umc zorgverzekering

Application

UMC Zorgverzekering and/or Supplementary Insurance

Use this form to request a basic or supplementary healthcare insurance, or to register a person for an existing insurance policy. Please tick what is applicable.
Please complete the form in CAPITALS.

☐ **New insurance policy** ☐ **Registering a new insured for an existing policy**

A. Personal details

The customer number is stated on your healthcare card or in Mijn UMC Zorgverzekering.

If you are insured with us already and you want to register a new insured, please enter your customer number, name and date of birth. Then continue to question B.

Customer number

1 Initials | Surname prefix | Surname

You can find your BSN on your identity document.

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

* Was your passport issued by an EU or EEA country, or Switzerland? Then please send us a copy of your passport or European identity card. Do you have a different nationality? Then please send us a copy of your residence card.

Street | House number | House number suffix

Postcode | Town/city

Telephone number | Mobile telephone number

Email address

Are you applying for insurance for yourself? ☐ Yes ☐ No

B. Personal details of persons to be insured

Are you applying for insurance for your family members or other persons? ☐ Yes ☐ No
If not, please continue to question C.

2 Initials | Surname prefix | Surname

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

* Was your passport issued by an EU or EEA country, or Switzerland? Then please send us a copy of your passport or European identity card. Do you have a different nationality? Then please send us a copy of your residence card.

3 Initials | Surname prefix | Surname

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

4 Initials | Surname prefix | Surname

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

5 Initials | Surname prefix | Surname

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

6 Initials | Surname prefix | Surname

Date of birth | Gender ☐ Male ☐ Female | BSN (citizen service number) | Nationality ☐ NL ☐ Other*

C. Income from abroad

Income includes wage, profit or other income from labour, pensions or social security. Do you have any questions about your healthcare insurance relating to income earned abroad? Then please visit our website for more information.

Does one of the persons for whom you are submitting this application receive any income from abroad? ☐ Yes ☐ No

If yes, to which person/persons is this applicable? Insured ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

D. Group insurance

*Your employer or organisation has your group discount number or payroll number.

Name of employer/organisation

Date of start employment at employer

Group discount number*

Postcode and town/city of employer/organisation

Payroll number*

We may check with your employer or organisation to verify if you are entitled to participation in a group policy.

E. Basic cover

More information on the basic cover and the excess is available from our website.

☑ UMC Zorgverzekering

Excess

Every person age 18 and older is subject to a statutory excess on their basic healthcare policy. All insured of age 18 and older may additionally choose a voluntary excess.

Would you like a voluntary excess? ☐ Yes ☐ No

If yes, please indicate your choice here. You do not have to make a choice for persons under age 18.

	€100	€200	€300	€400	€500
Insured 1	☐	☐	☐	☐	☐
Insured 2	☐	☐	☐	☐	☐
Insured 3	☐	☐	☐	☐	☐
Insured 4	☐	☐	☐	☐	☐
Insured 5	☐	☐	☐	☐	☐
Insured 6	☐	☐	☐	☐	☐

F. Supplementary insurance

Please enter the required package choice here. Please find more information on the possible choices on our website.

You do not need to make a choice for persons under age 18. They are automatically classed in the highest supplementary insurance selected by one of the insured parents/foster parents.

Do you require supplementary insurance? Indicate your choice here.

	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3	UMC Extra Zorg 4	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
Insured 1	☐	☐	☐	☐	☐	☐	☐
Insured 2	☐	☐	☐	☐	☐	☐	☐
Insured 3	☐	☐	☐	☐	☐	☐	☐
Insured 4	☐	☐	☐	☐	☐	☐	☐
Insured 5	☐	☐	☐	☐	☐	☐	☐
Insured 6	☐	☐	☐	☐	☐	☐	☐

G. Dental Care Statement

Applicable only relating to UMC Extra Tand 3.

For the UMC Aanvullende verzekering and UMC Extra Tand 3, this Dental Care Statement applies to persons from age 18. After submitting this application form, you will receive a Dental Care Statement form. The Dental Care Statement form must be completed for each insured age 18 or older when applying for a UMC Extra Tand 3 package.

H. Start date and cancellation service

The start date of your healthcare insurance policy may deviate from your entry. The start date depends on the date on which we can verify that you are subject to mandatory insurance and on the termination date of your existing healthcare insurance policy.

The insurance should become effective as per

Do the persons covered by this application currently have healthcare insurance with a Dutch healthcare insurer? ☐ Yes ☐ No

If not, please complete question 2.

