

## Health Insurance Application Form

Personal details and other relevant data are requested for this application. This data is processed by De Amersfoortse for the purpose of entering into and implementing this insurance agreement and for the management of the ensuing relationships. This includes activities aimed at preventing and combating fraud and obtaining recourse.

If you have any questions about this form or need help to complete it, please call the Health Insurance Acceptance Department. The telephone number is +31 (0)33 464 20 61.

### 1. Group policy details (employer/association/intermediary) if applicable

Name of group (employer/association/intermediary): \_\_\_\_\_  
Contract number (if known): \_\_\_\_\_

### 2. Policyholder's details (employee/member/etc.)

Name and initials: \_\_\_\_\_  male  female  
Date of birth: \_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_  
Residential address and house number:  
(not a PO Box or business address): \_\_\_\_\_  
Postal code and city/town: \_\_\_\_\_  
Correspondence address (if different): \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Bank account number for reimbursement of  
healthcare bills (IBAN): \_\_\_\_\_ Name of account holder \_\_\_\_\_ At: \_\_\_\_\_  
Please fill the SWIFT/BIC code: \_\_\_\_\_

What is your nationality?  Dutch  
 Other, please specify: \_\_\_\_\_

Do you have an AOV (disability insurance) with us?  Yes, policy number: \_\_\_\_\_  
Then you will receive a Doorgaan insurance with all  no  
the included benefits.

Date of effect: \_\_\_\_\_  
Health insurance\*: \_\_\_\_\_

**\* For an application with an effective date other than January, 1 we request you to send copies of the termination document for the previous health insurance for all persons to be insured. Without this document we cannot proceed to drawing up the health insurance policy.**

### 3. Insured's details

Points for attention:

- Children under the age of 18 have no excess on their health care insurance.
- Children under the age of 18 are insured based on the same supplementary health insurance as the policyholder.
- If newly insured persons would use orthodontics, a maximum coverage of € 500,- applies in the first year of the insurance.

Are the details of the insured the same as for the policyholder?  yes, do not fill in details for Adult 1.  no, fill in details for Adult 1.

**Adult 1**

Name and initials: \_\_\_\_\_  male  female  
Date of birth: \_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_  
(Different) residential address and house number: \_\_\_\_\_  
Postal code and city/town: \_\_\_\_\_  
Nationality:  Dutch  
 Other, please specify: \_\_\_\_\_

**Previous health insurer**

Where do you currently have health insurance? \_\_\_\_\_  
Under which policy/registration number: \_\_\_\_\_  
Was/will be terminated as of: \_\_\_\_\_  
Reason for change:  Transferring from other health insurer  
 Not insured as of \_\_\_\_\_  
 Coming from abroad as of \_\_\_\_\_  
 Turning 18  
 Other (please specify) \_\_\_\_\_

**Coverage**

Basic insurance:  Basisverzekering Restitutie  Basisverzekering Natura  
Excess (in euro's):  385,-  485,-  585,-  685,-  785,-  885,-  
(mandatory excess € 385,-  
Do you want to pay your mandatory excess in advance by spread payments?  yes  no  
(You can find the rules and conditions for participation in spread payment of the mandatory excess in article 14)  
Supplementary Insurance (without dental costs):  Aanvulling Start  Aanvulling Extra  Aanvulling Uitgebreid  no  
Dental insurance (from the age of 18):  Tandarts Start  Tandarts Extra  Tandarts Uitgebreid  no  
(For Tandarts Extra, Uitgebreid you must answer question 15)

**Adult 2**

Name and initials: \_\_\_\_\_  male  female  
Date of birth: \_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_  
Nationality:  Dutch  
 Other, please specify: \_\_\_\_\_

**Coverage**

Basic insurance:  Basisverzekering Restitutie  Basisverzekering Natura  
Excess (in euro's):  385,-  485,-  585,-  685,-  785,-  885,-  
(mandatory excess € 385,-  
Do you want to pay your mandatory excess in advance by spread payments?  yes  no  
(You can find the rules and conditions for participation in spread payment of the mandatory excess in article 14)  
Supplementary Insurance (without dental costs):  Aanvulling Start  Aanvulling Extra  Aanvulling Uitgebreid  no  
Dental insurance (from the age of 18):  Tandarts Start  Tandarts Extra  Tandarts Uitgebreid  no  
(For Tandarts Extra, Uitgebreid you must answer question 15)

Previous health insurer:  Idem as adult 1 (If not, please fill in the correct details under question 4).

