INSURER
Compensa Life Vienna Insurance Group SE Lithuania branch
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acting for and on behalf of Compensa Life Vienna Insurance Group SE
Form No COM-91. Effective as of 01/01/2025

COMPENSA
VIENNA INSURANCE GROUP

APPLICATION FOR THE DISBURSEMENT OF A HEALTH INSURANCE BENEFIT IN THE CASE OF A CRITICAL ILLNESS

1. THE INSURED

Full name	Personal ID No
Phone No	**E-mail**

Health insurance card No: 9 4 4 0 3 9 0 6 0 0

2. CAUSE TO APPLY

If the event is recognised as insured, please reimburse my expenses/pay out the critical illness insurance amount under the contract (underline the appropriate) for this critical illness (check the appropriate):

Malignant tumour (cancer)	☐	EUR	Parkinson's under 65	☐	EUR
Myocardic infarction	☐	EUR	Alzheimer's under 65	☐	EUR
Stroke (cerebral infarction)	☐	EUR	Third-degree burns	☐	EUR
Coronary bypass surgery	☐	EUR	Benign brain tumour	☐	EUR
Heart valve surgery	☐	EUR	Blindness	☐	EUR
Aorta surgery	☐	EUR	Deafness	☐	EUR
Internal organ/bone marrow transplant	☐	EUR	Loss of speech	☐	EUR
Kidney failure	☐	EUR	Loss of extremity function	☐	EUR
Ischemic sclerosis	☐	EUR			

Total contractual critical illness insurance amount paid: EUR _____	Amount applied for: EUR _____

Additional documents (check the appropriate):

Extracts from medical documents	☐	Cash receipt or another payment document	☐
Invoice No _____	☐		

3. BENEFICIARY

Please transfer my insurance benefit to my (the Insured's) personal bank account:

Name of the bank	Account No
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4. CONSENT TO DATA PROCESSING

Please be advised that as you use your health insurance card or submit an application for us to reimburse your expenses relating to a potential insured event under your health insurance contract, we have an obligation to investigate the event and, for that purpose, process your personal data, including your health data. Health data fall into a special category of personal data and may only be processed by us granted your consent.

☐ I hereby consent to the Insurer processing my personal data, including my health data, as well as documents and/or copies thereof for the purposes of investigating a potential insured event and reimbursing my expenses relating thereto. This consent covers the release of my personal data, including my health data, to third persons and the receipt thereof from myself and from third persons, when required for the purposes of establishing the fact of a potential insured event and its consequences and assessing the amount of the insurance benefit.

For the purposes of this consent, third persons include, without limitation, physicians, medical institutions, state, municipal, private bodies, establishments, organisations, companies, other insurance companies, as well as registers, information systems or other data files processing data concerning the insured's health condition, healthcare, treatment, nursing, wellness services provided, illnesses diagnosed, and injuries sustained.

Please be advised that your consent shall be valid for the duration of your health insurance cover and for one year thereafter or until it is withdrawn. You have the right to withdraw your consent at any time by e-mail at sd@compensalife.lt.

If you withhold or withdraw your consent, we will be unable to process your personal data, including your health data, which may render your health insurance card inactive; furthermore, we will be unable to reimburse your expenses. For more information on the procedure of processing your personal data, please read the Privacy Policy available on the Insurer's website.

5. THE INSURED'S REPRESENTATIONS AND WARRANTIES

By signing this application form, I hereby represent and warrant that:

- all information provided in this application and any accompanying documents is true and accurate;
- I wish to receive all communications and other written information relating to the fulfilment of my insurance contract, including insurance benefits and any investigations of potential insured events from the Insurer by e-mail, which I will provide to the Insurer;
- I have been provided with all key information relating to the insurance cover under my health insurance contract, including, without limitation, the scope of my insurance cover under the insurance programs that I have selected, insured and uninsured events, my obligations under the contract, the terms and conditions of the disbursement of insurance benefits, the procedure of dispute resolution, and so on;
- I have thoroughly and carefully read, understood, and accepted the terms and conditions of the insurance contract, including the terms and conditions of insurance, as aligned with my own personal interests, and undertake to follow them;
- I have been informed that the reimbursement of the expenses of certain services requires a prior consent from the Insurer; therefore, to be able to receive a compensation of these expenses under the insurance contract, I hereby undertake to procure said consent in advance.

Date	Full name of the insured or their authorised representative