

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](http://www.umczorgverzekering.nl). Please complete the form in CAPITALS. Alternatively, it is easy to forward your changes online via [www.mijnumczorgverzekering.nl](http://www.mijnumczorgverzekering.nl).

### 1. Personal details (policyholder)

The policyholder is the person who applied for the insurance.

Surname	Surname prefix	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer number	Daytime telephone	Evening telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

### 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)

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.

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

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

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).

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.

<b>Insured 1</b> (policyholder)	Surname	Surname prefix	Initials
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Voluntary excess	
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> €0 <input type="checkbox"/> €100 <input type="checkbox"/> €200 <input type="checkbox"/> €300 <input type="checkbox"/> €400 <input type="checkbox"/> €500	

<b>Insured 2</b>	Surname	Surname prefix	Initials
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Voluntary excess	
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> €0 <input type="checkbox"/> €100 <input type="checkbox"/> €200 <input type="checkbox"/> €300 <input type="checkbox"/> €400 <input type="checkbox"/> €500	

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

<b>Insured 3</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 4</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

Date of birth	Voluntary excess	<input type="checkbox"/> €0	<input type="checkbox"/> €100	<input type="checkbox"/> €200	<input type="checkbox"/> €300	<input type="checkbox"/> €400	<input type="checkbox"/> €500
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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.

For UMC Extra Tand 3, insured from age 18 are always subject to a dental statement. For the dental statement, you will receive the form Dental Care Statement after submitting this change form.

<b>Insured 1</b> (policyholder)	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 2</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

UMC Aanvullende verzekering	Date of birth
<input type="checkbox"/> UMC Extra Zorg 1 <input type="checkbox"/> UMC Extra Zorg 2 <input type="checkbox"/> UMC Extra Zorg 3 <input type="checkbox"/> UMC Extra Zorg 4 <input type="checkbox"/> None	<input type="text"/>
<input type="checkbox"/> UMC Extra Tand 1 <input type="checkbox"/> UMC Extra Tand 2 <input type="checkbox"/> UMC Extra Tand 3 <input type="checkbox"/> None	<input type="text"/>

  

<b>Insured 3</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 4</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

UMC Aanvullende verzekering	Date of birth
<input type="checkbox"/> UMC Extra Zorg 1 <input type="checkbox"/> UMC Extra Zorg 2 <input type="checkbox"/> UMC Extra Zorg 3 <input type="checkbox"/> UMC Extra Zorg 4 <input type="checkbox"/> None	<input type="text"/>
<input type="checkbox"/> UMC Extra Tand 1 <input type="checkbox"/> UMC Extra Tand 2 <input type="checkbox"/> UMC Extra Tand 3 <input type="checkbox"/> None	<input type="text"/>

  

<b>Insured 3</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 4</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

UMC Aanvullende verzekering	Date of birth
<input type="checkbox"/> UMC Extra Zorg 1 <input type="checkbox"/> UMC Extra Zorg 2 <input type="checkbox"/> UMC Extra Zorg 3 <input type="checkbox"/> UMC Extra Zorg 4 <input type="checkbox"/> None	<input type="text"/>
<input type="checkbox"/> UMC Extra Tand 1 <input type="checkbox"/> UMC Extra Tand 2 <input type="checkbox"/> UMC Extra Tand 3 <input type="checkbox"/> None	<input type="text"/>

### 6. Termination cover of insured

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.

<b>Insured 1</b> (policyholder)	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 2</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

Termination date of UMC Zorgverzekering	Termination date of UMC Aanvullende verzekering	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for termination of cover		
<input type="text"/>		

  

<b>Insured 1</b> (policyholder)	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>Insured 2</b>	Surname	Surname prefix	Initials
	<input type="text"/> <input type="text"/> <input type="text"/>		

  

Termination date of UMC Zorgverzekering	Termination date of UMC Aanvullende verzekering	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for termination of cover		
<input type="text"/>		

**Insured 3**

Surname  Surname prefix  Initials

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

Reason for termination of cover

**Insured 4**

Surname  Surname prefix  Initials

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

Reason for termination of cover

## 7. 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 to the insurance contract and the Healthcare Insurance Card. The terms and conditions and the Healthcare Insurance Card can be viewed at [www.umczorgverzekering.nl](http://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.

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(s) 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 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](mailto:privacy@vgz.nl).

If you have any questions, please visit [www.umczorgverzekering.nl](http://www.umczorgverzekering.nl)/contact. We are pleased to assist you.

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

Date    Town/city

Signature of policyholder

**Details**  
**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**