



Application Form Group Medical Insurance University of Twente

Please complete this form and return it to Menzis. Our address: Postbus 75000, 7500 KC ENSCHEDE

1. Policyholder/applicant (policyholder 1)

The policyholder is the person who takes out insurance with Menzis. A policyholder can take out insurance for himself/herself and others. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname M* F*
 Street and house number
 Postal code, city/town
 Telephone
 E-mail address
 Group name
 Group number Nationality
 Name Agent **

2. Persons to be insured

Complete the data of the people that you wish to insure here. Do you as being the policyholder wish to insure yourself too? Then complete your data at policyholder 1. If you wish to insure more than 5 people, please specify their data on a separate sheet of paper and also send this to us.

If one of the co-insured is in paid employment, please specify where this person is liable to pay Wage tax. Wage tax obligation in*
NL Abroad

Initials, surname and/or maiden name	M	F	Date of Birth	Social Security Number	
Policyholder 1					
Insured party 2					
Insured party 3					
Insured party 4					
Insured party 5					

3. Choose Basic insurance, voluntary excess and supplemental insurance* (make a choice for every insured)

Excess: every insured from the age of 18 has a mandatory excess of € 385. You can also additionally choose to pay a voluntary excess. You will then be given a discount on the premium. *Supplemental insurances:* Menzis will accept you without medical selection.

ExtraCare UT en Dental Care UT: Can only be selected in conjunction with each other.

ExtraCare (UT): Children who are younger than 18 get the most comprehensive ExtraCare (UT) that an adult has chosen. *YouthExtraCare:* is meant for youths between the ages of 18 and 30. This is a supplemental and dental insurance in one. You can then not choose another supplemental or dental insurance.

DentalCare 250, 500 and DentalCare UT 350, 650: cannot be chosen for children until the age of 18.

DentalCare 750 and DentalCare UT 950: For all ages. Children from 10 through 17 years of age pay a children's premium. Children until the age of 10 years are free of charge.

Menzis Basis Voordelig: You can apply for Menzis Basis Voordelig online. Visit the following website for more information and to apply: www.menzis.nl

	Basic insurance	Voluntary excess Basic insurance	Supplemental insurance
	Menzis Basis	€ 100	Extra Care 1
	Menzis Basis Vrij	€ 200	Extra Care 2
		€ 300	Extra Care 3
		€ 400	Extra Care UT 1
		€ 500	Extra Care UT 2
			Extra Care UT 3
			Youth Extra Care
			Dental Care 250
			Dental Care 500
			Dental Care 750
			Dental Care UT 350
			Dental Care UT 650
			Dental Care UT 950

Policyholder 1
 Insured party 2
 Insured party 3
 Insured party 4
 Insured party 5

4. Automatical payment (Premium, Mandatory Excess and Personal Contribution)

Account number

When do you want to pay the premium?*

per month per quarter (1% discount) per half year (1% discount) per year (2% discount)

* Tick what is applicable ** If applicable

5. Reason for application

Transferring from another insurer as of January 1.

Transferring from another insurer as of another date. This is only possible in the following situations*

I am collectively insured in my current insurance via an employer or a municipality. I also have group insurance through an employer or municipality at Menzis. I can then be insured at Menzis from the date on which my employment at my new employer starts, or from the date on which I receive a benefit from another municipality.

I am no policyholder at my current insurer, but insured through my parents/carers or life partner.

From abroad on Reason: taking up residence work study.

If the reason is taking up residence

- Then we can insure you if your nationality is from an EU/EEA member state or Switzerland and you are staying longer than 1 year in the Netherlands. This can be shown from a registration in the municipal personal records database (GBA) of your municipality.
- Do you have another nationality? Then we can insure you when you are staying longer than 1 year legitimately in the Netherlands. Please also send us a copy of your residence permit (card). You will be entitled to be insured as from the date when your residence permit was issued.

If the reason is related to work. Please send a copy of your employment contract.

- Is your nationality from one of the EU/EEA member states or Switzerland? Please also send us a copy of your passport.
- Do you have another nationality? Please also send us a copy of your residence permit (card).

If the reason is study. Foreign students are only entitled to being insured when they are younger than 30 and have a job on the side.

Please send copy's as we describe under the reason is work.

Left military service on Please also send us a copy of the certificate of deregistration from the SZVK (Stichting Ziektekostenverzekering Krijgsmacht; Armed Forces Medical Expenses Insurance Association).

Being released from custody on Please also send us a copy of your release statement.

Another reason

6. Cancellation service

By applying for a health insurance you give us permission to cancel your current insurance. We can only do that if your current insurance is a Dutch insurance. We assume that this concerns the supplemental insurances too. If you do not wish so, please state this.

I do not want you to cancel my supplemental insurances.

7. Digital care policy

By receiving your policy digitally, you help us save costs and paper. We send you your policy per e-mail.

The digital policy is signed with an electronic signature. Because of this the policy is an authentic and legal document.

Yes, I wish to receive a digital policy. I have filled out my e-mail address at sub 1.

8. Authorisation/currently being treated

This refers to permission (authorisation) from your current insurer. Should it still be valid, please specify this here. This also refers to the possibility of recovering medical costs from another party. If you answer Yes to a question, we will send you a form with additional questions.

Yes, I have received permission (authorisation) from my current insurer for compensation of recuperation, medicines, medical aids, illness-related transport, special dental care and/or treatment by a plastic surgeon/ophthalmologist/medical specialist.

Yes, I am receiving treatment because of an accident. Another party may be held liable for this.

The accident took place on

9. General

You have provided us with personal particulars. For example your name, address and date of birth. Menzis will treat this information with care. Menzis observes the rules of the Dutch Personal Data Protection Act and the applicable codes of conduct. For additional information, please refer to our website www.menzis.nl. You can enter the search strings 'code of conduct' or 'privacy' in the search screen. Based on the completed application form, we will determine whether we can accept you and/or your family members. We will check your particulars with the municipal personal records database (GBA). To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem).

Please refer to the website www.stichtingcis.nl for additional information.

- By signing the application form you declare that you agree that the insurance terms and conditions are not sent to you unless you expressly request them. You can consult the file with the insurance terms and conditions by visiting www.menzis.nl/voorwaarden.
- If you are insured with Menzis for the Basic insurance, you will also be insured for the Wlz; Wet Langdurige Zorg (Long-term Care Act).
- The premium for the Basic insurance is owed by persons 18 years and older.
- If you opt for supplemental insurance, it will go into effect on the same date as the Basic insurance.
- We can use your e-mail address and (mobile) phonenumber (for sms) for commercial activities. We will inform you about new products, current developments and actions. If you don't want this, you can let us know by letter or e-mail at www.menzis.nl.
- The Dutch text is binding should any disputes arise from the interpretation of the text

10. Signing

I have completed this form truthfully and to the best of my knowledge. I agree that the insurance shall be entered into for a period of one year. The insurance shall be extended automatically for a similar period until I cancel the insurance using the correct method.

Date

Signature

* Tick what is applicable