**Co-insured children from the age of 18**

**Child 1**

Name and initials: \_\_\_\_\_  male  female  
Date of birth: \_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_  
Previous health insurer:  Idem as adult 1  Idem as adult 2  
(Different) residential address and house number: \_\_\_\_\_  
Postal code and city/town: \_\_\_\_\_  
Nationality:  Dutch  
 Other, please specify: \_\_\_\_\_

### Coverage

Basic insurance:

Basisverzekering Restitutie  Basisverzekering Natura

Excess (in euro's):

385,-  485,-  585,-  685,-  785,-  885,-

(mandatory excess € 385,-

Do you want to pay your mandatory excess in advance by spread payments?

yes  no

(You can find the rules and conditions for participation in spread payment of the mandatory excess in article 14)

Supplementary Insurance (without dental costs):

Aanvulling Start  Aanvulling Extra  Aanvulling Uitgebreid  no

Dental insurance (from the age of 18):

Tandarts Start  Tandarts Extra  Tandarts Uitgebreid  no

(For Tandarts Extra, Uitgebreid you must answer question 15)

Previous health insurer:

Idem as adult 1  Idem as adult 2

### Child 2

Name and initials:

\_\_\_\_\_  male  female

Date of birth:

\_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_

(Different) residential address and house number:

\_\_\_\_\_

Postal code and city/town:

\_\_\_\_\_

Nationality:

Dutch

Other, please specify: \_\_\_\_\_

### Coverage

Basic insurance:

Basisverzekering Restitutie  Basisverzekering Natura

Excess (in euro's):

385,-  485,-  585,-  685,-  785,-  885,-

(mandatory excess € 385,-

Do you want to pay your mandatory excess in advance by spread payments?

yes  no

(You can find the rules and conditions for participation in spread payment of the mandatory excess in article 15)

Supplementary Insurance

Aanvulling Start  Aanvulling Extra  Aanvulling Uitgebreid  no

(without dental costs):

Dental insurance (from the age of 18):

Tandarts Start  Tandarts Extra  Tandarts Uitgebreid  no

(For Tandarts Extra, Uitgebreid you must answer question 15)

Previous health insurer:

Idem as adult 1  Idem as adult 2

### Co-insured children under the age of 18

#### Child 1

Name and initials:

\_\_\_\_\_  male  female

Date of birth:

\_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_

Nationality:

Dutch

Other, please specify: \_\_\_\_\_

Basic insurance:

Basisverzekering Restitutie  Basisverzekering Natura

Previous insurer:

Idem as adult 1  Idem as adult 2

#### Child 2

Name and initials:

\_\_\_\_\_  male  female

Date of birth:

\_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_

Nationality:

Dutch

Other, please specify: \_\_\_\_\_

Basic insurance:

Basisverzekering Restitutie  Basisverzekering Natura

Previous insurer:

Idem as adult 1  Idem as adult 2

#### Child 3

Name and initials:

\_\_\_\_\_  male  female

Date of birth:

\_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_

Nationality:

Dutch

Other, please specify: \_\_\_\_\_

Basic insurance:

Basisverzekering Restitutie  Basisverzekering Natura

Previous insurer:

Idem as adult 1  Idem as adult 2

**Child 4**

Name and initials: \_\_\_\_\_  male  female  
 Date of birth: \_\_\_\_\_ Citizen service number (BSN): \_\_\_\_\_  
 Nationality:  Dutch  
 Other, please specify: \_\_\_\_\_  
 Basic insurance:  Basisverzekering Restitutie  Basisverzekering Natura  
 Previous insurer:  Idem as adult 1  Idem as adult 2

**4. Deviating data of the insured previous health insurer**

If one of the persons has a different insurance history please specify this here below.

