

Application Form Group Medical Insurance

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

1. Policyholder/applicar The policyholder is the person who the form and is responsible for payir	takes out insurance with Menzi	s. A policyh	nolder can take out insuran	ce for him	self/hers	elf and other	rs. The p	oolicyh	older si	gns
Initials and surname Street and house number Postal code, city/town Telephone E-mail address Group name								N	//*	F*
Group number			National	ity						
Name Agent **										
2. Persons to be insure. Complete the data of the people that If you wish to insure more than 5 p If one of the co-insured is in paid er	you wish to insure here. Do yo eople, please specify their data	on a separ	rate sheet of paper and als	o send th		Then comple	te your (data at	Wage	
Initials, surna	ame and/or maiden name	M* F*	Date of Birth	Soci	al Secur	ity Numbe	er		_	Abroad
									_	_
Insured party 2										_
Insured party 4										_
Insured party 4 Insured party 5										_
2. Choose Basic insurant Excess: every insured from the age discount on the premium. Suppleme ExtraCare: Children who are younger YouthExtraCare: is meant for youths or dental insurance then. DentalCare 250 and 500: cannot be DentalCare 750: For all ages. Childre period of 1 year applies for orthodol Menzis Basis Voordelig: You can app	of 18 has a mandatory excess ental insurances: Menzis will a than 18 get the most comprebetween the ages of 18 and chosen for insured under18 years from 10 through 17 years of ntics, dental crowns, bridges a	of € 385. You we hensive Extends and This is a lars of age. age pay and implants	ou can also additionally ch vithout medical selection. traCare that an adult has c a supplemental and dental children's premium. Childro s.	oose to p hosen. insurance	ay a volui e in one. ' ne age of	ntary excess You can not 10 years are	. You w	ill ther	n be giv er supp	ven a lemental
Basic insu		ntary ex				tal insura	nce			
Menzis Basis Menzis Basis Vrii		c insurar	000	Care	Extra Care 2 Extra Care 3	Youth Extra Care	Dental Care 250	Dental Care 750		
Policyholder 1 Insured party 2 Insured party 3 Insured party 4										
Insured party 5 4. Automatical payment	t (Premium. Mandato	ry Exces	ss and Personal Co	ntribut	ion)					

per month ___ per quarter (1% premium discount) ___ per half year (1% premium discount) ___ per year (2% premium discount)

When do you want to pay the premium?*

Account IBAN number

5. Reason for application
Transferring from another insurer as of January 1.
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 of your registration in the
BRP. - Do you have another nationality? Please send a copy of your residence permit (card). You will be entitled to be insured 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. Digital care policy
By receiving your policy digitally, you help us save costs and paper. We send you your policy per e-mail.
The digital policy is signed with an electronic signature. Because of this the policy is an authentic and legal document.
Yes, I wish to receive a digital policy. I have filled out my e-mail address at sub 1.
0. Carranal
8. 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 <i>menzis.nl</i> . 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 <i>stichtingcis.nl</i> for additional information.
 If you are insured with Menzis for the Basic insurance, you will also be insured for the WIz; Wet Langdurige Zorg (Long-term Care Act). Persons of 18 years and older pay the premium for the Basic insurance.
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^{*} Tick what is applicable