



This application concerns the Delta Lloyd Health Insurance

Please answer the questions in capital letters with a black or blue ballpoint pen. With this form, you can apply for a Delta Lloyd Health Insurance if you comply with at least one of the following conditions:

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

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

Start date: (dd/mm/yyyy)

Details of agent (to be filled in by agent)	
Agent number:	<input type="text"/>
Client number by agent:	<input type="text"/>
Details of collectivity	
Collectivity number:	<input type="text" value="15490"/>
Staff number (if applicable):	<input type="text"/>
Declaration number/business line no. (if applicable)	<input type="text"/>

Policyholder details

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

Initials Prefix Surname

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

Street name House no. Floor no.

Zip code City Country

Tel.no.daytime Tel. no. evening Social sec. number

E-mail address By filling in your email address you give CZ permission to use your email address for correspondence.

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	Prefix	Surname	Date of birth	<input type="checkbox"/> M <input type="checkbox"/> F	Social security number
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

1 Insurance details

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

Excess € 265,- € 365,- € 465,- € 565,- € 665,-

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 € 165,- per year. If you wish to have a extra excess, please indicate your choice. Please note that the excess does not apply to the additional insurances.

	Excess
Family member no. 1	<input type="text"/>
Family member no. 2	<input type="text"/>
Family member no. 3	<input type="text"/>
Family member no. 4	<input type="text"/>
Family member no. 5	<input type="text"/>

Additional insurances

Please indicate in the opposite table which additional insurance you wish to purchase. If you choose the option Delta Lloyd Top, Delta Lloyd requires a dentist statement. We need this statement for the medical assessment. We will send you the statement, when we receive your application form the statement 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 coverage desired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desired coverage					
Delta Lloyd Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Lloyd Extra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Lloyd Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Lloyd Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Lloyd Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TandenGaaf (Teeth Complete)

If you opt for a TandenGaaf product with a maximum amount of € 1.000,- than Delta Lloyd requires a dentist statement, to be signed on your behalf by your dentist. We need this statement for a medical assessment. We will send you the statement. The statement 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 coverage desired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desired coverage					
TandenGaaf 75% up to€ 150,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 75% up to€ 250,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 75% up to€ 500,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 100% up to€ 150,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 100% up to€ 250,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 100% up to€ 500,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TandenGaaf 100% up to€ 1000,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Luxury care

(for insured persons over the age of 18)

Family member no.

No cover desired

Cover desired

1	2	3	4	5
<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"/>

Explanation for question 2: With a direct-debit arrangement, Delta Lloyd may debit all sums which you owe to us from your bank or ING 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 ING number?

3 Current insurance

- a Who is your current Health Insurer? Registration number
- b How are you currently insured? Individually Collectively Overseas Not insured
- c Have you acquired your current health insurance yourself (in your own name) or through someone else (e.g. a parent, or your spouse or partner)?
 self through someone else

4 Cancellation of current insurance

With this application, I give Delta Lloyd permission to cancel the main Health Insurance policy and any additional Health Insurances at my current Health Insurer. I also give this permission on behalf of all other persons mentioned on this form. If you do not wish for Delta Lloyd to cancel all insurances for all persons, please indicate below which insurance Delta Lloyd should cancel and for whom.

	Name	Date of birth	Main insurance	Additional insurance
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation for question 5: Income from abroad is considered to be income from either work or a foreign social insurance payment.

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

- No Yes, the following: Date of birth: Date of birth:
Date of birth: Date of birth:

Explanation for question 6: Do one or more of the persons to be insured not carry Dutch citizenship? 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 citizens?

- Yes No, the following do not: Date of birth: Date of birth:
Nationality: Nationality:
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).