

Consent of the Insured Member

Letter of Consent regarding the collection, usage and disclosure of personal data and sensitive data for the purpose of group insurance

I, (Mr./Ms./Mrs.), as the

Insured Member

Associate Member

Spouse

Child (by Mr./Ms./Mrs., as the legal representative)

gave the consent regarding the collection, usage and disclosure of personal data and sensitive data of mine for the purpose of group insurance by the policyholder of [King Mongkut's Institute of Technology Ladkrabang Co., Ltd.](#), details as shown in this letter.

1. Consent regarding the collection, usage and disclosure of personal data

1.1 I consented the **Policyholder** to collect, use or disclose the personal data or sensitive data (i.e., race, religion, health record, disability, etc.) of mine and/or the minor to the insurer and/or the life insurance agents for the purposes of insurance, medical check-up, compensation claim, compliance in accordance with the insurance policy's conditions, including any action in relevant with insurance business. Whereas, such disclosure of data shall include but not limited to Office of Insurance Commission, insurance companies, life insurance representatives or casualty insurance representatives, life insurance agents or casualty insurance agents, assuming companies, business partners or service providers of such parties.

1.2 I consented the **Insurer** to collect, use or disclose the personal data or sensitive data of mine and/or the minor to the insurer and/or the life insurance agents for the purposes of insurance, medical check-up, compensation claim, compliance in accordance with the insurance policy's conditions, including any action in relevant with insurance business. Whereas, such disclosure of data shall include but not limited to Office of Insurance Commission, insurance companies, life insurance representatives or casualty insurance representatives, life insurance agents or casualty insurance agents, assuming companies, policyholder, business partners or service providers of such parties.

1.3 I consented the medics or medical personnel or insurance companies or infirmaries or other persons with health records and /or data of mine and/or the minor to disclose the sensitive data to the insurer or the insurer's representatives for the purposes of insurance or considering for compensation according to the insurance policy.

1.4 I acknowledged and understood well that I and/or my legal representative have right to revoke the consent, to access the data, to request for copies, to receive data by automatic means, to request for data transfer, to request for erase, destroy and restrain the usage of data, and I have the right to submit complaint to the Expert Committee in accordance with the Personal Data Protection Act. I acknowledged and understood well that such revoke of consent, the request to erase, destroy or restrain the usage of data may have effect to the insurance, the providing of service regarding the insurance policy, the consideration for

compensation according to the insurance policy's conditions, and other services related to the insurance which may affect the insurer in performing in accordance with the terms and conditions of the insurance agreement.

1.5 I acknowledged that the insurer will erase the personal data of mine and/or the minor within 10 years from the termination of the relationship with me and/or the minor.

2. Affirmation of accuracy and confirming the receiving of consent for disclosing the data from family's members

In case that I provided the personal data and/or sensitive data of my family's members, such as, spouse/partner, child(ren), father and/or mother, etc. I confirm that such personal data or sensitive data of my family members which I provided to the policyholder/insurer is accurate data and consented by the family's members for the disclosure of such data to the policyholder and/or insurer, including informing them the purposes for the collection, usage and disclosure of such data.

Whereas, I have already acknowledged the Personal Data Protection's Policy of the insurer, including the right to revoke the consent in the website of the insurer which the policyholder has provided annually, or by other channels of the insurer.

Day..... Month..... B.E.....

(Signed)..... Insured Member
(.....)

(Signed)..... Insured Member
(.....)

Consent giver, as

Father / Mother

Legal Representative of the Insured Member

(In case that the Insured Member has not reached his/her legal age.)

Remarks:

1. "Personal Data" means any information relating to a person, which enables the identification of such person, whether directly or indirectly, but not including the information of the deceased persons in particular

2. Signature (In case that the applicant is minor.)

2.1 In case that the minor is from 10 years of age but not exceeding 20 years of age, the minor must affix the signature by him/herself jointly with his/her father or/ mother or legal representative

2.2 In case that the minor is not exceeding 10 years of age, his/her father or/ mother or legal representative must be the one who signs.