

Privacy notice, authorization and health declaration

Last name, first name _____

Profession _____

Date of birth _____ Male Female

Employer _____

Pension fund _____

As of a certain salary level, full insurance cover in excess of the mandatory benefits in the pension scheme depends on an individual medical risk assessment that is conducted by Elips Life AG on behalf of the pension scheme of your employer. In certain cases, a medical examination conducted by a doctor is also required in addition to the health declaration completed by you, depending on the salary insured and the information certified by you.

By signing the declaration below, you give Elips Life AG consent to process your data and to obtain health data from individuals and organisations subject to a duty of confidentiality such as doctors, hospitals and other insurers. A declaration of consent and release from the duty of confidentiality are essential for the assessment to determine acceptance. In the event that you do not provide these, insurance for the benefits requested will as a rule not be possible and accordingly, the insurance will remain limited to the legal minimum.

The information relates to the handling of your health data and other protected data

- by Elips Life AG itself (see section 1 below);
- during forwarding to individuals and organisations outside Elips Life AG (see section 2 below); and
- in connection with enquiries with third parties (see section 3 below).



1. Collection, storage and use by Elips Life AG of the health data provided by you

Elips Life AG conducts the medical examination on behalf of the pension scheme established by your employer pursuant to the occupational pensions act in Switzerland (BVG) or Liechtenstein (BPVG), or the pension scheme with which your employer is affiliated. Elips Life AG collects, stores and uses the health data provided by you as part of the assessment of the application to the extent necessary to assess risk. This includes information relating to your health that we receive directly from you and information that we obtain, with your consent, from medical service providers (doctors, hospitals, physiotherapists, etc.) and other insurers (disability insurers, unemployment insurance, military insurance, occupational pension schemes, private insurers, etc.). We use this information for the risk assessment and potentially, within the framework of a benefit claim, to assess our obligation to pay benefits. The data relating to the assessment of your application are stored by us electronically and are deleted on expiry of the legally prescribed period during which archives must be maintained.

2. Forwarding of your health data and other protected data to individuals or organisations outside Elips Life AG

2.1. Forwarding of data for medical assessment

To assess risk, it may be necessary to enlist the services of medical experts. By signing the declaration below, you give your consent to having your health data forwarded to medical experts to the extent necessary for the assessment of risk, and to having your health data used by them for this purpose, and to having the results sent back to Elips Life AG. You also release the persons working for Elips Life AG and the experts from their duty of confidentiality in relation to your health data and other protected data.

2.2. Delegation of tasks to other parties (companies or individuals)

Elips Life AG may delegate certain tasks which may involve the collection, processing or use of your health data, such as contact management or claims handling, to third parties. These third parties may be affiliated Group companies (such as Elips Versicherungen AG, in particular) or other domestic or foreign companies. You will find a current list of possible service providers on our website at www.elipslife.com.

By signing the declaration below, you consent to your health data being forwarded to these individuals and organisations, provided that the health data are collected, processed and used by them for the specified purposes to the same extent that Elips Life AG would be permitted to do so.

2.3. Forwarding of data to the pension scheme

The pension scheme established by your employer, or with which your employer is affiliated, requires various information with respect to the decision made by us regarding your application. As a rule, access to documents in relation to the risk assessment is therefore also given to the relevant pension scheme.

2.4 Forwarding of data to reinsurers and co-insurers

To ensure the fulfilment of our obligations to pay benefits, Elips Life AG has concluded agreements with reinsurers which assume all or part of the risk, or a specific risk is insured together with a co-insurer. Furthermore, it is possible that the reinsurer will assist us with the risk assessment and assessment of the procedures employed based on its particular expertise.

In order for the reinsurer or any co-insurer to form their own opinion about the risk assessment, it is possible that we may provide the reinsurer or co-insurer with documentation relating to the risk assessment. This is the case particularly if amount of benefits to be insured is high.

By signing the declaration below, you consent to your health data being forwarded to and used by reinsurers and any co-insurers to the extent necessary for the above-mentioned purposes.

2.5. Forwarding of data to your employer or its insurance broker

We do not forward any information about your health to your employer or its insurance broker. To the extent that it is required to process the affiliation agreement in place between the pension scheme and your employer, your employer may, however, obtain information about whether, and possibly under what conditions, you were accepted into the pension scheme.

3. Requests for health data from third parties

For the risk assessment, it may be necessary to request information from individuals or organisations with access to your health data (e.g. doctors, hospitals or other insurers). When requesting this information, it is generally also necessary to disclose your personal data to the individuals or organisations in question. We do not notify you separately about obtaining information from third parties for the purpose of the risk assessment. However, you may



request information as to what data is being processed with regard to you at any time. In this respect, please contact the person responsible for handling the assessment.