Name and date of birth insured: \_\_\_\_\_  
 Where do you currently have health insurance? \_\_\_\_\_  
 Under which policy/registration number: \_\_\_\_\_  
 Was/will be terminated as of: \_\_\_\_\_  
 Reason for change:  Transferring from other health insurer  
 Not insured as of \_\_\_\_\_  
 Coming from abroad as of \_\_\_\_\_  
 Turning 18  
 Other (please specify) \_\_\_\_\_

**5. Payment term**

Premium payment:  monthly  quarterly  half-yearly  annual

**6. Form of payment**

How do you want to pay premiums?  Giro transaction form  automatic collection  e-mail payment  manual transfer by bank account  
 How do you want to pay excess and patient contributions?  Giro transaction form  automatic collection  e-mail payment  manual transfer by bank account  
*We pay many bills directly to the care provider. We recover the excess or patient contribution from you.*  
 You can revoke authorisation for automatic collection at any time. Payments can be reversed within 56 days.  
 By signing this application form, you are authorising De Amersfoortse to debit the owed premium (including costs) from your account on a regular basis.

**7. Giro or bank account number**

Giro or bank account number for automatic collection (IBAN): \_\_\_\_\_ Name of account holder \_\_\_\_\_ At: \_\_\_\_\_

**8. Other information**

8.1 Were you ever refused insurance or has as any insurance ever been cancelled, or were any limiting conditions or premium increases proposed?  yes  no  
 If so, by which company/companies, when and why? \_\_\_\_\_  
 \_\_\_\_\_  
 8.2 Does one of the persons to be insured have supplementary insurance elsewhere?  yes  no  
 If so, what kind of insurance insurance and at which health insurer? \_\_\_\_\_  
 \_\_\_\_\_

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## 9. Final statement and signature

By applying for this health insurance, you are authorising us to terminate your old health insurance on your behalf. This is done using the transfer service\*. We also assume that you are authorising us to terminate the supplementary insurance on your behalf with the former health insurer. If that is not the case, please check the box below.

I do not wish De Amersfoortse to terminate my supplementary insurance on my behalf.

\* VECOZO. Services are used for the transfer service. Via VECOZO a check will be carried out on your personal data for External References via the database of CIS for the health insurer and insofar as applicable for the supplementary health insurer that the transfer concerns. Please see [www.stichtingcis.nl](http://www.stichtingcis.nl) for more information about this database.

The undersigned declares:

- that all questions have been answered truthfully and fully
- that he/she is aware that in the event of incorrect and/or incomplete answers or non-disclosure, De Amersfoortse may invoke invalidity of the agreement and can refuse compensation;
- to agree to the policy conditions pertaining to this insurance, which will be provided after acceptance of the insurance but can be requested now;
- to notify De Amersfoortse immediately of facts and circumstances with regard to the risk to be insured for him/her or another interested party that occur or become known in the period between filling in this application form (including the accompanying health certificate) and the effective date of the insurance. (Explanatory note: this additional data forms part of the statements already made on the application form and the health certificate based on which De Amersfoortse assesses the risk).

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder's signature:

Insured's signature:

\_\_\_\_\_

Insurance adviser's signature:

Client number: \_\_\_\_\_

\_\_\_\_\_

**You can return this form in an envelope to:**

**De Amersfoortse Verzekeringen**

**Attn.: Health Insurance Acceptance Department**

**Box 2072**

**3500 HB Utrecht**

**The Netherlands**

**You can also send us this form by e-mail. The Health Insurance Acceptance Department's e-mail address is [zorg.polis@amersfoortse.nl](mailto:zorg.polis@amersfoortse.nl)**

## 10. Complaints

Complaints about our products and services can be made to your insurance adviser in the first instance. He or she will look for a suitable solution, if necessary in consultation with De Amersfoortse.

If the consultation with your insurance adviser and/or direct contact at De Amersfoortse does not result in a solution, you can file a written complaint with De Amersfoortse Customer Service

PO Box 42

3800 AA Amersfoort

The Netherlands

+31 (0)33 464 25 55 / [clientenservice@amersfoortse.nl](mailto:clientenservice@amersfoortse.nl)

Please state your name, address and policy number.

For further information please see our website: <https://www.amersfoortse.nl/Paginas/klacht.aspx>.

## 11. Complaints authorities

If a complaint is not resolved satisfactorily within six weeks or reasons are given for maintaining the original decision you may contact the Stichting Klachten en Geschillen Zorgverzekeringen (Health Insurance Complaints and Disputes Board).