1. If you request healthcare insurance, you are simultaneously giving us permission to cancel any existing healthcare insurance policies for the persons listed on this application for healthcare insurance. This permission also applies to any supplementary insurance policies. If you do not want the supplementary insurance policy/policies to be cancelled, please notify us accordingly below.

   ☐ The supplementary insurance policy/policies should not be cancelled.

2. The persons covered by this application currently have no healthcare insurance with a Dutch healthcare insurer. Please state the situation that applies.

   ☐ Newly born ☐ Adopted ☐ Military insurance

   ☐ From abroad ☐ Former conscientious objector ☐ Not insured

I. Payment

If you choose payment by direct debit, the amount we automatically debit for your excess, personal contributions or reimbursements paid out that prove unjustified amounts to a maximum of €220 per month.
For any amounts exceeding €220, you will receive an invoice. If we choose to send you a paper invoice, this form of payment is free of charge for you.

If you are registering a new insured for an existing policy, you do not need to complete this question. The premium payment method will not change.
What is your bank account number?

IBAN

We are unable to pay out the compensation amounts for any expense forms without a bank account number.

You pay the premium on a monthly basis as an amount withheld from the salary. Your excess, employee contributions and any amounts paid out on expense forms that prove unjustified will not be withheld from the salary.

How would you like to pay for the premiums and other amounts due?
Signing this form simultaneously grants us authorisation for monthly automatic direct debits for your excess, personal contributions and any amounts paid out to you on expense forms that prove unjustified, unless you choose payment by acceptance giro (payment order form).

If you do not wish to pay the premium based on amounts withheld from your salary, please select your payment method:

☐ for each direct debit ☐ for each paper invoice (this is subject to a €1.50 fee for each paper invoice)

If you do not wish to pay the premium on a monthly basis, would you prefer annual payment? ☐ yes, annual payment
(this option is not possible if paying through amounts withheld from the salary)

Authorisation for direct debit
If you choose payment by direct debit, your authorisation is valid for payment of premiums, excess, personal contributions and any reimbursements paid out that prove unjustified. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract. If a direct debit transaction cannot be executed, we will send you a paper invoice. This is subject to a fee of €1.50 per invoice.

If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. Please ask your bank for the terms and conditions.

J. Approval and signature

By signing this form, you declare that the details completed in this form were entered fully and truthfully.
You declare your approval of the application of the relevant policy terms and conditions on the insurance contract and the Healthcare Insurance Card. You also declare that you agree with the start date, cancellation service (section H) and payment method (section I) as set out in this application form.

The terms and conditions and the Healthcare Insurance Card can be viewed at www.umczorgverzekering.nl. We can send you the terms and conditions at your request. Alternatively, you can view the terms and conditions at one of our offices. Registration will be processed after we have verified that the persons to be insured fulfil the terms and conditions of the healthcare insurance policy.

By taking out a healthcare insurance with NV Zorgverzekeraar UMC, the undersigned will also become a member of the cooperative society Coöperatie VGZ U.A., unless you express the desire not to do so. This cooperative society is the holder of all the shares of the NV Zorgverzekeraar UMC and represents the interest of its members in the field of healthcare and other insurance. When terminating the insurance agreement/agreements, the membership will also be terminated.

Upon application or change of the insurance policy, we will request you to provide your personal details. Your personal details will be processed for the following purposes:
- for concluding and performing your insurance contract/contracts or a financial service;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts;
- promotion for this insurance and our own and similar services and products, and the associated marketing activities (up to 1 year after terminating the insurance contract).

If you have any questions, please visit www.umczorgverzekering.nl/contact. We would be happy to help you.

If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out above. We process your personal details when we carry out your insurance policies in accordance with the applicable legislation and regulations, including the GDPR (General Data Protection Regulation). The privacy statement on our website sets out the details of your rights and how we process your personal details. If you have any questions regarding processing your personal details, please contact us at privacy@vgz.nl.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, www.stichtingcis.nl.

You herewith grant UMC Zorgverzekering permission to use your email address for sending:
- the policy schedule ☐ Yes ☐ No
- information relating to your healthcare insurance policy
  Notifications about your healthcare insurance, such as amendments to the premium and/or policy terms and conditions ☐ Yes ☐ No
- newsletters and offers
  Healthcare information such as newsletters and offers ☐ Yes ☐ No

Please enter the date and town or city. Have you signed the form? Then please send it to the address below.

Date

Town/city

Signature of policyholder

Details
UMC Zorgverzekering
Please find the details below of UMC Zorgverzekering. You can also find the collection details on your bank statement.

NV Zorgverzekeraar UMC
PO Box 25210
5600 RS Eindhoven, the Netherlands
The Netherlands

Collector ID
NL22 INGB 0000710537