

## Declarations of Release from Professional Secrecy

**Claim no. (to be completed by Chubb)**

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**Policy no.**

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**Certificate no.**

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**Loss date**

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**Name of the insured person**

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### Consent to the collection and use of health data and declaration of release from the duty of non-disclosure

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We, Chubb European Group SE (“Chubb”), use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: <https://www2.chubb.com/de-en/privacy-policy.aspx>. You can ask us for a copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).

**To permit us to collect and use your health data for the purposes of this application and for the policy, we therefore require your consent(s) under the data protection laws.**

**We furthermore require your releases from the duty of non-disclosure to permit us to collect your health data from offices which are under an obligation of non-disclosure, such as e.g. physicians.**

**As an accident insurer, moreover, we require your release from the duty of non-disclosure to permit us to pass on your health data, or other data protected in accordance with Section 203 of the German Criminal Code such as e.g. the fact that you have purchased a policy from us, to other offices, e.g. an emergency assistance or IT services provider.**

The following statements of consent and declarations of release from the duty of non-disclosure are, in insurance, essential to the checking of applications and to the formation, execution or termination of your insurance contract. Without such statements and declarations, claims settlement would as a rule not be possible.

The statements and declarations concern the handling of your health data and other data protected in accordance with Section 203 of the German Criminal Code

- by Chubb European Group SE, Direktion für Deutschland itself (under 1.),
- in connection with the retrieval of information from third parties (under 2.),
- whenever such data is disclosed to offices outside Chubb (under 3.).

The statements and declarations are valid also for persons legally represented by you such as your children, insofar as they are unaware of the implications of such consent and are therefore unable to make their own statements and declarations

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We use personal information which you supply to us [or, where applicable, to your insurance broker] for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: <https://www2.chubb.com/de-en/privacy-policy.aspx> or by searching ‘Master Privacy Policy’ on [www.chubb.com](http://www.chubb.com). You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).

Chubb European Group SE is an undertaking governed by the supervisory provisions of the French insurance code with registration number 450 327 374 RCS Nanterre and the following registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. The list of directors can be found at <https://www.chubb.com/de-de/impressum.aspx>. Chubb European Group SE has fully paid share capital of € 896.176.662 and is subject to the authorisation and supervision of “Autorité de contrôle prudentiel et de résolution (ACPR) 4”, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09 and the German branch is also subject to the regulations of the Federal Financial Supervisory Authority (BaFin) for carrying out business activities, which may differ from the French regulations. Direktion für Deutschland registered HRB Frankfurt 58029 General Representative Andreas Wania VAT-IdNo.: DE240196168 IPT-No.: 807/V90807004025 Citigroup Global Markets Deutschland IBAN: DE47 5021 0900 0210 1170 24 BIC: CITIDEFF

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## 1. Collection, storage and use of health data provided by you by the Chubb European Group SE, Direktion für Deutschland

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We carefully assess your claim, and also take steps, in common with standard industry practice, to monitor for fraudulent claims. For these reasons, we may need to use information about your health which is relevant to your claim, and, where relevant, the health of other persons relevant to the claim which you provide to us. You must ensure that any other persons whose information you provide to us understand and do not object to this use of their data, and consent to us using their information for the purposes described here. We will not use this health information for any other purpose, and will comply at all times with the terms (including security standards) referred in our Privacy Policy. You do not have to provide us with the following consent, and you may withdraw it at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim.

Please tick the following box to indicate your consent to our use of your health information in this way.

## 2. Retrieval of health data from third parties

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### 2.1 Retrieval of health data from third parties for risk assessment purposes and for verification of the obligation to provide benefit

In order to assess the risks to be insured, it may be necessary to retrieve information from offices that hold your health data. Furthermore, in order to verify the obligation to provide benefit, it may be necessary for Chubb to check the information you provide on your state of health with a view to substantiating any claims or the information obtained from documents submitted (e.g. bills, prescriptions, medical reports) or disclosed e.g. by a physician or other member of a medical profession.

