

Beter Af Policy application form with Vitaal Package



Please complete in full using a blue or black pen

1 My details (= policyholder)

Initial(s) Surname

Date of birth - - Male Female BSN/sofinummer*

Nationality** NL Other

Street name House no Addition

Postal code Residence Country

Telephone (home) Telephone (work)

Mobile telephone E-mail address

2 I wish to register the following people for the Beter Af Policy (please read the clarifying notes at question 2)

I wish to register myself as well. I do not need to fill in my details below. I do not wish to register myself.

Insured party 1 Initial(s) Surname

Date of birth - - Male Female

BSN/sofinummer* Relationship with the policyholder Partner Child Other

Nationality** NL Other

Insured party 2 Initial(s) Surname

Date of birth - - Male Female

BSN/sofinummer* Relationship with the policyholder Partner Child Other

Nationality** NL Other

Insured party 3 Initial(s) Surname

Date of birth - - Male Female

BSN/sofinummer* Relationship with the policyholder Partner Child Other

Nationality** NL Other

Insured party 4 Initial(s) Surname

Date of birth - - Male Female

BSN/sofinummer* Relationship with the policyholder Partner Child Other

Nationality** NL Other

3 Correspondence address

Street name House no Addition

Postal code Residence Country

4 Participation in group insurance (please read the clarifying notes at question 4)

Name of group policy

Group number Registration number

Which person is a member of or works for this company? Or which person receives payment of the body in question? (several family members possible)

Myself Insured party 1 Insured party 2 Insured party 3 Insured party 4

5 Assessment of insurance obligation (only fill in for people aged 18 and over)

	Policyholder	Insured party 1	Insured party 2	Insured party 3	Insured party 4
Do you receive personal income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive your personal income from	<input type="checkbox"/> The Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> The Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> The Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> The Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> The Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both

6 I am applying for this insurance policy in connection with (please read the clarifying notes at question 6)

A transfer from another insurer at 1 January Change of group Insurance as a result of change of employer at - -

Change from insured party to policyholder A return from abroad at - -

Highly skilled migrants. Arrival in the NL at - -

The creation of a right to basic insurance at - -

Uninsured as of - -

Other reason

* Please do not forget to fill in your Citizen's Service number (BSN)/Tax and Social Insurance number (sofinummer). Without your BSN/sofinummer, we will not be able to process your application.

** If you or one of the people to be insured does not have Dutch nationality, please enclose a copy of your alien's identity card. If someone has the nationality of a country within the EEA, a copy of their passport will suffice.

