



Health care insurance application/ change form

for basic insurance and/ or supplementary health care packages and/ or insurance policies

The IAK Health Care Insurance and the supplementary health care packages are governed by the IAK insurance terms and conditions. You can find these on iak.nl/zorg (all links Dutch only) or you can request a copy from Customer Service by calling +31 (0)40 261 18 88. Please answer all the questions on this form in full. Once you have completed and signed the form, you can send it as an attachment in an email to polisadministratiezorg@iak.nl or by post to: **IAK Verzekeringen, Antwoordnummer 10661, 5600 WB Eindhoven.**

**Please note: Use the designated fields only.
Use the comments section at the bottom
of this form for any comments.**

The policyholder is the person who applies for the insurance for himself/ herself and/ or for others. The policyholder signs the application/ change form and is responsible for paying the premium(s) and any excess and/or individual contribution.

* You can find your insurance number on your health care policy document or your insurance card.

1 Policyholder

Surname of policyholder (+ maiden name if applicable)

Initial(s)

Surname prefix(es)

Option A If you are already insured with IAK and you want to add a family member to your policy, enter your insurance number* and go to question 3.

Option B If you want to notify IAK of a change, you only need to fill in those details that need to be changed.

Option C If you want to apply for IAK Health Care Insurance for yourself and/ or for your family members, go to question 2.

2 Personal details

If you want to notify us of a change of address, you can skip this question; you only need to fill in your address as requested under question 13.

If you do not have Dutch nationality, we can only register you if you enclose a copy of your passport or European identity card. If you come from outside the EU or the EEA, please also enclose a copy of the front and back of your residence permit.

* If you opt for digital correspondence, all your correspondence, including your policy schedule, will be sent to you via email. This change will apply to other (private) insurance policies you might have with IAK as well.

We need your bank account number in order to pay your health care claims. If you opt to pay the premium via direct debit, we will deduct the premium from this account.

Citizen Service Number (BSN)

Date of birth

Gender

Male

Female

Marital status

Married/ registered partnership

Cohabiting

Single

Street name

House number

Addition(s)

Postal code

Town

Country

Nationality

Dutch

Other, namely

Telephone (landline)

Telephone (mobile)

Email address

I would like to receive all correspondence* by email.

Bank account (IBAN)

If you have a foreign bank account, enter your BIC code below.

BIC code

3 Start date

From which date do you want the IAK Health Care Insurance to commence or the change(s) to apply?

Preferred start date

4 Reason for your application

Is the person to be insured switching from another Dutch health care insurer?

* If you apply to IAK for health care insurance and the policy inception date is in the future, IAK will cancel your basic insurance and any supplementary insurance policies with your current insurer.

Yes, he/ she is switching from*

No the person to be insured:

Is newborn

Previously had military insurance

Is adopted

Was previously uninsured

Comes from abroad

If the person in question is registered as a resident of the Netherlands, tick what applies below (you can tick more than one answer):

Had no income before moving to the Netherlands

Left the employment of a foreign employer

with effect from:

Was seconded/ posted to the Netherlands by current employer

with effect from:

The secondment/ posting is based on an A1/ E101 statement: Yes** No

Came to the Netherlands to study

with effect from:

Came to the Netherlands to study and entered the employment of/ is doing an internship with*** a Dutch employer

with effect from:

Came to the Netherlands to study. The course of study ended

with effect from:

Came to the Netherlands for an internship***

with effect from:

Other, namely:

** Please attach a copy of the A1/ E101 statement with your application.

*** Please attach a copy of your internship agreement with your application.

You only need to answer questions 5 and 6 if you are applying for a new insurance or if you want to change these details. If you want to add one or more family members to an existing policy, you can skip these questions and go to question 7.

5 Details of employer/ organization (or change to those details)

IAK Verzekeringen might have a group health care contract with your employer or the organisation of which you are a member. If you wish to participate, you should complete this section. The group number is shown on the survey of premiums. For more information, please contact Customer Service: +31 (0)40 261 18 88.

Name of your employer or the organisation of which you are a member	<input type="text"/>
Place of business of your employer/ organisation	<input type="text"/>
Date of commencement of employment/ membership	<input type="text"/> <input type="text"/> <input type="text"/>
Salary/ staff/ membership number	<input type="text"/>
Group number	<input type="text"/>

Group arrangements may have been made regarding the possible payment methods that apply to your health care policy. For more information, please contact our Customer Service: +31 (0)40 261 18 88.

* You may be charged for this.

** Your email address is required if you opt to pay via AcceptEmail. You can fill this in under question 2.

SEPA: safe payments
Single Euro Payments Area (SEPA) is an area encompassing more than 30 European countries. Within this area, all payments are made in the same simple and safe manner.

