

Application Form Medical Insurance

You live abroad. You work and pay wage tax in the Netherlands

Please complete this form and return it to Anderzorg. Our address: Postbus 1177, 7500 BD ENSCHEDE

Our e-mail: polisbuitenland@anderzorg.nl

1. Policyholder/Applicant

The policyholder is the person who takes out insurance with Anderzorg. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname _____ M* F*

Full first name _____ Date of birth _____

Citizen Service Number /
Sofi Number _____ Liable for wage tax in* ___ the Netherlands ___ Abroad

Nationality _____

Residence address
Street and house number _____

Postal code, city/town and country _____

Correspondence address
Street and house number _____

Postal code, city/town and country _____

Telephone number _____

E-mail address _____

2. Employer / Own Business

Fill in the data of your employer / your own business.

Name _____

Street and house number _____

Postal code, city/town and country _____

Telephone number _____

Contact person _____

Commencement date work _____ (Please send a copy of your working contract and latest pay slip)

Commencement own business _____

Chamber of Commerce number _____

(Please send a copy of the income statement that shows that national insurance contributions are paid. If you do not have an income statement, then you have to ask the SVB for an assessment of your Wlz insurance position and send us the outcome too)

3. You usually do your work in*

___ the Netherlands ___ Germany ___ Belgium Other, namely _____

If you work for a Dutch employer or as a self-employed person not (only) in the Netherlands, it has to be determined which social security system applies to you. This has to be determined by the competent authorities in the country where you live.

See for more information svb.nl/int/nl/id.

We can only insure you if you have received an A1 form. Send a copy there of along.

4. Choose voluntary excess and supplemental insurance*

Excess: every insured from the age of 18 has a mandatory excess of € 385. You can also additionally choose to pay a voluntary excess. You will then be given a discount on the premium. Supplemental insurances: Anderzorg will accept you without medical selection.

Voluntary excess

Basic insurance

€ 100
€ 200
€ 300
€ 400
€ 500

Supplemental insurance

Fysiotherapie 6
Tand 75% tot max € 250
Tand 75% tot max € 500
Buitenland en Tandongeval

5. Automatic payment (premium, mandatory excess and personal contribution)

Account number _____

When do you want to pay the premium?*

___ per month
___ per quarter (1% premium discount)
___ per half year (1% premium discount)
___ per year (2% premium discount)

6. Current/former insurance*

Do you come from another Dutch care insurer? Then please send along a copy of the proof of deregistration sent to you by that care insurer.

___ Currently insured at _____
Insured until _____ Insured Number _____
___ Left military service as per _____
___ Left detention as per _____

7. Digital care policy

By receiving your policy digitally, you help us save costs and paper. We send you your policy per e-mail.

The digital policy is signed with an electronic signature. Because of this the policy is an authentic and legal document.

___ Yes, I wish to receive a digital policy. I have filled out my e-mail address at sub 1.

8. Insurance in your country of residence

If you live in an EU/EEA Member State or in Switzerland and you are insured with us, we will send you, depending on your country of residence, a form S1/E106 or will insure you directly with a health care insurer in your country of residence. Do you have family members, you can apply for co-insurance in your country of residence then. See for more information hetcak.nl.

9. General

You provide us with personal particulars. For example your name, address and date of birth. Anderzorg will treat this information with care. Anderzorg observes the rules of the Dutch Personal Data Protection Act and the applicable codes of conduct. For additional information, please refer to our website anderzorg.nl.

To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem). Please refer to stichtingcis.nl for additional information. Based on the completed application form, we will determine whether we can insure you.

- If you are insured with Anderzorg for the Basic insurance, you will also be insured for the Wlz; Wet Langdurige Zorg (Long-term Care Act).
- Persons of 18 years and older pay the premium for the Basic insurance.
- If you opt for supplemental insurances, they will go into effect on the same date as the Basic insurance.
- You can consult the insurance terms and conditions on anderzorg.nl/voorwaarden.
- We can use your e-mail address and phonenummer (for sms) for commercial activities. We will gladly inform you about (new) products, current developments and actions. If you don't want this, you can let us know by letter or through anderzorg.nl/contact.

10. Signature

I have completed this form truthfully and to the best of my knowledge. I agree that the insurance shall be entered into for a period of one year, unless my work and tax duty in the Netherlands stops. The insurance shall be extended automatically for a similar period until I cancel the insurance using the correct method.

Date _____ Signature _____

* Tick what is applicable