

DEPUTY DIRECTORATE FOR LIFE COMPENSATION  
COMPENSATION DEPARTMENT FOR GROUP HEALTH POLICIES

**SUPPORTING DOCUMENTS SUBMISSION FORM FOR COMPENSATION UNDER THE GROUP INSURANCE POLICY «.....» AND BEARING NUMBER .....**

REGISTRATION NUMBER	GIVEN NAME & SURNAME OF THE DIRECTLY INSURED		

  

PATIENT'S NAME	CATEGORY OF EXPENSE	AMOUNT	COMMENTS

**SUPPORTING DOCUMENTS FOR THE PROVISION OF HOSPITAL - OUT OF HOSPITAL CARE**

- **HOSPITALISATION:** a) Original settled Hospital invoices, service provision receipts by doctors, receipts for exclusive nursing care (accompanied by a medical certification regarding its necessity), hospital entry - discharge;  
b) Participation by another agency: Original certification from agency and copies of original supporting documents.
  - **MEDICAL VISITS:** Original doctor's receipt with condition report.
  - **DIAGNOSTIC EXAMINATIONS:** Original receipt with the corresponding referral (a copy of the referral is required with EOPYY participation).
  - **MEDICATION:** Original pharmacist's receipt with purchase coupons and doctor's prescription (a copy of the prescription book is required with EOPYY participation).
  - **PHYSIOTHERAPY:** Referral by the competent doctor and original physiotherapist's receipt.
  - **MATERNITY BENEFITS:** Certification from the Maternity Hospital regarding the type of birth and a copy of the Birth Dealing Registration Certificate.
  - **HOSPITAL AND SURGERY BENEFITS:** Hospital Entry - Discharge and surgery Minutes.
- NOTE:** Supporting documents from a foreign country must be submitted translated and certified by the Greek Consular Authorities.

**DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA**

I have read and confirm that my data above is correct and accurate and I have been informed that for the assessment of my request for insurance compensation under the conditions of the insurance policy it is necessary to provide my consent for processing personal data (PD) and special categories of personal data (SCPD) in accordance with the provisions of the General Data Protection Regulation (EU) 2016/679 and the relevant Greek legislation.

**Controller and Recipients and/or Processors:** Controller of my data is my Insurance Company «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A. Recipients and/or Processors of my data may be health care service providers, cooperating hospitals, clinics, hospitalisation institutions, cooperating doctors and insurance intermediaries. Recipients may also be providers cooperating with the Company, such as reinsurers, collectors or premium collection companies regarding individual life insurance policies, loss adjusters, investigators, companies storing and managing archives, IT companies, companies providing document printing, organising and delivering services, whilst only in the case of providing relevant insurance coverage - companies providing urgent transportation / air transport / distribution and companies providing secondary medical opinions. Furthermore, as provided by Law, the company may disclose my data to public authorities, public insurance funds, Court, public and independent authorities further to their lawful requests, if this is strictly necessary to protect legitimate rights or to fulfil Company's obligations.

**Data retention period:** My personal data shall be stored in both a printed and digital form until the completion of the purpose of the processing. In the event that my contractual relation with the «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A. is suspended or terminated in any way, my data shall be stored until the lapse of the prescription period of relevant claims and in any case as long as it is required by tax legislation, the applicable legal and regulatory framework and the approved codes of conduct. It is noted that if there is a pending litigation with «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A. beyond these processing times, my data shall be stored until the termination of the case with an irrevocable Court Decision.

**Authorisations:** I hereby authorise the cooperating Hospitals, their doctors and the doctors cooperating with the insurance company, to provide my insurance company «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A. and the cooperating health auditing Services Company with all my data regarding the compensation request which are included in my medical file (indicatively including my medical examinations, medical opinions, my medical history).

**My rights:** I have the right to access, to correct, to erase (right to be forgotten), to restrict the processing, to data portability and to object to my data that were collected, as well as the right to withdraw my consent at any time. I have been notified that the withdrawal of my consent and my objection to the processing of my data shall result in the inability of the Company to satisfy my request and the failure in completing all the processes between all parties involved (Insurance Company, Diagnostic Centre, Audit Clinic, Hospital). In order to exercise my hereinabove rights and for any questions, I may address to the Data Protection Officer at «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A.:

- By sending an e-mail to: [parapona@insurance.nbg.gr](mailto:parapona@insurance.nbg.gr), entitled "GDPR", and attaching the corresponding form to exercise a right that is available on the website: [www.ethniki-asfalistiki.gr](http://www.ethniki-asfalistiki.gr)
- By sending a relevant letter entitled "GDPR", to «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A., at 103-105 Syngrou Avenue, T.K. 117 45, and enclosing the corresponding form to exercise a right that is available on the website: [www.ethniki-asfalistiki.gr](http://www.ethniki-asfalistiki.gr)

The above rights are exercised without cost, except in the case that repetition entails administrative costs for the Company.

Regarding any explanations about the submission process, you may call **210 90 99777**.

I have been informed that more detailed information regarding my rights is available at the website: [www.ethnikiasfalistiki.gr](http://www.ethnikiasfalistiki.gr), under the section Protection of Personal Data. I finally state that I have been informed about my right to appeal to the Hellenic Data Protection Authority, by using the following communication details:

Website: [www.dpa.gr](http://www.dpa.gr), Postal Address: 1-3 Kifisias Avenue, Post Code 115 23, Athens, Switchboard: +30 2106475600, Fax: +30 2106475628, E-mail: [contact@dpa.gr](mailto:contact@dpa.gr)

## STATEMENTS - CONSENTS

### DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA AND SPECIAL CATEGORIES OF PERSONAL DATA

I Declare that:

- I have been expressly informed about the processing of personal data and the special categories of personal data, by «THE ETHNIKI» HELLENIC GENERAL INSURANCE COMPANY S.A. and its associates.
- I have been informed about the rights I have and retain as the subject of data.
- I acknowledge that the processing of my data is absolutely necessary for the performance of my insurance contract and that any withdrawal of my consent in the future shall result in Company's inability to provide insurance services and to satisfy each obligation issued by the insurance policy.
- I provide my freely given, specific and unambiguous consent to the above Company in order to process my data that I have disclosed in the context of this request and for the performance of my insurance policy.

**I declare that I have carefully read this Notification and Authorisation / Declaration of Consent for protecting personal data and accept it.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Insured

A) Signature by the Insured

- |    |                      |
|----|----------------------|
| 1) | Given name & surname |
| 2) | Given name & surname |
| 3) | Given name & surname |
| 4) | Given name & surname |
| 5) | Given name & surname |

B) For a minor (the persons who hold the parental responsibility over the insured the insured).

- |  |                      |
|--|----------------------|
| Given name & surname of the minor/s 1) | 2)                   |
| Signature 1)                           | Given name & surname |
| Signature 2)                           | Given name & surname |