6 (Change to) health care insurance payment method

Preferred payment frequency

Monthly Quarterly Half yearly Yearly

Preferred payment method

Payment slip* AcceptEmail** Direct debit

Salary deduction. My salary number is

Pension deduction. My pension number is

Authorisation for SEPA recurring direct debit

If you wish to pay via direct debit, please tick the box below to indicate your acceptance.

I accept direct debit.

If you have not completed this form online, we need your signature for verification purposes. If you have completed this form online, you do not need to sign here.

Date

Signature of policyholder: _____

Direct debit by IAK Volmacht B.V., Beukenlaan 70, 5651 CD Eindhoven, Nederland

Collector ID: NL49IAK55688616000

By accepting or signing, you grant permission:

- to IAK to send recurring direct debit instructions to your bank to debit an amount from your account at regular intervals to pay for your insurance;
- to your bank to debit an amount from your account at regular intervals as instructed by IAK. Before each direct debit transaction, we will notify you of the amount to be debited and the date on which it will take place.

If you do not agree with the direct debit transaction, you can arrange to have it reversed, by contacting your bank within 8 weeks of the transaction. Ask your bank for the terms and conditions.

7 Persons to be insured

Only complete this section if this is a new application or if you want to add one or more persons to your policy.

Please enter the details of the persons to be insured.

* If your family members do not have Dutch nationality, we can only register them if you enclose a copy of their passport or European identity card with this application. If your family members come from outside the EU or the EEA, please also enclose a copy of the front and back of their residence permit.

Policyholder

Do you want to insure the policyholder (question 1)?

Yes No

Partner

Surname of insured	Initial(s)	Surname prefix(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number (BSN)	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality*	<input type="checkbox"/> Dutch <input type="checkbox"/> Other, namely <input type="text"/>	

Child 1

Surname of insured	Initial(s)	Surname prefix(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number (BSN)	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality*	<input type="checkbox"/> Dutch <input type="checkbox"/> Other, namely <input type="text"/>	

Child 2

Surname of insured	Initial(s)	Surname prefix(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number (BSN)	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality*	<input type="checkbox"/> Dutch <input type="checkbox"/> Other, namely <input type="text"/>	

Child 3

Surname of insured	Initial(s)	Surname prefix(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number (BSN)	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality*	<input type="checkbox"/> Dutch <input type="checkbox"/> Other, namely <input type="text"/>	

Child 4

Surname of insured	Initial(s)	Surname prefix(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number (BSN)	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality*	<input type="checkbox"/> Dutch <input type="checkbox"/> Other, namely <input type="text"/>	

8 To whom does the change apply?

If you are applying for new insurance, you can skip this question.

Enter the personal details of the insured person(s) to whom the change applies.

Does the change apply to all the insured persons named on the policy?

Yes, proceed to question 9 No, enter the details of the insured person(s) to whom the change applies below.

Policyholder (see question 1)

Partner	Insurance number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child 1	Insurance number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child 2	Insurance number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child 3	Insurance number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Child 4	Insurance number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

9a Basic insurance

* Your choice of basic insurance will influence how much premium you pay and how much freedom of choice you have in relation to care providers. For more information, see iak.nl/basis

Select your basic insurance*

	IAK Goede Keuze (selective contracted care)	IAK Ruime Keuze (contracted care)	IAK Eigen Keuze (non-contracted care)
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9b Voluntary excess

If you want a voluntary excess in addition to the statutory mandatory excess, indicate your choice below.

Every insured person aged 18 or over has a statutory excess of € 385 (2016) per calendar year. You can increase this amount by opting for a voluntary excess. You do not need to make a choice for persons under the age of 18.

You have until 31 December 2015 to change your voluntary excess, supplementary health care packages and/or health care insurance. If you notify us of changes you want to make later than 31 December 2015, they will apply from 1 January 2017. It is only possible to make adjustments partway through the year under exceptional circumstances.

	€ 0	€ 100	€ 200	€ 300	€ 400	€ 500
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9c Uniek supplementary health care packages (including toppings)

It may be that group agreements have been made regarding which packages you can select. Consult the survey of premiums for the list of packages from which you can choose. For more information, contact our Customer Service staff: +31 (0)40 261 18 88.

* You must make a choice. If you do not want to add a certain reimbursement, select '€ 0' as your topping.

** OptiekPlan is a savings product for glasses, contact lenses or laser eye surgery, with which you can save € 100 per year up to a maximum of € 300. You can choose to spend € 100 each year or choose to save this amount up to a maximum of € 300. You can cancel the OptiekPlan each year.