Such a check will be made only where necessary. For this, Chubb requires your consent, together with a release from the duty of non-disclosure for itself and for these offices, in case health data or other information protected in accordance with Section 203 of the German Criminal Code has to be disclosed in the context of the retrieval of such information.

You can make these statements and declarations in advance, in this document (I), or at a later date on a case-by-case basis (II). You may revise your decision at any time.

**Kindly decide on one of the following two options: (Please be aware that if you don't decide on one of the following options it may lead to delays to the process)**

**Option I**

- I hereby consent to the Chubb European Group SE collecting my health data – provided this is required for risk assessment purposes or for checking a claim – from physicians, carers and people working in hospitals, other medical establishments and nursing homes, from personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities, and to its using such data for these purposes.

I hereby release the aforementioned persons and employees of the aforementioned organisations from their duty of non-disclosure whenever my health data, stored in a permissible manner and obtained as the result of examinations, consultations and treatment, together with insurance applications and policies, throughout a period of up to ten years prior to my application for insurance, are communicated to Chubb.

I am moreover agreeable to Chubb disclosing my health data, where necessary, in such connection to these offices and to this extent, also hereby release persons working for Chubb from their duty of non-disclosure.

Prior to the collection of any data in accordance with the above paragraphs, I shall be informed by whom the data are to be collected and for what purpose, and I shall be advised that I may object to this and provide the required documentation myself.

**Option II**

- I wish Chubb European Group SE to inform me in each individual case by which persons or organisations information is required, and for what purpose. I shall then decide in each case whether I
- consent to the collection and use of my health data by Chubb, release the aforementioned persons or organisations, together with their employees, from their duty of non-disclosure and consent to my health data being communicated to Chubb
  - or provide the required documentation myself.

**2.2 Declarations and statements in case of your death**

It may also be necessary for the purposes of verifying the obligation to provide benefit to check health data following your death. It may equally be necessary to check this whenever there are, as far as Chubb is concerned, definite indications of the fact that incorrect or incomplete information was given at the time of the application, which would have had an influence on the risk assessment, and this up to ten years after conclusion of the contract. Consent and a release from the duty of non-disclosure are required for this too.

Please mark the box with the cross:

- For the event of my death, I hereby consent to the collection of my health data from third parties for the purposes of checking a claim and/or for any rechecking of the application which might be necessary, as described in the first box to be crossed (cf. 2.1. above - Option I).

### 3. Disclosure of your health data and other data protected in accordance with Section 203 of the German Criminal Code to offices outside the Chubb European Group SE, Direktion für Deutschland

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The Chubb European Group SE, Direktion für Deutschland, places the following offices under a contractual obligation to comply with data protection and data security regulations.

#### 3.1 Disclosure of data for medical examination purposes

In order to assess the risks to be insured and verify the obligation to provide benefit, it may be necessary to call upon the services of medical consultants. The Chubb European Group SE requires your consent and release from the duty of non-disclosure whenever your health data and other data protected in accordance with Section 203 of the German Criminal Code are communicated in this connection. You will be informed in each case of the communication of such data.

I hereby consent to the Chubb European Group SE communicating my health data to medical consultants, provided this is required in a risk assessment context or for the verification of the obligation to provide benefit and that my health data are used appropriately by them and the results communicated back to the Chubb European Group SE. As far as concerns my health data and other data protected in accordance with Section 203 of the German Criminal Code, I hereby release the persons working for the Chubb European Group SE and the consultants from their duty of non-disclosure.

#### 3.2 Assignment of tasks to other offices (companies or persons)

Certain tasks, such as for example claims handling or customer services call centres, where the collection, processing or use of your health data may be required, are performed not by the Chubb European Group SE, Direktion für Deutschland, itself but responsibility for dealing with such matters is assigned to another company in the Chubb or to another office. If your data which are protected in accordance with Section 203 of the German Criminal Code are disclosed, the Chubb European Group SE, Direktion für Deutschland, requires your release from the duty of non-disclosure for itself and, where necessary, for the other offices.

