

Always complete all details in item 1 'Personal details (policyholder)'; further, complete only the details that are changing. To register family members, please use the form 'Application UMC Zorgverzekering'. You can download this form from www.umczorgverzekering.nl. Please complete the form in CAPITALS. Alternatively, it is easy to forward your changes online via www.mijnumczorgverzekering.nl.

1. Personal details (policyholder)

The policyholder is the person who applied for the insurance.

Last name Surname prefix Initials

The customer number is listed in Mijn UMC Zorgverzekering.

Customer number Daytime telephone Evening telephone

2. Changes to account number

Old account number for paying premiums and other payments and for receiving reimbursements

IBAN

New account number for paying premiums and other payments and for receiving reimbursements

IBAN

Effective date of change

3. Changes to payment method

Choose one of the methods for payment of your premium

Via the salary Via monthly direct debit Via monthly paper invoice (this is subject to a €1.50 fee for each paper invoice)

*The premium can be withheld from your salary only if your employer offers this option.

Payroll number/membership number

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 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.

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.

Automatic monthly direct debit Monthly paper invoice (you pay €1.50 per invoice)

Choose one of the methods for payment of your excess, personal contributions and any reimbursements paid out that prove unjustified.

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 a paper invoice. If we choose to send you a paper invoice, this form of payment is free of charge for you.

4. Amendments to voluntary excess

Do you want to change your voluntary excess? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards).

Insured 1 (policy holder) Surname Surname prefix Initials

Date of birth

Voluntary excess

€0 €100 €200 €300 €400 €500

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

Insured 2 Surname Surname prefix Initials

Date of birth

Voluntary excess

€0 €100 €200 €300 €400 €500

The statutory and voluntary excess do not apply to the supplementary insurance policy.

Insured 3

Surname Surname prefix Initials
 Date of birth Voluntary excess
 €0 €100 €200 €300 €400 €500

Insured 4

Surname Surname prefix Initials
 Date of birth Voluntary excess
 €0 €100 €200 €300 €400 €500

5. Changes to UMC Aanvullende verzekeringen

If you want to cancel your supplementary insurance policy, please notify us accordingly latest by 31 December to terminate the insurance policy as per 1 January. Do you require supplementary insurance? Or do you want to change your current supplementary insurance? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards). If you send us instructions for changes or an initial application after 31 January, these or this will become effective on 1 January of the following calendar year.

Children up to age 18 are co-insured at the highest level of supplementary package combination selected of their parent/parents.

Any other co-insured on the healthcare policy (from age 18) may take out a UMC Aanvullende verzekering that is different than the policyholder's UMC Aanvullende verzekering. Please tick the new desired UMC Aanvullende verzekering in the box to the side.

UMC Extra Tand 3 is subject to a qualification period of 1 calendar year for partial dental prostheses and implants, crowns and bridges.

Insured 1 (policy holder)

Surname Surname prefix Initials
 UMC Aanvullende verzekering
 UMC Extra Zorg 1 UMC Extra Zorg 2 UMC Extra Zorg 3 None
 UMC Extra Tand 1 UMC Extra Tand 2 UMC Extra Tand 3 None
 Date of birth

Insured 2

Surname Surname prefix Initials
 UMC Aanvullende verzekering
 UMC Extra Zorg 1 UMC Extra Zorg 2 UMC Extra Zorg 3 None
 UMC Extra Tand 1 UMC Extra Tand 2 UMC Extra Tand 3 None
 Date of birth

Insured 3

Surname Surname prefix Initials
 UMC Aanvullende verzekering
 UMC Extra Zorg 1 UMC Extra Zorg 2 UMC Extra Zorg 3 None
 UMC Extra Tand 1 UMC Extra Tand 2 UMC Extra Tand 3 None
 Date of birth

Insured 4

Surname Surname prefix Initials
 UMC Aanvullende verzekering
 UMC Extra Zorg 1 UMC Extra Zorg 2 UMC Extra Zorg 3 None
 UMC Extra Tand 1 UMC Extra Tand 2 UMC Extra Tand 3 None
 Date of birth

6. Termination cover of insured

Upon termination, the policyholder will receive a confirmation of termination for the relevant insured.

Please enter the required termination date, both for the UMC Zorgverzekering and the UMC Aanvullende verzekering. If the cancellation concerns only the UMC Zorgverzekering or only the UMC Aanvullende verzekering, please only enter the relevant termination date for the relevant insurance.

Insured 1 (policy holder)

Surname Surname prefix Initials
 Termination date UMC Zorgverzekering Termination date UMC Aanvullende verzekering Date of birth
 Reason for termination of cover

Insured 2

Surname Surname prefix Initials

Termination date UMC Zorgverzekering Termination date UMC Aanvullende verzekering Date of birth

Reason for termination of cover

Insured 3

Surname Surname prefix Initials

Termination date UMC Zorgverzekering Termination date UMC Aanvullende verzekering Date of birth

Reason for termination of cover

Insured 4

Surname Surname prefix Initials

Termination date UMC Zorgverzekering Termination date UMC Aanvullende verzekering Date of birth

Reason for termination of cover

7. Approval and signature

If you have any questions, please visit www.umczorgverzekering.nl/ contact. We are pleased to assist you.

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

Details

UMC Zorgverzekering

Please find the details of UMC Zorgverzekering below. 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

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 relating to this insurance policy. 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. Registration will be processed after we have verified that the persons to be insured fulfil the terms and conditions of the healthcare insurance policy.

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights. If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out in the privacy statement. If you have any questions regarding processing private data, please contact our Data Protection Officer at privacy@vgz.nl. For more information about privacy, please check the Privacy page on our website.

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 Yes No
- Notifications about your healthcare insurance, such as amendments to the premium and/or policy terms and conditions Yes No
- newsletters and offers Yes No
- Healthcare information such as newsletters and offers Yes No

Date Town/city

Signature of policyholder