

### 1 Details of policy-holder

Initial(s) and last name

(Correspondence) address

(Correspondence) address

Date of birth

Male  Female

E-mail address

Telephone

Naam Collectiviteit

Personnel number/Membership number

Would you like to be registered as an insured person yourself?

Yes<sup>1)</sup>  No

1) Complete your data at section 2.

### 2 Data of the persons to be insured

Initials(s) and last name	Date of birth	Citizen service number <sup>2)</sup>	Voluntary excess <sup>3)</sup>				
			€ 100,-	€ 200,-	€ 300,-	€ 400,-	€ 500,-
1			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) Through completion of the burgerservicenummer (Citizen Service Number) your request is now processed quicker. Your personal data is verified by us at the Gemeentelijke Basis Administratie (Municipal Basic Administration). You can find the Burgerservicenummer on your driver's license, passport or salary slip.

3) As from 1 January 2012 an obligatory excess of € 220,- applies to all insured people of 18 years and older. This excess is only related to the basic insurance. If you wish, you can raise the obligatory excess (imposed by the government) with a voluntarily excess.

### 3 Supplementary insurance and dental insurance

Date of birth	Supplementary insurances <sup>4)</sup> :						Additional insurance <sup>5)</sup> : Vrouw Plus	Dental insurances <sup>6)</sup> :		
	Compact polis	Compleet polis	Comfort polis	Comfort Pluspolis	Gezinnen polis	50+ Actief polis		Tand Compact	Tand Compleet	Tand Comfort <sup>7)</sup>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Only to be completed by persons 18 years and older. Per person you can select a supplementary insurance and/or dental insurance.

Persons up to 18 years are co-insured for free on the most appropriate supplementary insurance, which has been ticked on this application.

5) You can only take out the Vrouw Plus policy in combination with a basic and supplementary Agis insurance policy.

6) In the basic insurance the dental costs are incorporated up to 18 years of age. A dental insurance is therefore recommendable for persons of 18 years and older.

7) If you choose for the Tand Comfort then we ask you to complete the dental declaration on the backside of this application. Choosing for the Tand Comfort is not needed at a complete removable dentures.

### 4 Premium payment and the pay out of the healthcare claims

What is your bank number?<sup>8)</sup>

8) The completion of your bank number is also necessary in order to be able to pay your claims.

9) You do not have to fill in anything here if the premium is deducted by the employer from the salary.

The premium is paid per<sup>9)</sup>

- month  
 quarter  
 half year (1,25% discount)  
 year (3% discount)

How do you want to pay?<sup>9)</sup>

- automatic debit  
 1st of each month  
 20th prior to the month  
 accept giro form (costs € 1,- per accept giro)

> Continue on the other side



## 5 Current healthcare insurance

Are you during this application, insured with a Dutch healthcare insurer against medical expenses?<sup>10)</sup>  Yes, then section 6 does not apply to you.  
 No, then you need not answer the questions in section 5. *Go to section 6.*

Who is your current healthcare insurer?

Would you switch from your current healthcare insurer by January 1?<sup>11)</sup>  Yes  No

Are you insured collectively via your employer or benefits agency with your current healthcare insurer?  Yes  No

If you have filled in **Yes**: Until which date you may participate in this collective?:

Are you the policy-holder with your current healthcare insurer?  Yes  No

Upon completion of this registration, we will automatically arrange the cancellation of your basic and additional insurance policy/policies with your current insurer for all of the stated persons. If you do not want us to do this, then please indicate this below.

No, I do not want you to cancel on my behalf my supplementary insurance(s).

*10) Select 'No' if you are making use of Asylum Seeker's Health Insurance or Military Health Insurance.*

*11) If the commencement date is 1 January of the following year, then we can cancel your insurance with your current insurer as of mid-November. However, you must have no payment arrears with your current insurer at this time.*

## 6 Other situations

*Only applicable if you have answered 'No' to the first question of section 5.*

Are you registering because you will be staying in the Netherlands permanently?  Yes  No  No, I am here for temporary.

What is your nationality?:

If you have filled in **Yes**: What is the date of your arrival in the Netherlands?:

What is the date of issue of your residence permit?<sup>12)</sup>:

Were you insured via the Ziektekosten Regeling Asielzoekers?  No  Yes, date of termination:

Are you returning from active military service or were you a conscientious objector?  No  Yes

*12) Please complete if you have a nationality from outside the EU. This relates to the date on the pass which you have received from your municipality (behind place of residence).*

## Dental declaration

*Answer the questions below for a person of 18 years or older if you have opted for the Tand Comfort.*

Date of birth	1) Does this person have a complete (lower and upper) removable set of dentures?	2) Has this person visited the dentist or dental hygienist on an annual basis?	3) How many teeth or molars have been extracted from this person? <i>You can ignore the wisdom teeth.</i>	4) Has the dentist recently discussed dental treatment with this person?
<b>1</b>	<input type="radio"/> Yes <sup>13)</sup> <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Number	<input type="radio"/> Yes <input type="radio"/> No
<b>2</b>	<input type="radio"/> Yes <sup>13)</sup> <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Number	<input type="radio"/> Yes <input type="radio"/> No
<b>3</b>	<input type="radio"/> Yes <sup>13)</sup> <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Number	<input type="radio"/> Yes <input type="radio"/> No
<b>4</b>	<input type="radio"/> Yes <sup>13)</sup> <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Number	<input type="radio"/> Yes <input type="radio"/> No

*13) If you have ticked yes, then you do not have to answer question number 2, 3 and 4 for this person.*

## Signature of policy-holder

The personal details entered will be registered in our system. We will use this information to register you, to serve you better and to ensure that nobody can make unauthorised use of your data. We can also use it to send you information about other Agis or Achmea products. Our data processing system is in compliance with the Dutch Data Protection Authority.

Upon signing this form, you officially declare that:

- the information entered on this form is truthful. If this is not the case, then we can refuse or prematurely terminate your policy.
- you are fully aware that premiums must be paid as of the commencement date.
- you authorise payment via direct debit (if this payment method has been selected in section 4). We will then deduct via direct debit the amounts due in connection with premiums, excesses and personal contributions.

Date

Signature of the policy-holder