

3. Dental X-ray

We can only process your application for a UMC Extra Tand 3 supplementary insurance package if you have enclosed your most recent dental X-rays. These must be of a good quality and cannot be older than three years. Please provide the name and date of birth of the relevant insured person on each X-ray, taking care not to damage the photos. The photos will be returned after our assessment. You can place the dental X-rays in a special photo envelope. It is not necessary to send X-rays for insured persons who have full upper and lower dentures.

If you are unable to send dental X-rays, please state the reason why using the space below.

I am unable to send dental X-rays for:

because

4 Policyholder signature

- You declare that you have answered the questions on this form accurately and completely and without withholding any information.
- You declare that you have no objection to the advising dentist making enquiries from and/or providing information to dentists who have treated or may in future treat any person named on this application form or from the advising dentist at the organisation where he or she is or was insured, nor to the consultation of details that may for other reasons be at the disposal of the advising dentist assessing this application.
- You understand that this dental declaration application form forms the basis for the insurance and that the insurance can be voided in the event that the details provided are inaccurate, incomplete or contrary to the truth or if circumstances have been disclosed that, had they been known to us, would have resulted in the agreement not being concluded or not being concluded under the same conditions.
- You declare that you are willing to come to the advising dentist's surgery if you are asked to do so.
- If the advising dentist issues a negative recommendation, would you like to be notified of the recommendation yourself first before the advising dentist is allowed to provide it to UMC Zorgverzekering?

Yes No

Date

City/Town

Your signature

Please remember to fill in the date and place and sign the document.

Please send this dental declaration form together with the dental X-rays to:

UMC Zorgverzekering, Postbus 25211, 5600 RS Eindhoven