurance company's user portal.

8.11 Limitations
The agreement follows the normal rules of limitations under the applicable Limitations Act.

8.12 Avenues of complaint
If you disagree or are dissatisfied with our decision, please contact the department that has processed the case. If you are still not satisfied after contacting the department, please write to our quality department, which is responsible for complaints, in order to appeal your case.

Your complaint will be handled by a complaints manager as soon as possible and within no more than 7 working days. You can send your complaint via our website: www.ds-sundhed.dk.

The complaint must contain your name and address and a brief account of why you disagree or are dissatisfied with our decision. The complaint must be sent as soon as possible and no later than 6 months after the case has been settled.

If you then wish to appeal the decision taken by the complaints manager, you may appeal to the Insurance Complaint Board. You must send your complain online at www.ankeforsikring.dk. There is a fee for appeals to the complaint board.

Applicable law
The insurance is subject to Danish law, including the Danish Insurance Contracts Act and the Danish Financial Business Act. Disputes about the insurance contract will be settled according to Danish law by the Danish courts and in accordance with the rules in the Administration of Justice Act regarding the legal venue.

We are not responsible for the results of examinations, treatments and assessments, including the lack of effect of treatment or if the treatment results in errors. Any claim for damages must be brought against the hospital or clinic responsible for the treatment.

In cases where a foreign-language insurance contract or insurance terms have been used, any discrepancies arising from the translation¬ will mean that the Danish text is always applicable.

8.13 For further information
If you want to know more about your insurance, you can contact Dansk Sundhedssikring by telephone +45 70206121 or at the e-mail address: sundhedsforsikring@ds-sundhed.dk. You can also find more information on our website: www.ds-sundhed.dk.

Forsikringsselskabet Dansk Sundhedssikring A/S
Hørkær 12B, 2730 Herlev | Tel. +45 70 20 61 21 | VAT no. DK34739307 | ds-sundhed.dk