

# Application Form Medical Insurance

You work and pay wage tax in the Netherlands  
You live abroad or temporarily in the Netherlands



Please complete this form and return it to Menzis.  
Our address: Postbus 75000, 7500 KC ENSCHEDE

## 1. Policyholder/Applicant

The policyholder is the person who takes out insurance with Menzis. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname M\*    F\*  
Full first name Date of birth  
Citizen Service Number /  
Social Security Number Liable for wage tax in\*    the Netherlands    Abroad  
Nationality  
Residence address  
Street and house number  
Postal code, city/town and country  
Correspondence address  
Street and house number  
Postal code, city/town and country  
Telephone number  
E-mail address

## 2. Employer / Own Business

Fill in the data of your employer / your own business.

Name  
Street and house number  
Postal code, city/town and country  
Telephone  
Contact person  
Premium payment via your employer? Yes No Collectivity Number  
Commencement date work (Please send a copy of your working contract and latest pay slip)  
Commencement own business Chamber of Commerce number  
(Please send a copy of the income statement that shows that national insurance contributions are paid)

## 3. Do you return to your foreign residence address at least weekly?\*

Yes    No

## 4. You usually do your work in\*

The Netherlands    Germany    Belgium    Other, namely

If you work for a Dutch employer or as a self-employed person not (only) in the Netherlands, it has to be determined which social security system applies to you. This has to be determined by the competent authorities in the country where you live.

See for more information [svb.nl/int/nl/id](http://svb.nl/int/nl/id).

We can only insure you if you have received an A1 form. Send a copy there of along.

## 5. Choose Basic Insurance, Voluntary Excess and Supplemental Insurance\*

*Excess:* every insured from the age of 18 has a mandatory excess of € 385. You can also additionally choose to pay a voluntary excess.

You will then be given a discount on the premium. *Supplemental insurances:* Menzis will accept you without medical selection.

*YouthExtraCare:* is meant for youths between the ages of 18 and 30. This is a supplemental and dental insurance in one. You can then not choose another supplemental or dental insurance.

Basic insurance	Voluntary excess Basic insurance	Supplemental insurance
Menzis Basis	€ 100	Extra Care 1
Menzis Basis Vrij	€ 200	Extra Care 2
Menzis Basis Voordelig	€ 300	Extra Care 3
	€ 400	Youth Extra Care
	€ 500	Dental Care 250
		Dental Care 500
		Dental Care 750

## 6. Automatical Payment (Premium, Mandatory Excess and Personal Contribution)

Account number

When do you want to pay the premium?\*

per month    per quarter    per half year    per year (1% premium discount)

## 7. Group Insurance

Only fill out if you can participate to another collectivity than via an employer.

Group Name

Group Number

## 8. Current/former insurance \*

Currently insured at

Insured until

Insured Number

Left military service as per

Left detention as per

## 9. Form E 106

If you live in an EU/EEA Member State or in Switzerland and you are insured for the Basic Insurance in the Netherlands, we will send you an E106 form.

With that form you can insure yourself with a care insurer in the country where you live. If you live in Poland, we will send the E 106 form directly to the care insurer which is competent for your place of residence. You can also insure your family members, who under the laws of the country where you live are co-insured, with the E106 form also. See for more information [hetcak.nl](http://hetcak.nl).

## 10. General

You provide us with personal particulars. For example your name, address and date of birth. Menzis will treat this information with care. Menzis observes the rules of the Dutch Personal Data Protection Act and the applicable codes of conduct. For additional information, please refer to our website [menzis.nl](http://menzis.nl).

To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem). Please refer to [stichtingcis.nl](http://stichtingcis.nl) for additional information. Based on the completed application form, we will determine whether we can insure you.

- If you are insured with Menzis for the Basic insurance, you will also be insured for the Wlz; Wet Langdurige Zorg (Long-term Care Act).
- Persons of 18 years and older pay the premium for the Basic insurance.
- If you opt for supplemental insurances, they will go into effect on the same date as the Basic insurance.
- Menzis exchanges your personal particulars with the collectivity regularly, in order to check whether you can (still) participate.
- You can consult the insurance terms and conditions on [menzis.nl/voorwaarden](http://menzis.nl/voorwaarden).
- We can use your e-mail address and phonenumber (for sms) for commercial activities. We will gladly inform you about (new) products, current developments and actions. If you don't want this, you can let us know by letter or through [menzis.nl/contact](mailto:menzis.nl/contact).

## 11. Signature

I have completed this form truthfully and to the best of my knowledge. I agree that the insurance shall be entered into for a period of one year.

The insurance shall be extended automatically for a similar period until I cancel the insurance using the correct method.

Date        -        -

Signature

\* Tick what is applicable