Stichting Klachten en Geschillen Zorgverzekeringen

PO Box 291, 3700 AG Zeist

The Netherlands

Telephone number +31 (0)30 698 83 60

For further information please see the website: [www.skgz.nl](http://www.skgz.nl).

The Health Insurance Complaints and Disputes Board (SKGZ) is independent and impartial. It aims to resolve problems between the insured and the health insurer.

If the case can be mediated, then the complaint will first be dealt with by the Ombudsman Zorgverzekeringen (Health Insurance Ombudsman). If the mediation is not successful or if the case cannot be mediated then the complaint will be dealt with by the Complaints and Disputes Board. The Complaints and Disputes Board will issue binding advice to the health insurer and to you. The Complaints and Disputes Board may issue binding advice for basic insurance and supplementary insurance.

If you do not wish to use the aforementioned options for making a complaint or are not satisfied with the outcome, you can present the matter to a qualified member of court even if the Complaints and Disputes Board has issued binding advice. If the Complaints and Disputes Board has issued binding advice the Court will only look at the complaint from a procedural point of view.

## 12. Registration with regulator AFM

ASR Basis Ziekttekostenverzekeringen NV (Chamber of Commerce 32110828) and ASR Aanvullende Ziekttekostenverzekeringen NV (Chamber of Commerce 32110823), registered at Archimedeslaan 10 in Utrecht, are under the supervision of the Netherlands Authority for the Financial Markets (AFM) and are registered under AFM numbers 12000605, 12001028 and 12001029. De Amersfoortse Verzekeringen offers products and services in the area of non-life and life insurance.

## 13. Reflection period

After sending in the application form the policyholder is entitled to dissolve the agreement without giving reasons in the following two cases:

- Within 14 days of the agreement being concluded;
- If the agreement is concluded later, within 14 days of receiving the policy.

This means the agreement is deemed never to have been concluded.

## 14. Terms and conditions for spread payment of the excess.

- You only have a mandatory excess (and no voluntary excess).
- You are 18 years of age or older on the 1st of January 2020.
- You are paying the excess in 10 equal terms. Per term you will pay € 38.50 per insured.
- The excess is paid by automatic collection at the end of each month. The first collection will take place at the end of February 2020.
- You are responsible for the successful execution of the direct debit by providing us with the correct bank account details and ensuring the account contains sufficient funds.
- You will receive a receipt in April 2021. This will contain the healthcare costs for 2020.
- If the healthcare costs are less than € 385 per insured, we will refund the difference.
- During the year of insurance we will not send you a receipt. You can check the current state of your excess by logging in on Mijn Amersfoortse.
- Healthcare costs that fall under the excess of 2020 and which we receive after the receipt of April 2021, will be charged additionally. You will be notified in advance.
- The participation in this arrangement will continue into the next calendar year. Do you wish to end this arrangement? Please notify us before February 1, 2020.

- During the year you can terminate this arrangement via Mijn Amersfoortse or by calling (033) 464 20 61.
- If we do not receive the payments of the excess, De Amersfoortse will terminate the arrangement.
- If the arrangement is terminated during the year and the due amount of excess is higher than the payments already received, the amount due will be charged immediately. If the due amount of excess is lower than the payments already received, then the difference will be calculated. The overpaid amount will be reserved for future deductions from the excess.
- Is the health insurance terminated because of emigration or death? Then you will immediately receive a final receipt.

## **Explanatory note to the health certificate**

### **Read this information carefully and in full**

If anything is not clear then please contact De Amersfoortse.

### **The medical data needed for your insurance**

In order to assess whether you can take out supplementary health insurance or supplementary dental insurance and if so, under which conditions, you must provide medical data as well as the application form. The required medical data must be filled in on the health certificate. The medical adviser at De Amersfoortse will advise De Amersfoortse based on your answers in the health certificate and any additional requested data. Depending on your health, the medical adviser may advise De Amersfoortse to charge a higher premium than usual and/or to set additional conditions. He may also advise to refuse insurance.

