



### 3. Notification of a birth

Surname  Sex\*  M  F  
Initials/first name   
Date of birth  Citizen services number (BSN)

Your child is co-insured free of charge for the additional insurance of the parent that has the highest insurance level.

### 4. Postal address

I would like to receive the post on a different address than my address of residence.

Street and house number; PO box and number   
Postal code, place of residence   
 Cancel postal address

### 5. Foreign address

Do you move abroad, inform us about your new address then. Do you move abroad and your Insurance has to be cancelled, fill this out at number 9.

As from date   
Foreign address

### 6. Family member to be transferred to his/her own healthcare policy

Insured with the following date of birth   
Date on which the change takes effect

Please inform us about any other changes at items 1 and 2.

### 7. Together on 1 policy because of marriage/partnership

Date on which the change takes effect   
Policy number of the partner

Do you wish to change your payment details? Specify this at point 2.

### 8. To be transferred to an own healthcare policy because of divorce/end of a partnership

Date on which the change takes effect   
(Any) children must be insured with the  Father  Mother

### 9. End insurance

Due to\*  Death  In prison  Doing military service  Other care provider  
 Going abroad due to,  work  other reason   
Address abroad

The change concerns all insured on the policy\*  Yes  No

Date on which the change takes effect

If this is not the case, it concerns the insured a:  c:   
who have the following date of birth(s): b:  d:

### 10. Application for group insurance through the employer

Date on which the change takes effect   
Group insurance number   
Employer  Employee's number

### 11. Application for group insurance

Date on which the change takes effect   
Group insurance number   
Group scheme name  Membership number

### 12. Termination of the group insurance/application for individual insurance

Date on which the change takes effect

### 13. Signature

I declare to have truthfully completed this form. Date  Signature