



Consent form for the processing of health data by AG Insurance

for the purpose of performing the supplementary pension and/or occupational health insurance (delete as appropriate)

Name:

First Name:

I explicitly agree to the processing of my health data by AG Insurance and my authorized representatives for the purpose of describing the risk or handling the claim, including the establishment of statistics.

I have been informed about my right to withdraw my consent for the processing of my health data at any time. I acknowledge that in this case AG Insurance will be unable to perform the contractual relationship.

I declare that I have taken note of the general terms and conditions of my supplementary pension and/or occupational health insurance (delete as appropriate).

Date: .././....

Signature