



Application Form Group Medical Insurance

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

1. Policyholder/applicant (policyholder 1)

The policyholder is the person who takes out insurance with Menzis. A policyholder can take out insurance for himself/herself and others. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname M* F*
 Street and house number
 Postal code, city/town
 Telephone
 E-mail address
 Group name
 Group number Nationality
 Name Agent **

2. Persons to be insured

Complete the data of the people that you wish to insure here. Do you as being the policyholder wish to insure yourself too? Then complete your data at policyholder 1. If you wish to insure more than 5 people, please specify their data on a separate sheet of paper and also send this to us.

If one of the co-insured is in paid employment, please specify where this person is liable to pay Wage tax. Wage tax obligation in*

	Initials, surname and/or maiden name	M* F*	Date of Birth	Social Security Number	NL	Abroad
Policyholder 1						
Insured party 2						
Insured party 3						
Insured party 4						
Insured party 5						

3. Choose Basic insurance, voluntary excess and supplemental insurance* (make a choice for every insured)

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.

ExtraCare: Children who are younger than 18 get the most comprehensive ExtraCare that an adult has chosen.

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

DentalCare 250 and 500: cannot be chosen for insured under 18 years of age.

DentalCare 750: For all ages. Children from 10 through 17 years of age pay a children's premium. Children until the age of 10 years are free of charge. A waiting period of 1 year applies for orthodontics, dental crowns, bridges and implants.

Menzis Basis Voordelig: You can apply for Menzis Basis Voordelig online. Visit menzis.nl for more information and to apply.

Basic insurance

Menzis Basis
Menzis Basis Vrij

Voluntary excess Basic insurance

€ 100
€ 200
€ 300
€ 400
€ 500

Supplemental insurance

Extra Care 1
Extra Care 2
Extra Care 3
Youth Extra Care
Dental Care 250
Dental Care 500
Dental Care 750

Policyholder 1
 Insured party 2
 Insured party 3
 Insured party 4
 Insured party 5

4. Automatical payment (Premium, Mandatory Excess and Personal Contribution)

Account IBAN number

When do you want to pay the premium?*

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

* Tick what is applicable ** If applicable

5. Reason for application

Transferring from another insurer as of January 1.

Transferring from another insurer as of _____ . This is only possible in the following situations*

I am collectively insured in my current insurance via an employer or a municipality. I also have group insurance through an employer or municipality at Menzis. I can then be insured at Menzis from the date on which my employment at my new employer starts, or from the date on which I receive a benefit from another municipality.

I am no policyholder at my current insurer, but insured through my parents/carers or life partner.

From abroad for taking up residence as of:

- We can insure you if your nationality is from an EU/EEA member state or Switzerland. Your insurance starts as from the date we determine that you are liable for insurance.
- Do you have another nationality? Please send a copy of your residence permit (card). Your insurance starts as from the date your residence permit was issued.

I live abroad and work in the Netherlands as from:

Please send a copy of your employment contract. You will be entitled to be insured as from the date of your employment contract.

Left military service on

_____ Please also send us a copy of the certificate of deregistration from the SZVK (Stichting Ziektekostenverzekering Krijgsmacht; Armed Forces Medical Expenses Insurance Association).

Being released from custody on

Please also send us a copy of your release statement.

Another reason

6. Cancellation service

By applying for a health insurance you give us permission to cancel your current insurance. We can only do that if your current insurance is a Dutch insurance. We assume that this concerns the supplemental insurances too. If you do not wish so, please state this.

I do not want you to cancel my supplemental insurances.

7. 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. Based on the completed application form, we will determine whether we can insure you and/or your family members. We will check your particulars with the municipal personal records database (BRP). To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem). Please refer to stichtingcis.nl for additional information.

- 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.
- 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.

8. Signing

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