For more information on the toppings, visit iak.nl/aanvullend

*** You can combine your supplementary Compleet Pakket with the Geboortezorg (childbirth care) topping and/ or the Seniorzorg (senior care) topping. See iak.nl/aanvullend for the reimbursements applicable to these toppings.

**** The OptiekPlan is a standard component of this package.

If you want an IAK Uniek supplementary health care package, please indicate below which toppings and reimbursements you would like.

Compact

Choose your reimbursement (topping) per type of care.*

	Physiotherapy				Alternative care				OptiekPlan**	
	€0	€200	€300	€400	€0	€100	€250	€400	On	Off
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compleet

Choose your reimbursement (topping) per type of care.*

	Physiotherapy				Alternative care				OptiekPlan**		Seniorzorg***		Geboortezorg***	
	€0	€400	€550	€700	€0	€400	€550	€650	On	Off	On	Off	On	Off
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extra Compleet****

Choose your reimbursement (topping) per type of care.*

	Physiotherapy				Alternative care			
	€0	€700	€850	€1.000	€0	€650	€750	€850
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9d Target group packages (no toppings)

You can select the IAK Jong Pakket if you are between 18 and 27 years old. You can select the IAK Comfort Pakket if you are aged 55 or older.

* A standard reimbursement for dental care costs of max. € 250 per year applies under this package.

** If you opt for the IAK Comfort Pakket and you have a child under the age of 18 on your policy, the child will automatically fall under the Compleet Pakket with the accompanying toppings. For more information, please contact Customer Service: +31 (0)40 261 18 88.

Do you prefer a package that is especially tailored to suit your life phase? Please select one of the 3 packages below (Jong/ Jong incl. Tand/ Comfort).

	Jong	Jong incl. Tand*	Comfort**
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9e Supplementary health care insurance

Children under the age of 18 qualify for generous general dental care coverage under the basic insurance. You do not have to choose a dental insurance for these children.

* Medical selection: If you opt for IAK Dental Care Insurance with a reimbursement of € 1,900 per year, you must complete a health declaration form. You can download the form from the website: iak.nl/zorg or ask Customer Service for a copy by calling +31 (0)40 261 18 88.

If you want supplementary health care insurance, please indicate your choice below.

IAK Dental Care Insurance

If you want your teeth to be well insured and you prefer to set the maximum reimbursement per year yourself.

	€ 350	€ 500	€ 950	€ 1,900*
Policyholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** For more information, see iak.nl/ontzorgpakket

IAK Ziekenhuis Ontzorg Pakket**

This package relieves you of worry during a hospital admission.

	Yes
Policyholder	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Child 1	<input type="checkbox"/>
Child 2	<input type="checkbox"/>
Child 3	<input type="checkbox"/>
Child 4	<input type="checkbox"/>

**Only answer questions 10 - 14 if you want to notify us of a change.
If you are submitting a new insurance application, proceed to question 15.**

Once we have received this form, your adult child will become the policyholder of his/ her own policy with effect from the first day of the subsequent month. We will send your son/ daughter an insurance proposal. From age 18, a child is deemed to be an adult and is therefore required to pay premium.

10 Transfer of adult child to his/ her own policy

Complete this section if you want to transfer an adult child who is currently still co-insured under your health care policy to a policy in his/ her own name. This is not compulsory. Your child may remain on the family policy.

Transfer child to his/ her own policy with effect from

Which child do you wish to transfer to his/ her own policy?

Child 1

Child 2

Child 3

Child 4

Once we have received this form, your partner/ ex-partner and any children will be insured under their own policy from the first day of the subsequent month. We will notify your partner/ ex-partner of this change.

11 Divorce/ end of cohabitation

Complete this section if your marriage has ended/ is about to end in divorce or if you are no longer cohabiting. By completing this section, you can remove your partner/ ex-partner and any children from your insurance policy who are still insured under your policy.

Divorce/ end of cohabitation with effect from

Do you want any children to be co-insured under your partner's/ ex-partner's policy?

Yes

No

If yes, which children?

Child 1

Child 2

Child 3

Child 4

If your employment contract with/ membership of the organisation with which IAK had an agreement is terminated, you can still continue to benefit from high-quality insurance with us at competitive rates. For more information, contact Customer Service: +31 (0)40 261 18 88.

12 Termination of employment/ membership

If your employment contract/ membership has been terminated, we need to switch your group health care insurance to individual health care insurance with IAK.

