



## N-service access form for companies – to service group insurance

### Policyholder

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Name

NIP (Tax Identification Number)

Policy No.

### User 1

**!** Please fill out all fields.

Select the type of change (you can only select one):

- adding a new user     changing user's data     depriving the user of privileges

Specify the role of the user (you can only select one):

- coordinator** – full functionality, that is modification and reading: preview of the scope of the agreement, settlement documents with the possibility of downloading, preview of payment history, list of insured persons and detailed data of insured persons, possibility of adding insured persons and excluding them from protection
- observer** – only reading of data: preview of the scope of the agreement, settlement documents with the possibility of downloading, preview of payment history, list of insured persons and detailed data of insured persons
- finance** – only reading: settlement documents (without lists of insured persons) with the possibility of downloading, preview of payment history

Name

Surname

E-mail address (for logging in)

Mobile phone number

PESEL (Personal Identification Number) | Date of birth (in the case of a foreigner)

Type of identification document:  ID card,  Passport (in case of a foreigner),  Residence ID (in case of a foreign resident),  
 mIDcard\* (\*if you confirm your identity in the presence of a representative or employee of the Nationale-Nederlanden)

Series and number

Country of birth       Citizenship

- I am a representative of the insurance broker     not applicable

Broker's name

Signature of User 1  
(the above-mentioned person)

## User 2

**!** Please fill out all fields.

Select the type of change (you can only select one):

- adding a new user     changing user's data     depriving the user of privileges

Specify the role of the user (you can only select one):

- coordinator** – full functionality, that is modification and reading: preview of the scope of the agreement, settlement documents with the possibility of downloading, preview of payment history, list of insured persons and detailed data of insured persons, possibility of adding insured persons and excluding them from protection
- observer** – only reading of data: preview of the scope of the agreement, settlement documents with the possibility of downloading, preview of payment history, list of insured persons and detailed data of insured persons
- finance** – only reading: settlement documents (without lists of insured persons) with the possibility of downloading, preview of payment history

Name

Surname

E-mail address (for logging in)

Mobile phone number

PESEL (Personal Identification Number) | Date of birth (in the case of a foreigner)

Type of identification document:  ID card,  Passport (in case of a foreigner),  Residence ID (in case of a foreign resident),  
 miDcard\* (\*if you confirm your identity in the presence of a representative or employee of the Nationale-Nederlanden)

Series and number

Country of birth     Citizenship

I am a representative of the insurance broker     not applicable

Broker's name

Signature of User 2  
(the above-mentioned person)

### The following section is filled out by the Policyholder (e.g. company owner, president, management board member, proxy, director)

(in accordance with the registration document: KRS (National Court Register), CEIDG (Central Registration and Information on Business) or power of attorney)

#### Declarations

1. I declare that all the Users mentioned by me above have a personal authorization to access the n-service platform for Companies and I accept the fact that user accounts have been created for them in order to perform activities related to group insurance.
2. I declare that I undertake to report any and all changes concerning the list of Users using the contact channels indicated at [www.nn.pl](http://www.nn.pl) at least 14 days in advance in relation to the date of the change requested.
3. I declare that I have verified the identity of the Users indicated in the Form on the basis of their identity documents and I confirm that the data provided is consistent with them.

#### Legible signature

If there are several companies acting in the role of the policyholder, a representative of each of them should sign here.

Person authorized to represent the Policyholder

**Example:** If the registration document specifies the method of representation, e.g. by two persons, we request that two authorized persons sign here.

Date

## Information on personal data processing

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### Who is the Controller of your data and how to contact it?

The data controller of the data provided in relation to the application for access to the website to service group life insurance is Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. with its registered office at ul. Topiel 12 in Warsaw.

You can contact the controller by writing to [info@nn.pl](mailto:info@nn.pl) or the address of the controller's registered office.

We have appointed a Data Protection Officer – you can contact them by e-mail at: [iod@nn.pl](mailto:iod@nn.pl) or in writing at the address of the controller's registered office.

### Why do we need your data?

Your data will be processed in order to:

- grant access to the website to service group life insurance and to support the login process,
- fulfill the controller's legal obligations with regard to counteracting money laundering and terrorist financing,
- possibly establish, pursue, and defend claims – the legal basis is our legitimate interest consisting in establishing, pursuing, or defending claims

The provision of data is voluntary, but necessary to grant access to the service. Failure to provide data will result in the inability to log in and perform activities in accordance with the requested access.

### How long is your data processed?

We will process your data for the period of 10 years from the date of termination of the insurance contract.

### When can we transfer data to other entities?

We can transfer your data to other entities (so-called recipients) in order to properly support the website made available and to ensure the appropriate organization of our enterprise. Said recipients include, in particular, providers of IT solutions, entities supporting us in the damage handling process and debt collection, insurance agents, re-insurance companies, call centers and agencies. Each and every of said entities is bound by a relevant agreement where we impose special obligations related to the processing of your data in order to secure it.

Some of those entities may have their registered offices located in a country outside the European Economic Area. In such a case, data is transferred on the basis of a decision of the European Commission, which determines whether data will be protected properly. In lack of the aforementioned decision, we conclude so-called standard contractual clauses accepted by the European Commission. In order to obtain a copy of these clauses, please contact us at: [iod@nn.pl](mailto:iod@nn.pl).

### What are your rights?

As a data subject, you have the right to:

- access your data and request rectification thereof, e.g. if it turns out that there is a mistake or if you change your phone number or address,
- be forgotten – you can demand for us to delete your data,
- restrict the processing,
- receive your personal data – we will transfer it in a commonly used electronic format (e.g. PDF) to you or a different data controller indicated by you,
- you may raise so-called objection to its processing in cases where we indicated our legitimate interest as the basis for processing your data,
- lodge a complaint with the supervisory data protection authority. In Poland, this authority is the President of the Personal Data Protection Office.