

Agreement on voluntary PFA Health Insurance for spouse, registered partner or cohabiting partner

- 2-year waiting period

Name

Civil reg. No.

Employer/association/organisation

(To be filled in by employee who already has PFA Health Insurance)

Name

Civil reg. No.

Address

Postcode and city

(To be filled in by spouse, registered partner or cohabiting partner who requests PFA Health Insurance)

I request that this agreement be effective as at

Please note that, at the earliest, your PFA Health Insurance can take effect from the 1st in the month after which we have received the agreement. You do not need to submit health information in order for us to establish the insurance. During the first two years, the insurance will not cover illnesses that are directly or indirectly related to prior illnesses from which you have suffered, unless otherwise agreed with PFA Pension. The insurance shall not cover chronic illnesses that occurred prior to registration.

Signatures

Date_____

Signature of employee who already has PFA Health Insurance

Date_____

Signature of spouse, registered partner or cohabiting partner

The form shall be sent to

**PFA Pension
Sundkrogsgade 4
2100 Copenhagen, Denmark**

To be filled in by PFA

Customer No.

Police

BXE118 (05-19)

PFA Pension

Sundkrogsgade 4

Tel.: (+45) 39 17 50 00

CVR No.: 13 59 43 76

1/1

forsikringsaktieselskab

2100 Copenhagen, Denmark

pfa.dk

5345

PFA

More for you