

## Application Form

# Group Healthcare Insurance Thuiszorg (Basic or Supplementary)

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, in the Univé App, or in Mijn Univé Zorg.

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.

Customer number

1	Initials <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> Other*
	Street <input type="text"/>	House number <input type="text"/>	House number suffix <input type="text"/>	
	Postcode <input type="text"/>	Town/city <input type="text"/>		
	Telephone number <input type="text"/>	Mobile telephone number <input type="text"/>		
	Email address <input type="text"/>			

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.

Are you applying for insurance for yourself?  Yes  No

### 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 <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> Other*
3	Initials <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> Other*
4	Initials <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> Other*
5	Initials <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> Other*
6	Initials <input type="text"/>	Surname prefix <input type="text"/>	Surname <input type="text"/>	
	Date of birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	BSN (citizen service number) <input type="text"/>	Nationality <input type="checkbox"/> NL <input type="checkbox"/> 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

\*Your member association has your group discount number or payroll number.

Name of member association

Group discount number\*

We may check with your member association 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 (policy holder)	<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 G.

You do not need to make a choice for persons under age 18. They are automatically classed in the highest supplementary insurance level of 1 of the parents/foster parents.

If yes, please indicate your choice here.

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

#### Modular packages

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

	Collectief Aanvullend Goed	Collectief Aanvullend Beter	Collectief Aanvullend Best
Insured 1 (policy holder)	<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"/>

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

Collectief Tand Best is subject to a 12-month qualification period for orthodontic care, partial dental prostheses, implants, crowns and bridges.

	Tand Ongevallen	Collectief Tand Goed	Collectief Tand Beter	Collectief Tand Best
Insured 1 (policy holder)	<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"/>

## 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 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

## H. Payment

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 your invoices without a bank account number.

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

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.

## 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 terms and conditions in the insurance contract and of the Healthcare Insurance Card relating to this insurance product. 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 and the Healthcare Insurance Card can be viewed at [www.unive.nl](http://www.unive.nl). We can send 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.

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights. If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out in the privacy statement. If you have any questions regarding processing private data, please contact our Data Protection Officer at [privacy@vgz.nl](mailto:privacy@vgz.nl). For more information about privacy, please check the Privacy page on our website.

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 policy holder

If you have any questions, please visit [www.unive.nl/klantenservice](http://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**  
**NL64ZZZ37112407000**