A request will only be made to individuals or organisations with access to information relevant to the risk assessment and only to the extent necessary to assess the risk. To do so, we require you to give your consent and to release these individuals or organisations from their duty of confidentiality in case it becomes necessary to forward health data or other protected information in the course of these requests.



Declaration:

I have taken note of the types of data processing described in sections 1 to 3 above and hereby give my consent to them. I accordingly consent to Elips Life AG collecting my health data from the following individuals and organisations, to the extent necessary for the risk assessment, and using them for these purposes:

- External (medical) experts
- Medical personnel and their assistants
- Employers
- Social insurers (disability insurance offices, AIA insurers, OASI administration offices, health insurers, unemployment insurance offices, etc.)
- Occupational pension schemes
- Other private insurers involved
- Administrative and law enforcement authorities

I hereby release the above-mentioned individuals and employees of the above-mentioned institutions from their duty of confidentiality. Furthermore, I agree to Elips Life AG forwarding my health data, to the extent necessary, to these individuals and organisations, and also release the persons working for Elips Life AG from their duty of confidentiality in this regard.



Place, date	First name, last name	Signature of the person insured

Elips Life AG, Vaduz (elipsLife), is a life insurance company with its registered office in Vaduz, Liechtenstein. All insurances which provide coverage for the financial consequences of illnesses and accidents are offered under the elipsLife brand. The main focus is on occupational and private pension for death and disability. At elipsLife, we place great importance on data protection; accordingly, we take great care when processing your data. Should you have any questions in this regard, you can contact the Data Protection Officer at elipsLife. You can also find more information on data protection at elipsLife at www.elipslife.com/en/che/Legal/Data-Protection. You may request information about which data are being processed about you at any time and have the right to rectification, erasure and restriction of processing of such data. Please direct any such requests by post or e-mail to the Data Protection Officer at the following address:

Elips Life AG
Compliance
Gewerbeweg 15
9490 Vaduz
E-mail: compliance@elipslife.com

If you are not satisfied with the information we provide, you may also contact the Liechtenstein Data Protection Authority at the following address:

Datenschutzstelle (DSS)
Städtle 38
PO Box 684
9490 Vaduz
info.dss@lvv.li



Health declaration

Please answer the questions about your health accurately and completely. Incomplete or untruthful answers to the following questions may, in the case of illness or disability, result in a reduction of the benefits from your pension scheme during the entire benefit period to the minimum benefits under the BVG/BPVG in Switzerland or Liechtenstein.

Last name, first name _____ Date of birth _____

1. Are you presently fully able to work? Yes No

If not, please indicate the reason, duration and degree, expressed in per cent, of your inability to work: _____

2. Height _____ cm Weight _____ kg

3. Have you smoked or consumed any other products containing tobacco or nicotine in the last three years? Yes No

If so, please indicate the type of product consumed and the amount _____

4. Do you consume alcohol (1 unit = 100 ml of wine, 300 ml of beer or 40 ml of spirits) or other addictive substances? Yes No

If so, please indicate how many units per week _____

5. Have you been absent from work for more than two weeks during the last 12 months for health reasons? Yes No

If so, why and for how long? _____

6a. Have you been in a hospital, sanatorium or wellness and therapy centre in the last five years, or is any inpatient treatment planned? Yes No

6b. Do you suffer or have you suffered from any physical or mental illnesses, disorders or issues in the last five years? Do you suffer from the consequences of an accident, an illness or an infirmity (e.g. joint stiffening, loss of limbs, bone fixation, impaired vision or hearing)? Yes No

If you answered "yes" to 6a and/or 6b, please provide further details:

Type of complaint and treatment	From	To	Treating doctor or hospital (indicate exact address and department)	Fully cured
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Have you ever been subject to tests with results that were not normal, for example x-rays, ECG, AIDS test, urine or blood test or other tests? Yes No

If so, which? What were the results? _____

8. Do you take medication regularly? In the case of drugs to lower blood pressure, please indicate the readings the last time you were tested. Yes No

If so, which ones and why: _____

Treating doctor: _____

9. Have you ever had an application for insurance rejected by an insurance company or only been accepted subject to more stringent conditions (e.g. restrictions, increased premiums, reduction in term of insurance or benefits)? Yes No

If so, type of difficulty, when and why? _____

10. At the current moment in time or on commencement of the insurance, are you or will you be claiming benefits from the Federal Disability or Military Insurance schemes or a daily sickness benefits or accident insurer, or are/will such benefits be paid by one of these insurance schemes (please enclose copies of any decisions)? Yes No

If so, why? _____

11. Which doctor is most familiar with your medical history? Feel free to provide several addresses if required:

Name, address and telephone number: _____

Name, address and telephone number: _____

Place, date _____

Signature of the person to be insured _____

