

Health Insurance Application Form

You can use this form to apply for health insurance. Please use a black or blue pen to complete this form. It is quicker to apply for health insurance on our website, zk.nl. If you apply for insurance online, you do not need to fill in this form.

1 My details (policyholder)

Initials	Infix	Last name				
Date of birth	Social Security Number					
Nationality						
Street name	House number	Addition				
Postal code	City	Country				
Phone number	E-mail address					
Are you applying for insurance for yourself? Yes No						
Voluntarily chosen excess	None	€100,-	€200,-	€300,-	€400,-	€500,-
<i>On top of the mandatory excess of € 385, everyone of ages 18 and up can choose a voluntary excess. The amounts you can choose from are € 100, € 200, € 300, € 400 or € 500. The higher the chosen voluntary excess, the lower your insurance premium. Did you receive medical care? You first have to pay the mandatory excess then the voluntary excess, if chosen.</i>						
Name group/company						
Group collectivity number	Employee or registration number			(9 digits)		
Which family member is member of, works for or receives social benefits from that organisation? (You can tick several family members.)						
Policyholder	Insured 1	Insured 2	Insured 3	Insured 4		

2 Other insured persons Who else do you want the policy to cover

Insured 1	Initials	Infix	Last name			
Date of birth	Social Security Number					
Nationality				Relationship to policyholder	Partner	Child
Voluntary chosen excess	None	€100,-	€200,-	€300,-	€400,-	€500,-
Insured 2	Initials	Infix	Last name			
Date of birth	Social Security Number					
Nationality				Relationship to policyholder	Partner	Child
Voluntary chosen excess	None	€100,-	€200,-	€300,-	€400,-	€500,-
Insured 3	Initials	Infix	Last name			
Date of birth	Social Security Number					
Nationality				Relationship to policyholder	Partner	Child
Voluntary chosen excess	None	€100,-	€200,-	€300,-	€400,-	€500,-
Insured 4	Initials	Infix	Last name			
Date of birth	Social Security Number					
Nationality				Relationship to policyholder	Partner	Child
Voluntary chosen excess	None	€100,-	€200,-	€300,-	€400,-	€500,-

3 Basic and supplementary insurance policies

Policyholder	Basisverzekering	Budget	Zeker	Exclusief		
	Basis Plus Module	Yes	No			
	Aanvullend	1 star	2 stars	3 stars	4 stars	Vitaal

You can only take out this insurance for persons who are 18 or older. Children under the age of 18 are automatically covered and receive the parent's highest supplementary insurance. They don't pay premium. Please note that a waiting time applies to orthodontics in AV 3 and AV 4 supplementary insurances.

Aanvullend Tand	Basis	1 star	2 stars	3 stars	4 stars
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Are you 18 or older? In that case the cost of dental care is no longer reimbursed by your basic insurance. What if you want the cost of dental care to be reimbursed? In that case you can take out additional insurance that covers dental care.

Insured 1	Basisverzekering	Budget	Zeker	Exclusief		
	Basis Plus Module	Yes	No			
	Aanvullend	1 star	2 stars	3 stars	4 stars	Vitaal
	Aanvullend Tand	Basis	1 star	2 stars	3 stars	4 stars
Insured 2	Basisverzekering	Budget	Zeker	Exclusief		
	Basis Plus Module	Yes	No			
	Aanvullend	1 star	2 stars	3 stars	4 stars	Vitaal
	Aanvullend Tand	Basis	1 star	2 stars	3 stars	4 stars
Insured 3	Basisverzekering	Budget	Zeker	Exclusief		
	Basis Plus Module	Yes	No			
	Aanvullend	1 star	2 stars	3 stars	4 stars	Vitaal
	Aanvullend Tand	Basis	1 star	2 stars	3 stars	4 stars
Insured 4	Basisverzekering	Budget	Zeker	Exclusief		
	Basis Plus Module	Yes	No			
	Aanvullend	1 star	2 stars	3 stars	4 stars	Vitaal
	Aanvullend Tand	Basis	1 star	2 stars	3 stars	4 stars

Additional question Tand 3 and 4 (only fill in if you take out this insurance)

Does/do the policyholder/insured persons have the most extensive dental insurance with their current healthcare insurer?

Policyholder Insured 1 Insured 2 Insured 3 Insured 4

Sometimes we need more information about your teeth. If this is the case, we will send you another application form.

4 Income (only fill in for persons of 18 and older)

Policyholder: Do you have a personal income?	Yes	No	I receive my income from:	Netherlands	Abroad	Both
Insured 1: Do you have a personal income?	Yes	No	Receives income from:	Netherlands	Abroad	Both
Insured 2: Do you have a personal income?	Yes	No	Receives income from:	Netherlands	Abroad	Both
Insured 3: Do you have a personal income?	Yes	No	Receives income from:	Netherlands	Abroad	Both
Insured 4: Do you have a personal income?	Yes	No	Receives income from:	Netherlands	Abroad	Both

5 Why are you taking out basic insurance and from which date?

I am transferring from another healthcare insurer from 1 January

I wish to be policyholder

I have group healthcare insurance and switch group plans

Because I come/am returning from abroad

New entitlement to healthcare insurance has been established

I was insured through Central Agency for the Reception of Asylum Seekers

I am uninsured since:

Other:

Commencement date

Taking out healthcare insurance you authorise Zilveren Kruis Zorgverzekeringen N.V. Achmea Zorgverzekeringen N.V. to terminate your current healthcare insurance including possible supplementary insurances on your behalf. Should you NOT wish us to do so, please tick the box.

I wish to keep my supplementary insurances with my current healthcare insurer.

