

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.

