APPLICATION

FOR PAYMENT OF HEALTH INSURANCE BENEFIT

COMPENSA
VIENNA INSURANCE GROUP

Application No.
Filled in by the Insurer

INSURED PERSON

Name, Surname | Identity number or identification No: | –

Address | LV –

Policy Holder | Insurance card No.

Telephone | e-mail

INSURANCE EVENT

☐ Out-patient treatment ☐ In-patient treatment ☐ Dentistry ☐ Optometry ☐ Fitness ☐ Medicines

ADDITIONAL ENCLOSED DOCUMENTS

☐ Rec ____ pc. ☐ Strict acct. receipts ____ pc. ☐ Med. documents ____ pc.

Documents submitted for a total of ____ EUR

☐ Copy of representative's ID document ☐ I agree to filing the data at SRS

PLEASE PAY THE INSURANCE BENEFIT, EUR

☐ To Insured Person's bank account ☐ To representative's bank account

IBAN | Bank

Representative's full name | ID No. | –

TO BE FILLED BY INSURED PERSON'S REPRESENTATIVE* (if application not filed by the Insured Person)

Name, Surname | Identity number or identification No: | –

Address | LV –

Insurance card No. | Telephone | E-mail

* The Insured Person's authorised representative must file a copy of a notarised authorisation upon producing the original authorisation.

CONSENT

I hereby confirm with a signature that all information has been provided freely, is complete and accurate. I hereby authorise Compensa Life Vienna Insurance Group SE Latvian Branch (hereinafter – the Insurer) to request and use any documents necessary to determine the insurance compensation. Medical professionals and establishments addressed by the Insurer are authorised to provide the Insurer with the necessary information regarding to the insurance event. I agree that data provided by me is used in the Insurer's data processing system.
I hereby authorise the Insurer in capacity of a data controller for the purpose of performing the insurance contract, pursuant to personal data protection requirements, to receive and process personal data stated in the application, including special categories of personal data, for the purposes explained in the Insurer's Privacy Statement.
I also agree to receive information from the Insurer about other insurance services provided by the Insurer and their Group (Vienna Insurance Group AG) companies:

☐ Yes ☐ No Preferred way of receiving information: ☐ E-mail ☐ Telephone

The Insurer confirms that personal data provided in the application are used solely for the purpose of processing and strictly to the extent necessary.
I understand that the Insurer does not offer insurance coverage pursuant to the insurance contract and is not liable to pay the insurance compensation or any other payments arising from the insurance contract, or performance of other contractual obligations, if the Insurer would thereby be violating any international sanctions*. The Insurer shall not be held responsible for any claims or losses due to the above-mentioned reasons.
*International Sanction – an economic or financial sanction, embargo or other similar sanction, prohibition, or a restrictive measure, which is established pursuant to regulatory enactments of the United Nations, the European Union, the Republic of Latvia, the United States of America or the United Kingdom (including sanctions administered or enforced by the Office of Foreign Assets Control of the US Department of the Treasury).

Date | Applicant's signature | Name, Surname

TO BE FILLED BY THE INSURER

Application accepted by

Name, Surname | Signature | Date