Termination of employment/ membership with effect from

13 Change of address/ contact details

IAK can only process your change of address if you also change/ register your address in the BRP (Municipal Personal Records Database). If you are moving abroad, you must complete the check of obligation to insure (Zvw). This form is used to check your entitlement to Dutch health care insurance. You can download the form from the website: iak.nl/zorg or ask Customer Service for a copy by calling +31 (0)40 261 18 88.

This change of address is applicable from

To which insured persons does this change of address apply?

Policyholder Partner Child 1 Child 2 Child 3 Child 4

What is the function of this address?

Home address Postal address

Enter the new address/ contact details below.

Street name	House number	Addition(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal code	Town	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (landline)	Telephone (mobile)	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		

14 Cancellation of health care insurance

Complete this section if you want to cancel your health care insurance.

From which date do you wish to cancel your health care insurance?

For which insured persons do you wish to cancel the health care insurance?

Tick the applicable box(es).

All insured persons on the policy

The following person(s) only

Policyholder Partner Child 1 Child 2 Child 3 Child 4

What is the reason for the cancellation?

Move to another country*

Switch to another insurer

Death**

Entry into military service***

Other, namely

* Are you moving abroad? In order for us to determine whether we can cancel your insurance, you need to complete the check of obligation to insure (Zvw). This form is used to check your entitlement to Dutch health care insurance. You can download the form from the website: iak.nl/zorg or ask Customer Service for a copy by calling +31 (0)40 261 18 88.

** Please attach a copy of the death certificate or mourning card.

*** Please attach a copy of the military enlistment certificate.

15 General

Have you, as the policyholder, or has one of the persons to be insured been refused insurance at any time in the last 5 years? Or has an insurer cancelled your insurance?

Yes No

If so, which insurer?

When, and for what reason?

16 Additional information/ comments

Do you have other relevant information or comments? Please use the comments field below.

Send form

17 Signature

We are unable to process your application if you do not agree with the general terms and conditions. You can do so online by ticking the option below and entering the date in question **17A**. If you have printed the form, you can accept by placing the date and your signature in question **17B**.

17A

I accept the general policy terms and conditions

Date

17B

Signature of policyholder:

Date

By accepting the general and policy terms and conditions, you declare as policyholder to take out or amend these basic or supplementary health care insurance policies/ packages. These general and policy terms and conditions are available for inspection at our offices and can be found on the website **iak.nl**. We can also send you a copy at your request.

This form constitutes the basis for the health care insurance that you take out with IAK Volmacht B.V. as the authorised agent of the health care insurer(s) via the mediation of IAK Verzekeringen B.V.

You confirm that you have answered the questions on this form completely and truthfully and that you have notified IAK Volmacht B.V. of all the facts about yourself and any other co-insured persons that you know or should know and that are relevant to this insurance application. You understand that failing to complete the form truthfully and in full or withholding facts may cause your entitlement to payment to be restricted or to lapse, or the insurance to be cancelled or refused.

You also understand that you cannot derive any rights from submitting this application.

When you apply for or modify an insurance policy or financial agreement, we ask you for personal and other details. We use these details:

- to enter into and execute your insurance contract or financial service
- for the management of relationships arising therefrom
- for activities aimed at increasing the customer database
- to investigate whether the care has actually been provided to insured persons
- to check how the insured parties rate the quality of the care they have received
- for statistical analysis
- to comply with statutory requirements
- to safeguard the security and integrity of the financial sector

IAK Verzekeringen B.V. and/or IAK Volmacht B.V. is/are authorised to check the information you have supplied with Stichting CIS in Zeist, for risk management and fraud prevention purposes. In first instance, IAK Verzekeringen uses your information to complete the acceptance procedure. Once the insurance contract has been concluded, we process your details in the interests of efficient and effective operations.

IAK Verzekeringen B.V. and/or IAK Volmacht B.V. operate(s) in compliance with the Gedragscode verwerking persoonsgegevens Financiële Instellingen (Code of Conduct for the Processing of Personal Data by Financial Institutions). Health care insurers are also required to comply with the Gedragscode verwerking persoonsgegevens Zorgverzekeraars (Code of Conduct for the Processing of Personal Data by Health Care Insurers). IAK Verzekeringen B.V. is an insurance intermediary, responsible for arranging IAK Health Care Insurance and various supplementary insurance packages. IAK places the administration of these insurance policies with IAK Volmacht B.V., authorised underwriting agent of the insurers named on the policy schedule.



IAK Verzekeringen B.V. | IAK Volmacht B.V.

Postbus 90165, 5600 RV Eindhoven
Beukenlaan 70, Eindhoven
T (040) 261 19 11, F (040) 261 12 05
www.iak.nl

IAK Verzekeringen B.V. Chamber of Commerce: 17086794
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