

Application Form

1. Applicant (referred to hereafter as insured¹)

Particulars

Initials	<input type="text"/>	Name	<input type="text"/>
Date of birth	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	BSN/Sofi No. in Holland <input type="text"/>
Telephone	<input type="text"/>	E-mail address	<input type="text"/>
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living together		
Nationality	<input type="text"/>		

Residential address of insurer in the Netherlands

Street	<input type="text"/>	House No.	<input type="text"/>
Postal code	<input type="text"/>	City of residence	<input type="text"/>
Desired commencement date of insurance:	<input type="text"/>		

Postal address

If you wish to receive mail at an address other than your residential address, please fill in your mail-receiving address below.

Street	<input type="text"/>	House No.	<input type="text"/>
Postal code	<input type="text"/>	City of residence	<input type="text"/>
Country	<input type="text"/>		

2. Employer (if applicable)

Name of employer	<input type="text"/>		
Street	<input type="text"/>	House No.	<input type="text"/>
Postal code	<input type="text"/>	City of residence	<input type="text"/>
Date of starting work:	<input type="text"/>		

Does the policyholder have to be insured? yes, go to 3 no, go to 4

¹ The insured is the person who concludes the insurance contract with HollandZorg, who receives the mail and pays the premiums. He/she is the only person who can cancel the contract.

3. Insurance

- Basic insurance HollandZorg Public Healthcare Insurance
- Voluntary excess ² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-
- Supplementary insurance ³ HollandZorg Long Stay Insurance

4. Persons to be insured other than the policyholder

Particulars

Initials Name

Date of birth Male Female BSN/Sofi No.

Nationality

- Basic insurance HollandZorg Public Healthcare Insurance
- Voluntary excess ² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-
- Supplementary insurance ³ HollandZorg Long Stay Insurance

Particulars

Initials Name

Date of birth Male Female BSN/Sofi No.

Nationality

- Basic insurance HollandZorg Public Healthcare Insurance
- Voluntary excess ² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-
- Supplementary insurance ³ HollandZorg Long Stay Insurance

² Persons under the age of 18 cannot choose for a voluntary excess

³ You can only conclude supplementary insurance in combination with the HollandZorg Public Healthcare Insurance

Particulars

Initials Name

Date of birth Male Female BSN/Sofi No.

Nationality

Basic insurance HollandZorg Public Healthcare Insurance

Voluntary excess ² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-

Supplementary insurance ³ HollandZorg Long Stay Insurance

Particulars

Initials Name

Date of birth Male Female BSN/Sofi No.

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Particulars

Initials Name

Date of birth Male Female BSN/Sofi No.

Nationality

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5. Payment options

You can select one of the following modes of payment if your employer does not have any agreement with HollandZorg for deducting the nominal premium from your salary:

- Dutch Account No. in case of direct debit transfer:
By entering your bank account number, you are authorising us to debit all amounts due to us against that account.
- Transfer form (in this selection we charge € 1.00 as processing fees per transfer form)

Declarations

Here you can specify the Account No. into which you wish to receive declarations.

Account No.:

6. Documents

If you do not have Dutch nationality then you must prove that you are entitled to Dutch Public Health Insurance.

- If you are an EU or EEA subject, please include a copy of your passport or identity card.
- If you come from another country, then please include proof of legal residence in the Netherlands (p.e. visa).
- If you are working in the Netherlands, then please include a copy of your wage slip or employment contract.

7. Declaration / signature

The undersigned declares:

He/she has answered the questions mentioned above truthfully and acknowledges that:

- Any person who raises claims as policy holder at HollandZorg without authorization promises to compensate the damages suffered by HollandZorg;
- By signing this form, the insured acknowledges the content of the Public Healthcare Insurance terms and conditions and the desired additional insurance, if applicable.
- HollandZorg is part of Salland verzekeringen. By concluding Public Healthcare Insurance with Salland Zorgverzekeraar N.V. and/or a supplementary insurance with Salland Aanvullende Verzekeringen N.V. the undersigned also becomes a member of Coöperatie Salland U.A., unless he/she does not wish to. This cooperation holds all the shares in Salland Zorgverzekeraar N.V. and Salland Aanvullende Verzekeringen N.V. and protects the interests of its members in respect of healthcare insurances and supplementary insurances. Membership is cancelled on termination of the healthcare insurance or supplementary insurance, unless the membership is partly a result of concluding any insurances that are not terminated.
- HollandZorg processes your personal data for concluding and executing the relevant insurance agreement and managing any ensuing relationships including preventing and fighting fraud. Your personal data, with the exception of your medical details, can be used by HollandZorg for marketing purposes. You can lodge an objection to this with us. The Code of Conduct for the Processing of Personal Data applies to the processing. You can consult the code at www.hollandzorg.com and it can be sent to you on request.
- You hereby grant permission to HollandZorg to cancel the insurance with the current insurance company, if possible.

City

Date

Signature of the Insurer