### **Confidential medical data**

Your medical data together with any other medical documents will be kept in a separate file in a medical dossier. Medical data is confidential and is treated accordingly. That means that in principle it is only accessible to the medical adviser. In certain cases it may be necessary to present your medical data to the medical adviser of a reinsurance company. The legislation and regulations lay down what may or may not be done with the medical data of an insured. These provisions are set forth in the Code of Conduct for the Processing of Personal Data by Financial Institutions, and the pertaining Addendum Health Insurers and the Protocol for Insurance Approval. Insurers and medical advisers must adhere to these. The code of conduct and the protocol can both be requested from the Dutch Association of Insurers, telephone +31 (0)70 3338777 or via the website: [www.verzekeraars.nl](http://www.verzekeraars.nl).

### **If there is a change in your health: report before final acceptance**

There is usually some lapse of time between the time when you fill in the certificate and the time when De Amersfoortse lets you know whether it has accepted or refused your application. Your health may change during this time (improve or deteriorate). You must notify the medical adviser of De Amersfoortse of this change. There are two reasons for this.

The first is that the change in your health may affect the assessment of your application. If your health has deteriorated the medical adviser must take this into account when advising De Amersfoortse.

The second reason to report a change in your health is possibly even more important: if you do not report this, then there is a case of nondisclosure. You run the risk of not receiving reimbursement. This means you have paid premium for nothing.

As soon as De Amersfoortse has notified you that you have been definitively accepted, your obligation to report changes in your health lapses. Definitive acceptance is sent to you by way of a policy, a proof of acceptance or a definitive coverage confirmation.

### **Medical adviser's opinion and objection**

You are entitled to hear the medical adviser's opinion first. You must request it in writing by sending a letter with the health certificate to the medical adviser indicating that you wish to receive the opinion first. You may then request the medical adviser not to inform De Amersfoortse of his advice. For example if it says that a higher premium and/or more stringent conditions must be set. Obviously in that case it is not possible to insure you. In other words: no advice, no insurance. If you send in the completed and signed health certificate, then De Amersfoortse assumes that you do not object to processing of the data you have filled in. If you do object then you should not send in the health assessment. Again in that case also applies: no data, no insurance.

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## **Health certificate**

### **Why this form?**

If you are insured with our company, you receive this health certificate when you apply for a supplementary Tandarts Extra of Uitgebreid insurance. Please answer the questions on this form completely. Read the Explanatory Notes to the health certificate before filling out the form.

### **Answering the questions**

It is very important that you answer all questions correctly and in full. If you do not fill in the health certificate correctly or in full, you are violating the obligation to provide information. This may mean that the insurance may be converted into lower insurance, and that De Amersfoortse can refuse a request for payment.

### **If your dental status changes**

If your dental status changes after you fill in this form, but before the insurance is a fact, you must report this to De Amersfoortse immediately. Final acceptance is confirmed by a final acceptance confirmation from De Amersfoortse or by a policy or acceptance sheet sent to you.



**15. Dental insurance health certificate**

(Fill in only if Tandarts Extra of Uitgebreid is requested)

15.1 Did you visit the dentist for periodic preventive examination (check-up) at least once a year in the past 2 years?  yes  no

15.2 Did you receive periodontal (gums) treatment in the past year? Or does your dentist expect you to need periodontal (gums) treatment within a year?  yes  no

15.3 Do you have extracted or missing teeth and/or molars which will be replaced by crowns and bridges, implants or a partial plate prosthesis or frame prosthesis within a year?  yes  no

15.4 Does your dentist expect you to need treatment involving crowns, bridges and/or implants within a year?  yes  no

**16. Signature**

The undersigned declares that he/she is aware of the explanatory note to the health certificate pertaining to this form, that he/she has answered the above questions and any enclosures truthfully and fully, that he/she is aware that any inaccuracy or incompleteness in this health certificate can lead to the rights of the agreement lapsing and that he/she does not object to the use of medical data for the acceptance of the insurance applied for with the pertaining application form.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder's signature:

Adult 1's signature:

Adult 2's signature:

\_\_\_\_\_

Signatures of all children aged over 18:

\_\_\_\_\_

Insurance adviser's signature:

Client number: \_\_\_\_\_

\_\_\_\_\_

**You can return this form in an unstamped envelope to:**

**De Amersfoortse Verzekeringen**

**Attn.: Health Insurance Acceptance Department**

**Freepost no. 128**

**3800 VB Amersfoort**

**The Netherlands**

**You can also send this form directly to De Amersfoortse's medical adviser. Please mark the envelope "confidential".**