

SECOND MEDICAL OPINION APPLICATION/CONSENT FORM

The Second Medical Opinion service will be provided by a third party supplier of Allianz Care (Teladoc) based on the medical history and previous diagnosis provided by the patient's treating doctors and reported by the member/ applicant. Without the required medical information and first diagnosis, it is not possible to arrange a Second Medical Opinion. You will be guided through the Second Medical Opinion process by experienced Allianz Care/Teladoc personnel. Where the applicant qualifies for Second Medical Opinion they will be provided with a Second Medical Opinion report which they should review with their treating doctor for guidance on appropriate next steps. The report is intended to provide you with information to supplement the information you have already received from your treating physicians. The information contained in the Second Medical Opinion report shall not be used to substitute for your physician's recommendations. You should discuss the report with your own doctors, who are responsible for your care.

Please complete the below questions, read the Consent Form and Limitations of the Service. If you are happy to proceed please sign the form. The answers to these questions will allow us to assess your application for a Second Medical Opinion.

Please also attach a recent medical report. (dated within the last 6 months).

Name

Policy number P

Phone number COUNTRY CODE AREA CODE

The reason why you are looking for a Second Medical opinion

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

What language would you like to be contacted in?

What is a suitable time to be contacted at? H H : M M

Consent Form

We care about your privacy and the privacy of your family members. In line with the General Data Protection Regulation (GDPR), we need your consent to collect and process your health and other data. If you agree, your data will be processed for the following reasons and activities.

If you agree, their data will be processed for the following reasons and activities.

The table below needs to be completed only by those members under this policy who have not already provided consent before. Their consent will be valid for the entire duration of their policy unless they decide to change or revoke at any time.

A parent or guardian should complete the consent for any member that is under the age of 18.

I agree to the following:

- Permission to collect, store and use my health data:** The health insurer may collect, store and use my health data in order to administer the policy, for example to provide me with a quote for insurance cover, underwrite the risks to be insured or process any claims. The health insurer may store my health data in accordance with the Consumer Code of the law applying to my insurance policy with the health insurer or any other applicable law requiring its retention.
- Permission to obtain my data from third parties:** The health insurer may obtain my health and other data from physicians, nursing and hospital staff, other medical institutions, care homes, statutory health insurance funds, my Plan Sponsor, professional associations and public authorities to provide me with insurance cover, underwrite the risks to be insured or process any claims. I agree to release all individuals at these institutions and the health insurer from their respective confidentiality obligations relating to my health data or other data that they are required to share and use for these aforementioned stated purposes.
- Sharing my data outside of the health insurer:** The health insurer may share my health and other data with the institutions set out below for them to use to the same extent, and for the same purposes as the health insurer. I understand that the health insurer has put in place contractual arrangements with these institutions to protect my data. I agree to release all individuals at these institutions and the health insurer from their respective confidentiality obligations relating to my health data or other data that they are required to share and use for the purposes set out below:
 - With independent medical experts if this is necessary to assess insurance risks and any benefits to be paid to me or to the third party providing treatment or service to me, under my insurance policy.

- With service providers outside of the Allianz Group of companies that perform certain services on behalf of the health insurer, such as risk assessments and claims handling that involve the collection and use of my health and other data, without which the health insurer would not be able to administer my policy or pay any claims due to me.
- With co-insurers to distribute the coverage of the insurance risk jointly with other companies to which the health insurer issue the policy, and to handle claims jointly
- With other health insurers/re-insurers that may be covering the same insurance risk at the same time – multiple insurance – to distribute the payment of any compensation that may be owed to me, or to collaborate in the detection or prevention of fraud and financial crime.
- With my health insurance broker, to allow them to represent my interests.

If I change my mind about my preferences above, including withdrawing my consent to any of these items, I can let the health insurer know by emailing: AP.EU1DataPrivacyOfficer@allianz.com

Limitations of the Second Medical Opinion Service

1. The physician rendering the Second Medical Opinion report will not have the benefit of examining you in person, the ability to order additional tests, or have any information beyond what you provide. Since the medical experts will not personally examine you or order additional tests, it is not a medical diagnosis. The report is intended to provide you with information to supplement the information you have already received from your treating physicians. The information contained in the Second Medical Opinion report shall not be used to substitute for your physician’s recommendations.
2. You should discuss the Report with your own doctors, who are responsible for your care. Allianz Care will not evaluate or make any recommendations regarding the content of the report on receipt from the third party provider, and shall not be liable for any loss howsoever arising out of the preparation, delivery and the content of such report including your interpretation and subsequent actions taken by you in reliance thereon. For the avoidance of doubt, Allianz Care or its affiliates shall have no liability whatsoever for any loss, liability, claim, expense or damage suffered by the Applicant and/or the Patient, resulting from any advice or services provided by the Suppliers, or any acts or omissions, or non-compliance of the Suppliers or any sub-contractor, service provider or any third party acting on the Supplier’s behalf in the provision of the Services,
3. The Second Medical Opinion service is not applicable to cases of first aid, accidents and ICU related critical illness. No prescription will be provided.

Signature

Print name in block capitals

Email

Date / /

Signature

Print name in block capitals

Email

Date / /

Signature

Print name in block capitals

Email

Date / /

Please return the completed Second Medical Opinion Application/Consent Form via email to medical.smo@allianz.com