

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 who have the following date of birth(s):

a:

c:

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

* Please tick what applies. **