

INSURER

Compensa Life Vienna Insurance Group SE Lithuania branch
Ukmergės g. 280 06115 Vilnius, phone (8 5) 250 4000, www.compensa.lt
acting for and on behalf of Compensa Life Vienna Insurance Group SE
Form No COM-90. Effective as of 01/01/2025

APPLICATION FOR THE DISBURSEMENT OF A HEALTH INSURANCE BENEFIT

1. THE INSURED

Full name	Personal ID No																				
Phone No	E-mail																				
Health insurance card No	<table><tr><td>9</td><td>4</td><td>4</td><td>0</td><td>3</td><td>9</td><td>0</td><td>6</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	9	4	4	0	3	9	0	6	0	0										
9	4	4	0	3	9	0	6	0	0												

2. EXPENSES INCURRED

If the event is recognised as insured, please reimburse my following expenses under the contract:

The name of the company where health insurance expenses were incurred	Expenses amount, €	Amount applied for, €	Comments (enter the name of the health insurance program from which you wish to be compensated)

Additional documents (enter quantity)	Quantity	Quantity
Invoice	☐	Cash receipt or another payment document ☐
A copy of business licence or certificate if the services were provided by a self-employed individual	☐	Medical documents, prescriptions or copies thereof ☐
Other (specify)	☐	

3. BENEFICIARY

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

Name of the bank	Account No LT <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

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
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