

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 - - Male Female Social Security Number

Nationality Dutch Other

Street name House number Addition

Postal code City Country

Home phone number Mobile telephone no.

E-mail address

Are you applying for insurance for yourself? Yes No

Voluntarily chosen excess¹⁾ None € 100,- € 200,- € 300,- € 400,- € 500,-

Name group/company

Group collectivity number Employee or registration number

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 - - Male Female Social Security Number

Nationality Dutch Other Relationship to policyholder Partner Child

Voluntary chosen excess¹⁾ None € 100,- € 200,- € 300,- € 400,- € 500,-

Insured 2 Initials Infix Last name

Date of birth - - Male Female Social Security Number

Nationality Dutch Other Relationship to policyholder Partner Child

Voluntary chosen excess¹⁾ None € 100,- € 200,- € 300,- € 400,- € 500,-

Insured 3 Initials Infix Last name

Date of birth - - Male Female Social Security Number

Nationality Dutch Other Relationship to policyholder Partner Child

Voluntary chosen excess¹⁾ None € 100,- € 200,- € 300,- € 400,- € 500,-

Insured 4 Initials Infix Last name

Date of birth - - Male Female Social Security Number

Nationality Dutch Other Relationship to policyholder Partner Child

Voluntary chosen excess¹⁾ None € 100,- € 200,- € 300,- € 400,- € 500,-

3 Basic and supplementary insurance policies

		Policyholder	Insured 1	Insured 2	Insured 3	Insured 4
Basisverzekering	Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Zeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exclusief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basis Plus Module		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aanvullend²⁾	Aanvullend★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aanvullend★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aanvullend★★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aanvullend★★★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vitaal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aanvullend Tand³⁾	Basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	★★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	★★★★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<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

* 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	Insured 1	Insured 2	Insured 3	Insured 4
Do you have a 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
I receive my income from	<input type="checkbox"/> Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both	<input type="checkbox"/> Netherlands <input type="checkbox"/> Abroad <input type="checkbox"/> Both

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

- I am transferring from another healthcare insurer from 1 January
- I have group healthcare insurance and switch group plans
- New entitlement to healthcare insurance has been established
- I was insured through Menzis COA administration (MCA)
- I wish to be policyholder
- Because I come/am returning from abroad
- 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.

6 Payment details (We also need your account number to be able to pay your claims.)

My account number (IBAN)

I pay the premium Month Quarter Half-year ⁴⁾ Year ⁵⁾

I pay by Direct Debit Bill
*Would you like to receive the bill by mail or e-mail?
Choose your digital preferences in 'Mijn Zilverenkruis'.
A bill by mail will cost you an € 1 per bill.*

1st of the month 15th prior to the month
 21st prior to the month 24th prior to the month
 27th prior to the month

By signing this form you give NL10ZZZ302086370000 Zilveren Kruis Zorgverzekeringen N.V. / Achmea Zorgverzekeringen N.V. permission to charge your insurance premium, deductible excess, statutory contribution and any other possible claims according this method of payment.

7 Policyholder signature

In signing this form, you declare that: ■ you are familiar with the content of the Insurance Product Information documents. You can read and download the documents on zk.nl/informatiedocument ■ all of the information you have provided is correct ■ you have not concealed any important information ■ you are aware that we may terminate your insurance or reject your application if you have provided false or inaccurate information ■ you are aware that you are obliged to pay the premium once the policy commences.

We will use the information you have provided: ■ to register you for insurance ■ to improve our service ■ to ensure that your details are not misused by third parties ■ to send you information about other products offered by Achmea or Zilveren Kruis ■ we ensure that your details are protected in accordance with the data protection regulations issued by the Dutch Data Protection Authority (College Bescherming Persoonsgegevens (CBP) ■ In our privacy statement we inform you how we deal with your personal details.

Date - - Policyholder signature

- 1) Are you 18 or older? In that case you are obliged to pay a mandatory excess of € 385,- in 2019. This mandatory excess only applies to the basic insurance. You can also opt for a voluntarily chosen excess, in which case you will pay a lower premium.
- 2) 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.
- 3) 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.
- 4) You are entitled to a 0.75% discount.
- 5) You are entitled to a 2% discount.

Send the completed and signed form to Zilveren Kruis, t.a.v. Serviceteam Polis, Antwoordnummer 10290, 2300 AK Leiden.
A stamp is not necessary.