

Application Form Medical Insurance

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

1. Policyholder/applicant (policyholder 1)

The policyholder is the person who takes out insurance with Anderzorg. A policyholder can take out insurance for himself/herself and others. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname _____ M* F*

Street and house number _____

Postal code, city/town _____

Telephone number _____

E-mail address _____

2. Persons to be insured

Complete the data of the people that you wish to insure here. Do you as being the policyholder wish to insure yourself too? Then complete your data at policyholder 1.

If you wish to insure more than 5 people, please specify their data on a separate sheet of paper and also send this to us.

If one of the co-insured is in paid employment, please specify where this person is liable to pay Wage tax.

Wage tax
obligation in*

	Initials, surname and/or maiden name	M/F	Date of Birth	Social Security Number	Wage tax obligation in*	
					NL	Abroad
Policyholder 1	_____	___	_____	_____	___	___
Insured party 2	_____	___	_____	_____	___	___
Insured party 3	_____	___	_____	_____	___	___
Insured party 4	_____	___	_____	_____	___	___
Insured party 5	_____	___	_____	_____	___	___

3. Choose voluntary excess and supplemental insurance* (make a choice for every insured)

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

Anderzorg Jong: is meant for youths between the ages of 18 and 30. This is a supplemental and dental insurance in one. You can then not choose another supplemental or dental insurance.

Voluntary excess Basic insurance

€ 100
€ 200
€ 300
€ 400
€ 500

Policyholder 1 _____

Insured party 2 _____

Insured party 3 _____

Insured party 4 _____

Insured party 5 _____

Supplemental insurance

Anderzorg Budget
Anderzorg Extra
Anderzorg Jong
Anderzorg Tand
Fysiotherapie 9
Fysiotherapie 18
Tand 75% tot max € 250
Tand 100% tot max € 250
Tand 100% tot max € 500
Buitenland werelddekking

4. Automatical payment (Premium, Mandatory Excess and Personal Contribution)

Account number in the Netherlands _____

When do you want to pay the premium?*

___ per month ___ per quarter (1% premiumdiscount) ___ per half year (1% premiumdiscount) ___ per year (2% premiumdiscount)

* Tick what is applicable ** If applicable

5. Reason for application

Transferring from another insurer as of January 1.

Transferring from another insurer as of another date. This is only possible when you are no policyholder at your current insurer but insured through your parents/carers or life partner.

From abroad on ____/____/____ Reason: taking up residence work study.

If the reason is taking up residence

- Then we can insure you if your nationality is from an EU/EEA member state or Switzerland and you are staying longer than 1 year in the Netherlands. This can be shown from a registration in the municipal personal records database (GBA) of your municipality.
- Do you have another nationality? Then we can insure you when you are staying longer than 1 year legitimately in the Netherlands. Please also send us a copy of your residence permit (card). You will be entitled to be insured as from the date when your residence permit was issued.

If the reason is related to work. Please send a copy of your employment contract.

- Is your nationality from one of the EU/EEA member states or Switzerland? Please also send us a copy of your passport.
- Do you have another nationality? Please also send us a copy of your residence permit (card).

If the reason is study. Foreign students are only entitled to being insured when they are younger than 30 and have a job on the side.

Please send copy's as we describe under the reason is work.

Left military service on ____/____/____ Please also send us a copy of the certificate of deregistration from the SZVK (Stichting Ziektekostenverzekering Krijgsmacht; Armed Forces Medical Expenses Insurance Association)

Being released from custody on ____/____/____ Please also send us a copy of your release statement.

Another reason _____

6. Cancellation service

By applying for a health insurance you give us permission to cancel your current insurance. We can only do that if your current insurance is a Dutch insurance. We assume that this concerns the supplemental insurances too. If you do not wish so, please state this.

I do not want you to cancel my supplemental insurances.

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. Authorisation/currently being treated

This refers to permission (authorisation) from your current insurer. Should it still be valid, please specify this here. This also refers to the possibility of recovering medical costs from another party. If you answer Yes to a question, we will send you a form with additional questions.

Yes, I have received permission (authorisation) from my current insurer for compensation of recuperation, medicines, medical aids, illness-related transport, special dental care and/or treatment by a plastic surgeon/ophthalmologist/medical specialist.

Yes, I am receiving treatment because of an accident. Another party may be held liable for this.

The accident took place on ____/____/____

9. General

You have provided 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 www.Anderzorg.nl. You can enter the search strings 'code of conduct' or 'privacy' in the search screen. Based on the completed application form, we will determine whether we can accept you and/or your family members. We will check your particulars with the municipal personal records database (GBA). To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem). Please refer to the website www.stichtingcis.nl for additional information.

- By signing the application form you declare that you agree that the insurance terms and conditions are not sent to you unless you expressly request them. You can consult the file with the insurance terms and conditions by visiting www.anderzorg.nl/downloads.
- 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).
- The premium for the Basic insurance is owed by persons 18 years and older.
- If you opt for supplemental insurance, it will go into effect on the same date as the Basic insurance.
- We can use your e-mail address and (mobile) phonenumber (for sms) for commercial activities. We will inform you about new products, current developments and actions. If you don't want this, you can let us know by letter or e-mail at www.anderzorg.nl.
- The Dutch text is binding should any disputes arise from the interpretation of the text-

10. Signing

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. 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