Consent Form

We care about your privacy and the privacy of your family members. In line with the General Data Protection Regulation (GDPR), we need your consent to collect and process your health and other data. **If you do not provide your explicit consent for the processing of your personal data as outlined below, we will not be able to handle your data, provide cashless access to treatment or process any claims that may be owed to you.** If you agree, your data will be processed for the following reasons and activities.

The table below needs to be completed only by those members under this policy who have not already provided consent before. Their consent will be valid for the entire duration of their policy unless they decide to change or revoke at any time.

A parent or guardian should complete the consent for any member that is under the age of 18.

☐ I agree to the following:

1. **Permission to collect, store and use my health data:** The health insurer may collect, store and use my health data in order to administer the policy, for example to provide me with a quote for insurance cover, underwrite the risks to be insured or process any claims. The health insurer may store my health data in accordance with the Consumer Code of the law applying to my insurance policy with the health insurer or any other applicable law requiring its retention.

2. **Permission to obtain my data from third parties:** The health insurer may obtain my health and other data from physicians, nursing and hospital staff, other medical institutions, care homes, statutory health insurance funds, my Plan Sponsor, professional associations and public authorities to provide me with insurance cover, underwrite the risks to be insured or process any claims. I agree to release all individuals at these institutions and the health insurer from their respective confidentiality obligations relating to my health data or other data that they are required to share and use for these aforementioned stated purposes.

3. **Sharing my data outside of the health insurer:** The health insurer may share my health and other data with the institutions set out below for them to use to the same extent, and for the same purposes as the health insurer. I understand that the health insurer has put in place contractual arrangements with these institutions to protect my data. I agree to release all individuals at these institutions and the health insurer from their respective confidentiality obligations relating to my health data or other data that they are required to share and use for the purposes set out below:

    - With independent medical experts if this is necessary to assess insurance risks and any benefits to be paid to me or to the third party providing treatment or service to me, under my insurance policy.

    - With service providers outside of the Allianz Group of companies that perform certain services on behalf of the health insurer, such as risk assessments and claims handling that involve the collection and use of my health and other data, without which the health insurer would not be able to administer my policy or pay any claims due to me.

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- With co-insurers to distribute the coverage of the insurance risk jointly with other companies to which the health insurer issue the policy, and to handle claims jointly

- With other health insurers/re-insurers that may be covering the same insurance risk at the same time – multiple insurance – to distribute the payment of any compensation that may be owed to me, or to collaborate in the detection or prevention of fraud and financial crime.

If I change my mind about my preferences above, including withdrawing my consent to any of these items, I can let the health insurer know by emailing: AP.EU1DataPrivacyOfficer@allianz.com.

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Please return the completed Consent Form via email to group.admin@allianzworldwidecare.com or via post to Client Services Department, Allianz Care, 15 Joyce Way, Park West Business Park, Nangor Road, Dublin 12, Ireland.

Policy Number: