

Application Form

Univé Group Basic and Supplementary Healthcare Insurance

Use this form to request a basic or supplementary group healthcare insurance, or to register a person for an existing insurance policy. Please tick what is applicable.
Please complete the form in CAPITALS.

New insurance policy Registering a new insured for an existing policy

A. Personal details

The customer number is stated on your healthcare card or in Mijn Univé Zorg.

Customer number

If you are already insured with us and you only want to register a new insured, please enter your customer number, name and date of birth. Then continue to question B.

1 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

Street House number House number suffix

Postcode Town/city

Telephone number Mobile telephone number

Email address

Are you applying for insurance for yourself? Yes No

You can find your BSN on your identity document.

* Was your passport issued by an EU or EEA country, or Switzerland? Then please send us a copy of your passport or European identity card. If you have a different nationality, please send us a copy of your residence card.

B. Personal details of persons to be insured

Are you applying for insurance for your family members or other persons? Yes No
If not, please continue to question C.

2 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

3 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

4 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

5 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

6 Initials Surname prefix Surname

Date of birth / / Gender Male Female BSN (citizen service number) Nationality NL Other*

The BSN (citizen service number) is stated on your identity document.

* Was your passport issued by an EU or EEA country, or Switzerland? Then please send us a copy of your passport or European identity card. If you have a different nationality, please send us a copy of your residence card.

C. Income from abroad

Income includes wage, profit or other income from labour, pensions or social security. Do you have any questions about your healthcare insurance policy in the context of income from 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. Group insurance

*Please enquire with your employer or organisation if you need to find your group discount number, personnel number or membership number.

Name of employer/organisation					
Date of start employment for employer					
Group discount number*					
Postcode and town/city of employer/organisation					
Personnel number/membership number*					

We may check with your employer or organisation to verify if you are entitled to participation in a group policy.

E. Healthcare insurance

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

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

Univé Zorg Vrij polis Univé Zorg Geregeld polis

The statutory excess applies to all those insured of age 18 and older. Everyone age 18 and older may select a voluntary excess amounting to €100, €200, €300, €400 or €500 per calendar year.

Excess

The healthcare policy is based on a statutory excess. The statutory 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? 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"/>

F. Supplementary insurance

Do you require supplementary insurance? Yes No

If not, please continue to question H.

If yes, please state your choice under F1 or F2.

Are you applying for an Univé healthcare policy and do you require **supplementary insurance**? Then please state your choice under F1 and F2. Please find more information on supplementary insurance on our website.

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 parents/foster parents.

Insured up to age 18 are not charged any premium if the policyholder pays at least 1 insured premium for the supplementary insurance cover.

F1. Modular packages

	Collectief Aanvullend Goed	Collectief Aanvullend Beter	Collectief 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 G for persons from 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 for Gezin Pakket, if 1 of the parents/foster parents select the relevant package. Children under age 18 will be covered by Collectief Aanvullend Beter if both parents/foster parents selected the Jong Pakket or a Vitaal Pakket.

F2. Comprehensive healthcare packages

Do you require **supplementary insurance, including a dental cover**? 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"/>

G. Dental Care Statement

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

1. 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 not, to which person/persons is this applicable? Insured:

1 2 3 4 5 6

2. 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 one year? Or have the persons for whom you are submitting this application started one or more treatments for:

- 2 or more crowns
- 1 or more bridges
- 1 or more implants
- a partial dental prosthesis (plate or frame)
- an extensive periodontal treatment

Yes No

If yes, to which person/persons is this applicable? Insured:

1 2 3 4 5 6

3. Do the persons age 8 or older for whom you are submitting this application expect orthodontic treatments within now and one year? 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.

H. 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 on 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.

1. 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.

2. 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

I. Payment

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

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.

How would you like to pay for the premiums and other amounts due?

Payment by 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 direct debit, Your authorisation is valid for payment of the premium, the excess, personal contributions, and any reimbursement amounts paid out to you that prove unjustified. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract. If a direct debit transaction cannot be executed, we will send you a paper invoice. This is subject to a fee of €1.50 per invoice.

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 terms and conditions.

J. 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 terms and conditions to the insurance contract and the Healthcare Insurance Card. You also declare that you agree with the start date, cancellation service (section H) and payment method (section I) as set out in this application form.

The terms and conditions and the Healthcare Insurance Card can be viewed at www.unive.nl. We can send you the terms and conditions at your request. Registration will be processed after we have verified that the persons to be insured fulfil the terms and conditions of a 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 contract: for exchanging data with the contract party to the group contract for assessing 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/klantenservice. We are pleased to assist 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. We process your personal details when we carry out your insurance policies in accordance with the applicable legislation and regulations, including the GDPR (General Data Protection Regulation). The privacy statement on our website sets out the details of your rights and how we process your personal details. If you have any questions regarding processing your personal details, please contact us at privacy@vgz.nl.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, 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.
Notifications about your healthcare insurance, such as amendments to the premium and/or policy terms and conditions Yes No

Date

Town/city

Signature of policyholder
