delta lloyd

Delta Lloyd Health Insurance

The application concerns Delta Lloyd Health Insurance

Answer the questions in capital letters with a black or blue ballpoint pen. With this form, you can insure yourself with Delta Lloyd if you fulfil at least one of the following conditions:

- you live in the Netherlands
- you work in the Netherlands (with an employment contract)
- you pay income tax in the Netherlands

The start date of your insurance policy is 1st January of the year in question. Exceptions are described in the general terms and conditions. You can change your health insurer every year.

Start date: (dd/mm/yyyy)

Details of agent (to be filled in by agent)

Agent number:

Client number by agent:

Details of collectivity

Collectivity number:

Staff number (if applicable):

Declaration number/business line no. (if applicable)

Policyholder details

1 *The policyholder is the person who applies for the insurance policy.*

Initials: Surname prefix: Surname:

Date of birth: Gender: M F Delta Lloyd customer no. (if known):

Street: House no.: House number supplement:

Postcode: Town/city: Country:

Daytime phone no.: Evening phone no.: Sofi-number/BSN

E-mailaddress I give Delta Lloyd permission to contact me by e-mail

Name of employer / company / collectivity:

Do you want to take out an insurance policy for yourself? Yes no

Details of the person to be insured

Family member no.	Initials	Surname prefix	Surname (birth name)	Date of birth			Sofi-number/BSN
2					M	F	
3					M	F	
4					M	F	
5					M	F	

1 Insurance details

Indicate below which excess and which additional insurance you wish to choose.

Excess € 255, € 355, € 455, € 555, € 655

The excess is the annual sum which you pay if you incur medical costs. The higher the excess, the lower the premium. For insured persons over the age of 18, there is an obligatory excess of € 155 per year. If you wish to have a higher excess, please indicate your choice in the table below. The choice includes the € 155 obligatory excess. The excess does not apply to the additional insurance.

	Excess
Family member no. 1	
Family member no. 2	
Family member no. 3	
Family member no. 4	
Family member no. 5	

Additional insurance

Please indicate in the table opposite which additional insurance you wish to purchase. If you choose the option Delta Lloyd Top, Delta Lloyd requires a declaration signed on your behalf by your dentist. We need this declaration for the medical assessment. We will send you the declaration. The declaration must be signed by you and your dentist. Any potential costs associated with this will be refunded by Delta Lloyd.

Family member no.	**1**	**2**	**3**	**4**	**5**
No cover desired					
Desired cover					
Delta Lloyd Start					
Delta Lloyd Extra					
Delta Lloyd Complete					
Delta Lloyd Comfort					
Delta Lloyd Top					

TandenGaaf (Teeth Complete)

If you opt for a TandenGaaf product with a maximum amount of € 500 or more, than Delta Lloyd requires a declaration signed on your behalf by your dentist. We need this declaration for the medical assessment. We will send you the declaration. The declaration must be signed by you and your dentist. Any potential costs associated with this will be refunded by Delta Lloyd.

Family member no.	**1**	**2**	**3**	**4**	**5**
No cover desired					
Desired cover					
TandenGaaf 75% up to € 150					
TandenGaaf 75% up to € 250					
TandenGaaf 75% up to € 500					
TandenGaaf 100% up to € 150					
TandenGaaf 100% up to € 250					
TandenGaaf 100% up to € 500					
TandenGaaf 100% up to€ 1000					

Luxury care
(for insured persons over the age of 18)

Family member no.	1	2	3	4	5
No cover desired	☐	☐	☐	☐	☐
Cover desired	☐	☐	☐	☐	☐

Explanation for question 2: With a direct-debit arrangement, Delta Lloyd may debit all sums which you owe to us from your bank or giro account. The account number for which you issue authorisation must be that of the policyholder. You can always withdraw this authorisation in the future. We will also use your account number to make any payments to you.

2 How would you like to pay the premium?

a ☐ Monthly ☐ Quarterly ☐ Every six months ☐ Annually

b ☐ To Delta Lloyd ☐ To the agent ☐ Via employer

c ☐ Via Acceptgiro ☐ Via direct debit ☐ Via premium invoice

d What is your bank or giro number? _____

3a Who is your current health insurer? _____ Insurance number _____

3b How are you currently insured? ☐ Individually ☐ Collectively ☐ Not insured

4 Cancellation of current insurance

With this application, I give Delta Lloyd permission to cancel the main insurance policy and any additional insurance at my previous health insurer. I also give this permission on behalf of all other persons mentioned on this form. The cancellation applies to all persons mentioned on this form.

Do you not want Delta Lloyd to cancel all insurance for all persons? Please indicate which insurance Delta Lloyd should cancel and for whom.

	Name	Date of birth	Main insurance	Additional insurance
1				
2				
3				
4				
5				

Explanation for question 5: Incomes from abroad are incomes from work or a foreign social insurance payment.

5 Do one or more of the persons to be insured have incomes from abroad?

☐ No ☐ Yes, the following: Date of birth: _____ Date of birth: _____

Explanation for question 6: Are one or more of the persons to be insured not Dutch nationals? For persons from an EU country or EEA Treaty country, Delta Lloyd needs a copy of their ID card or passport. If they are not from one of these countries, we need a copy of their residence permit. Please send the additional documents together with this form.

6 Are all the persons to be insured Dutch nationals?

☐ Yes ☐ No, the following do not: Date of birth: _____ Date of birth: _____
Nationality: _____ Nationality: _____

Signature

The undersigned declares to have answered all questions on this application form accurately, fully and truthfully. This application form is the basis of the health insurance and any potential additional insurance agreements which are concluded with Delta Lloyd Zorgverzekering NV in 's-Gravenhage, Chamber of Commerce number 27118912 (Delta Lloyd) under the applicable conditions. This public limited company (NV) is part of the CZ group in Tilburg. The undersigned hereby declares his/her agreement.

Place _____ Date _____ Signature _____

Please sent this form to:
Delta Lloyd
Postbus 4016
5004 JA Tilburg

The information provided by the policyholder and the insured person(s) to Delta Lloyd is primarily intended to be used by Delta Lloyd for the assessment of the risk which is to be insured. Following the establishment of the insurance policy, the information may be used for the execution of the insurance and the related service provision, the management of the resultant relations, as well as for activities aimed responsible operational management, the continuity of the insurance company, the prevention and combating of fraud and the fulfillment of legal obligations. Delta Lloyd provides this health insurance agreement. Dutch law is applicable to this agreement. If you have any complaints, you should contact the Executive Board. If you are not in agreement with the decision of the Executive Board, you may then submit your complaint to the courts or the Health Insurance Ombudsman (see article 11 of the general terms and conditions).