

Response form: staying abroad and income from the Netherlands and/or abroad

1 Details applier (= policyholder)

Initial(s) Suffix Surname

Date of birth - - Male Female Social security number

Nationality Dutch Other

Address House no. House no. suffix

Postal code Place of residence Country

Phone number (during the day) Mobile number

Email address Insurance number

2 Correspondence address (If applicable, please fill in the details)

Address House no. House no. suffix

Postal code Place of residence Country

3 Please fill in for the persons staying abroad

	Policyholder	Insured 1	Insured 2	Insured 3
What is the insurance number?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the date of birth?	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
3.1 Your stay abroad				
What is the date of your move?	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
What is the reason for your stay abroad?	<input type="checkbox"/> Emigration <input type="checkbox"/> Medical treatment <input type="checkbox"/> Holiday <input type="checkbox"/> World trip <input type="checkbox"/> Winter guest/visitor <input type="checkbox"/> Other reason, namely <input type="text"/>	<input type="checkbox"/> Emigration <input type="checkbox"/> Medical treatment <input type="checkbox"/> Holiday <input type="checkbox"/> World trip <input type="checkbox"/> Winter guest/visitor <input type="checkbox"/> Other reason, namely <input type="text"/>	<input type="checkbox"/> Emigration <input type="checkbox"/> Medical treatment <input type="checkbox"/> Holiday <input type="checkbox"/> World trip <input type="checkbox"/> Winter guest/visitor <input type="checkbox"/> Other reason, namely <input type="text"/>	<input type="checkbox"/> Emigration <input type="checkbox"/> Medical treatment <input type="checkbox"/> Holiday <input type="checkbox"/> World trip <input type="checkbox"/> Winter guest/visitor <input type="checkbox"/> Other reason, namely <input type="text"/>
Are you seconded (posted in a foreign country) by a Dutch employer?	<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
What is the start and end date of your posting?				
Start date	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
End date	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Are you living abroad for study or internship purposes only?	<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
Is it a paid internship?	<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
If yes, are social security/tax deducted?	<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
From which date do you receive this income?				
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
How long will you be staying abroad? (Number of weeks per calendar year)	<input type="text"/> weeks	<input type="text"/> weeks	<input type="text"/> weeks	<input type="text"/> weeks
3.2 Your income				
Do you have 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
If no, go to question 4				
If yes, from which country (countries) do you receive your income?	<input type="checkbox"/> Netherlands <input type="checkbox"/> Other country, namely <input type="text"/>	<input type="checkbox"/> Netherlands <input type="checkbox"/> Other country, namely <input type="text"/>	<input type="checkbox"/> Netherlands <input type="checkbox"/> Other country, namely <input type="text"/>	<input type="checkbox"/> Netherlands <input type="checkbox"/> Other country, namely <input type="text"/>

3.3 Your Dutch income

What kind of income?

- Work
 Pension
 Unemployed
 Social benefit, namely

- Other, namely

From which date do you receive this income

- -

Are you self-employed?

- Yes No

Insured 1

- Work
 Pension
 Unemployed
 Social benefit, namely

- Other, namely

- -

- Yes No

Insured 2

- Work
 Pension
 Unemployed
 Social benefit, namely

- Other, namely

- -

- Yes No

Insured 3

- Work
 Pension
 Unemployed
 Social benefit, namely

- Other, namely

- -

- Yes No

Please send us a copy of your A1 (E101) statement (if in your possession) together with this form.

Will you be employed as an official in Dutch diplomatic service?

- Yes No

Will you be employed by an organisation under international law?

- Yes No

If yes, which organisation?

Will you be employed as international transport personnel?

- Yes No

If yes, which transport?

3.4 Your income from abroad

Are you employed?

- Yes No

Are you self-employed?

- Yes No

Will you be employed by an organisation under international law?

- Yes No

If yes, which organisation?

Are you receiving social benefits or pension?

- Yes No

Are you receiving a (study) grant?

- Yes No

Are you receiving income from another source?

- Yes No

If yes, which income?

Possible comments

4 Signature policyholder

I declare that I have completed the form truthfully. I understand that any incorrect/incomplete information given on this form, or withholding any facts which are important for the insurance policy, can make the agreement invalid.

Date - -

Signature
policyholder

We enquire about personal details when taking out insurance. We use these details within Achmea to establish and implement agreements; to meet legal obligations and to inform you about relevant products and services. Achmea can consult your details with the Stichting CIS in Zeist. The objective is to manage risks and prevent fraud. The Stichting CIS privacy regulations apply.

Please send the completed form to Zilveren Kruis Achmea, t.a.v. Serviceteam Polis, Postbus 444, 2300 AK Leiden.