The Chubb European Group SE, Direktion für Deutschland keeps a continually updated list of the offices and types of offices which, as agreed upon, collect, process or use health data on behalf of the Chubb European Group SE, with an indication of the tasks assigned. The currently valid list is attached as an appendix to the statement of consent.

An up-to-date list can also be found on the website (at <https://www.chubb.com/de-de/datenschutz.aspx>) or be requested from the data protection officer, Lurgiallee 12, 60439 Frankfurt, 069 75613 0, [Datenschutzbeauftragter@chubb.com](mailto:Datenschutzbeauftragter@chubb.com).

For the disclosure of your health data to and for its use by the offices named in the list, the Chubb European Group SE needs your consent.

I hereby consent to the Chubb European Group SE communicating my health data to the offices named in the above-mentioned list and to the health data being collected, processed and used by them for the aforesaid purposes to the same extent as the Chubb European Group SE is permitted to do so. To the extent that this is necessary, I hereby release the employees of the Chubb group of companies and of other offices from their duty of non-disclosure as far as concerns the disclosure of health data and other data protected in accordance with Section 203 of the German Criminal Code.

**3.3 Disclosure of data to reinsurers**

To guarantee that your claims are met, the Chubb European Group SE may involve reinsurers, who accept all or part of the risk. To do so, the reinsurers do in some cases call upon other reinsurers, whom they also provide with your data. To permit the reinsurer to form its own idea of the risk or of the insured event, it may happen that Chubb submits your insurance application or claim for benefit to the reinsurer. This is notably the case when the sum insured is particularly high or where it concerns a risk which it is difficult to classify.

It may moreover happen that because of its expert knowledge, the reinsurer assists Chubb with risk assessment or with checking claims, and in the evaluation of procedures.

Where reinsurers have assumed responsibility for covering the risk, they may check whether Chubb has correctly evaluated the risk and/or any claim.

The required amount of data concerning your existing policies and applications is moreover disclosed to reinsurers to permit the latter to check whether and to what extent they are able to participate in the risk. Data concerning your existing policies may be disclosed to reinsurers for the purposes of processing premium and claims payments.

The data used for the above-mentioned purposes is as far as possible anonymised and/or pseudo-anonymised, however personal health data may also be used.

Your individual personal data will be used by the reinsurers for the above-mentioned purposes only. Chubb will inform you of the communication of your health data to reinsurers.

I hereby consent to my health data being communicated - where required - to reinsurers and used by them for the aforementioned purposes. To the extent that this is necessary, I hereby release persons working for the Chubb European Group SE from their duty of non-disclosure as far as concerns health data and other data protected in accordance with Section 203 of the German Criminal Code.

Please sign here:

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Place, date	Signature of the accident victim (provided he/she has the required capacity to understand, at the earliest on attaining the age of 16)	or Signature of the legal representative
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Please insert your first and surname in BLOCK LETTERS:

You do not have to provide us with the consents above, and you may withdraw them at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim

#### 4. Consent form for transferring data and for broker services in the event of benefits becoming payable (if requested)

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The insurance broker looking after this contract offers to assist you in handling the above-mentioned event of benefits becoming payable. If you would like this, the broker will need the following signed authorisation from you as a formality.

- I consent to my health data being sent to the insurance broker named in the insurance contract at the time of asserting a claim for benefits and further consent to such data being processed and used by such insurance broker for the purpose of assessing my claims. Where necessary, I release the persons acting on behalf of Chubb European Group SE from their duty of confidentiality in relation to my health data and further data protected by § 203 of the German Criminal Code (StGB). I agree that my insurance broker shall handle the above-mentioned event of benefits becoming payable on my behalf and is entitled to collect, use and process personal data (including medical data) in this regard.

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Place, date

Insurance broker's signature

Insured person's signature

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