



### C. Income from abroad

Income includes wage, profit or other income from labour, pensions or social security. If you have any questions about your healthcare insurance relating to income earned abroad, then please visit our website for more information.

Does one of the persons for whom you are submitting this application receive any income from abroad?  Yes  No

If yes, to which person/persons is this applicable? Insured  1  2  3  4  5  6

### D. Healthcare insurance

More information on the basic insurance policy and the excess is available from our website.

Which healthcare insurance would you like? Indicate your choice here.

	Univé Zorg Select polis	Univé Zorg Geregeld polis	Univé Zorg Vrij polis
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Excess

The healthcare policy is based on a mandatory excess. The mandatory excess applies to all those insured of age 18 and older. All those insured of age 18 and older may additionally choose a voluntary excess.

Would you like a voluntary excess amount?  Yes  No

If yes, please indicate your choice below. You do not have to make a choice for persons under age 18.

	€ 100	€ 200	€ 300	€ 400	€ 500
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### E. Supplementary insurance

Do you require supplementary insurance?  Yes  No

If not, please continue to question G.

If yes, please state your choice under E1, E2 or E3. Are you applying for a Univé Zorg Select polis and would you like supplementary insurance?

If yes, please state your choice under E1 or E2. Are you applying for a Univé Zorg Select polis or Univé Zorg Vrij polis, and would you like supplementary insurance? Then please state your choice under E2 or E3.

Please find more information on supplementary insurance on our website.

Insured of age 18 or older can close a maximum of four separate modules.

You can choose:

- the Fysio 9 or the Fysio 18;
- Tand 250 or Tand 500;
- Europa or Wereld;
- Alternatief 250 or Alternatief 500.

In addition to separate modules, you may choose Tand Ongevallen.

#### E1. Separate modules for the Univé Zorg Select polis

If you select or have a Univé Zorg Select policy, please select your separate module/modules here.

	Fysio 9	Fysio 18	Tand 250	Tand 500	Europa	Wereld	Alternatief 250	Alternatief 500	Tand Ongevallen
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### E2. Modular packages relating to the Univé Zorg Select polis, Univé Zorg Geregeld polis or Univé Zorg Vrij polis

You do not need to make a choice for persons under age 18. They are automatically classed in the highest supplementary insurance level of one of the insured parents/foster parents.

Insured up to age 18 do not pay any premium if the policyholder is charged a premium for supplementary insurance policy.

	Aanvullend Goed	Aanvullend Beter	Aanvullend Best
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the dental package Tand Best, you are required to complete the Dental Care Statement under F for persons under age 8.

Do you require a **dental package**? If yes, please indicate your choice here.

	Tand Ongevallen	Tand Goed	Tand Beter	Tand Best
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children under age 18 will be covered by the Gezin Pakket if one or both of the parents select this package.  
Children under age 18 will be covered by the Aanvullend Beter package if both parents select the Jong Pakket or a Vitaal Pakket.

**E3. Comprehensive healthcare packages for the Univé Zorg Geregeld polis and the Univé Zorg Vrij polis**  
Do you require **supplementary insurance, including a dental policy**? Then please indicate your choice below.

	Jong Pakket	Gezin Pakket	Vitaal Pakket
Insured 1 (policyholder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### F. Dental Care Statement

Please complete questions 1, 2 and 3 for persons applying for Tand Best. You do not need to complete this statement for the other dental packages.

- Did the persons age 18 or older for whom you are submitting this application complete an annual check-up with the dentist in the past two years?  Yes  No  
If no, to which person/persons is this applicable? Insured:  1  2  3  4  5  6
  - Do the persons age 18 or older for whom you are submitting this application expect one or more of the following treatments within now and two years? Or have the persons for whom you are submitting this application started one or more treatments for:
    - replacing 6 or more fillings
    - two or more crowns
    - one or more bridges
    - one or more implants
    - a partial dental prosthesis (plate or frame)
    - extensive gum treatment (periodontal treatment) Yes  No  
If yes, to which person/persons is this applicable? Insured:  1  2  3  4  5  6
  - Do the persons age 8 or older for whom you are submitting this application expect orthodontic treatments within now and two years? Or have the persons age 8 or older for whom you are submitting this application started orthodontic treatment?  Yes  No  
If yes, to which person/persons is this applicable? Insured:  1  2  3  4  5  6
- We reserve the right to check the information you provided with your dentist.

