

Representation for the Policyholder

Letter of Representation for Obtaining Consent of the Insured Members/Dependents

Place_____

Date_____

Company_____ (“the Company”) hereby represents that we have notified the insured members/dependents of the Personal Data Protection Policy, and the information submitted to the insurer and/or the life insurance broker is accurate and has already obtained consent from the insured members/dependents prior to submission to the insurer and/or the life insurance broker, as follows:

1. The insured members/dependents have given consent for the Company and/or the life insurance broker to collect, use, or disclose the personal data and sensitive data of the insured members/dependents for the purpose of insurance underwriting, medical examination, claims processing, performing in compliance with the Policy's conditions, as well as undertaking any other acts related to the insurance business. The disclosure of such information may also be made to the following persons including, but not limited to, the Office of the Insurance Commission (OIC), Insurance companies, life or non-life insurance agents, life or non-life insurance brokers, business partners, or service providers of such persons.

2. The insured members/dependents have given consent for the insurer and/or the life insurance broker to collect, use, or disclose the personal data and sensitive data of the insured members/dependents for the purpose of insurance underwriting, medical examination, claims processing, performing in compliance with the Policy's conditions, as well as undertaking any other acts related to the insurance business. The disclosure of such information may also be made to the following persons including, but not limited to, the Office of the Insurance Commission (OIC), life or non-life insurance agents, life or non-life insurance brokers, reinsurance companies, policyholders, and business partners or service providers of such persons.

3. The insured members/dependents have given consent for the doctors, or healthcare personnel, or hospitals, or other insured persons, or any other persons who have possession of the health records and/or information of the insured members/dependents, to disclose the sensitive data to the insurer or its representative and/or the life insurance brokers for the underwriting of insurance or consideration of claims under the insurance policy.

The Company agrees to arrange for the insured members/dependents to give consent to the collection, use, or disclosure of personal data and sensitive data for the processing of group insurance. The Company will

keep the evidence of consent of the insured members/dependents all the time, and can provide a copy to the insurer and/or life insurance broker upon request.

In the case that the members withdraw their consent, the Company has the duty to notify the insurer and/or the life insurance broker immediately and shall facilitate the insurer and/or the life insurance broker in contacting the insured members/dependents and inform the insured members/dependents that such withdrawal of consent may result in the insurer's inability to perform its duties or obligations owed to the insured members/dependents, wholly or partially, under the policy.

The Company will be legally responsible to the life insurance broker and/or the insurer, if it performs any acts which are contrary to or inconsistent with such representation and/or applicable law.

Signature _____ Authorized Director / Authorized person

(_____)

Company _____

Date _____

