

Suggestions in Filling the Form

The grantor giving authorization and consent to disclose medical treatment history has to fill in personal information and sign all documents.

The grantor giving authorization and consent to disclose medical treatment history comprises:

- Giving authorization and consent to disclose medical treatment history **as an insurance applicant/insured**
 - In case an insurance applicant/insured is not a minor: Give authorization and consent by themselves
 - In case an insurance applicant/insured is a minor:
 - : In case of a minor (not over 10 years old), a legal representative or legal guardian of the insurance applicant/insured such as father, mother or legal adopter of the insurance applicant/insured shall give authorization and consent on the minor's behalf.
 - : In case of a minor (over 10 years old but less than 20 years old), a legal representative or legal guardian of the insurance applicant/insured such as father, mother or legal adopter of the insurance applicant/insured shall jointly give authorization and consent together with the minor.
- Giving authorization and consent to disclose medical treatment history **as an heir of the insured**
 - The legal heir of the insured such as father, mother, spouse, child (sui juris) shall give authorization and consent to disclose medical treatment history.