### G. Start date and cancellation service

The start date of your healthcare insurance policy may deviate from your entry. The start date depends on the date on which we can verify that you are subject to mandatory insurance and the termination date of your existing healthcare insurance policy.

The insurance should become effective as per

Do the persons covered by this application currently have healthcare insurance with a Dutch healthcare insurer?  Yes  No  
If not, please complete question 2.

- If you request healthcare insurance, you are simultaneously giving us permission to cancel any existing healthcare insurance policies for the persons listed on this application for healthcare insurance. This permission also applies to any supplementary insurance policies. If you do not want the supplementary insurance policy/policies to be cancelled, please notify us accordingly below.
  - The supplementary insurance policy/policies should not be cancelled.
- The persons covered by this application currently have no healthcare insurance with a Dutch healthcare insurer. Please state the situation that applies.
  - Newly born  Adopted  Military insurance
  - From abroad  Former conscientious objector  Not insured

## H. Payment

If you choose payment by automatic direct debit, the amount we automatically debit for your excess, personal contributions or reimbursements paid out to you that prove unjustified amounts to a maximum of € 220 per month. For any amounts exceeding € 220, you will receive a paper invoice.

If you are registering a new insured for an existing policy, you do not need to complete this question. The premium payment method will not change.

What is your bank account number?

IBAN

We are unable to pay out the compensation amounts for any expense forms without a bank account number.

### Payment method

Payment by automatic direct debit is free. Please indicate your choice below.

- Monthly payment via direct debit  Annual payment via direct debit
- Monthly payment via paper invoice (you pay € 1.50 per paper invoice)  Annual payment via paper invoice

### Authorisation for direct debit

If you choose payment by automatic direct debit, your authorisation is valid for payment of premiums, excess, personal contributions and any reimbursements paid out that prove unjustified. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract.

If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. Please ask your bank for the conditions.

## I. Approval and signature

By signing this form, you declare that the details completed in this form were entered fully and truthfully.

You declare your approval of the application of the relevant policy conditions to the insurance contract. You also declare that you agree with the start date, cancellation service (section G) and payment method (section H) as set out in this application form.

The terms and conditions can be viewed at [www.unive.nl](http://www.unive.nl). We can send you a paper copy of the terms and conditions at your request. Registration will be processed after we have verified that the persons to be insured fulfil the conditions of the healthcare insurance policy.

By taking out a healthcare insurance with N.V. Univé Zorg, the undersigned will also become a member of the cooperative society Coöperatie VGZ U.A., unless you express the desire not to do so. This cooperative society is the holder of all the shares of the N.V. Univé Zorg and represents the interest of its members in the field of healthcare and other insurance. When terminating the insurance agreement/agreements, the membership will also be terminated.

Upon application or change of the insurance policy, we will request you to provide your personal details. Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contract/contracts or a financial service;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group agreement: for exchanging data with the contract party to the group contract to assess your entitlement to premium discounts;
- for data exchange with Coöperatie Univé U.A. relating to marketing activities for products and services of Coöperatie Univé U.A. or affiliated companies.

If you have any questions, please visit [www.unive.nl/contact](http://www.unive.nl/contact). We are happy to help you.

Please enter the date and town or city. Have you signed the form? Then please send it to the address below.

**Details N.V. Univé Zorg**  
Please find below the details of N.V. Univé Zorg, part of Coöperatie VGZ U.A.  
You can also find the collector's details on your bank statement.  
**Univé Zorg**  
PO Box 25210  
5600 RS Eindhoven, the Netherlands

**Collector ID**  
NL64ZZZ371124070000

If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out above. Processing your personal details is subject to privacy legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the General provisions BSN Act, the Application of BSN in healthcare Act, and the Privacy Declaration of Coöperatie VGZ U.A. Please find the Code of Conduct and the Privacy Declaration on our website.

We may decide to check your data at CIS Foundation for the security and integrity of the financial sector (CIS), [www.stichtingcis.nl](http://www.stichtingcis.nl).

You herewith grant N.V. Univé Zorg permission to use your email address for sending:

- the policy schedule  Yes  No
- information relating to your healthcare insurance policy  Yes  No
- Notifications about your healthcare insurance, such as amendments to the premium and/or policy conditions*

Date

Town/city

Signature of policyholder