

Registration Form

1. Applicant (referred to hereafter as policyholder)

Particulars

Initials	<input type="text"/>	Name	<input type="text"/>		
Date of Birth	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	BSN	<input type="text"/>
Telephone	<input type="text"/>	Email address	<input type="text"/>		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living together				
Nationality	<input type="text"/>				

If you do not have Dutch nationality then you must prove that you are entitled to Dutch health insurance.

- If you are an EU or EEA subject, please include a copy of your passport or identity card.
- If you come from another country, then please include proof of legal residence in the Netherlands (p.e. visa).

Address details of the policyholder and the insured

Street	<input type="text"/>	House No.	<input type="text"/>
Postal Code	<input type="text"/>	City of residence	<input type="text"/>
Country	<input type="text"/>		

Address in your home country

If you are not registered at a municipality in the Netherlands, please enter your foreign address here.

Street	<input type="text"/>	House No.	<input type="text"/>
Postal Code	<input type="text"/>	City of residence	<input type="text"/>
Country	<input type="text"/>		

Postal address

If you wish to receive mail at an address other than your residential address, please fill in your mail-receiving address below.

Street	<input type="text"/>	House No.	<input type="text"/>
Postal code	<input type="text"/>	City of residence	<input type="text"/>
Country	<input type="text"/>		

¹ The policyholder is the person who concludes the insurance contact with HollandZorg, who receives the mail and pays the premiums. He/she is the only person who can cancel the contract.

2. Employer (if applicable)

Name of employer

Street House No.

Postal code City of residence

Date of starting work:

- If you are working in the Netherlands, then please include a copy of your employment contract and also your latest payslip.

Does the policyholder have to be insured? yes, go to 3 no, go to 4

3. Insurance

Basic insurance HollandZorg Public Healthcare Insurance

Voluntary excess² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-

Supplementary insurance³ Start Extra Plus Top

Dental insurance³ TandExtra TandPlus TandTop

4. Persons to be insured other than the policyholder

► Particulars

Initials Name

Date of Birth Male Female BSN

Nationality

Basic insurance HollandZorg Public Healthcare Insurance

Voluntary excess² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-

Supplementary insurance³ Start Extra Plus Top

Dental insurance³ TandExtra TandPlus TandTop

► Particulars

Initials Name

Date of Birth Male Female BSN

Nationality

Basic insurance HollandZorg Public Healthcare Insurance

Voluntary excess² € 0,- € 100,- € 200,- € 300,- € 400,- € 500,-

Supplementary insurance³ Start Extra Plus Top

Dental insurance³ TandExtra TandPlus TandTop

² Persons under the age of 18 cannot choose for a voluntary excess

³ You can only conclude supplementary insurance when you already have the HollandZorg Public Healthcare Insurance

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Initials Name

Date of Birth Male Female BSN

Nationality

Basic insurance HollandZorg Public Healthcare Insurance

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5. Payment and claims

Payment

Please choose between payment by direct debit and payment by means of giro collection.

direct debit Continuous SEPA mandate Collector's ID: NL79ZZZ081479830000

This direct debit mandate relates to all collection instructions for amounts you and the persons insured by you owe us.

Your IBAN (shown on your bank statement):

Bank Identification Code (BIC)* * not compulsory when Dutch IBAN is given

By opting for direct debit and signing this form:

- You authorise us to send continuous direct debit instructions to your bank in order to debit your account, and
- You authorise your bank to continuously debit your account in accordance with our instruction.

If you disagree with a payment, you can have it reversed. Please contact your bank within eight weeks of the amount being debited. Ask your bank about the conditions.

giro collection

Claims

We will pay any amounts we owe you into the bank account that you indicated above. If you prefer us to pay the reimbursements for your claims into another bank account, please make a note of this on the claim form when you submit it.

6. Declaration/signature policyholder

By signing this form, you declare:

- to have answered the questions above truthfully. Failure to provide information or giving incomplete or incorrect information may lead to suspension and termination of the insurance contract/contracts;
- to have taken cognizance of the contents of the selected insurance contract/contracts and the applicable insurance conditions;
- to be aware of the fact that, by taking out public healthcare insurance with Eno Zorgverzekeraar N.V. or supplementary (dental) insurance with Eno Aanvullende Verzekeringen N.V., the adult person insured by you and yourself, if you are an adult, also become a member of Coöperatie Eno U.A., unless you do not wish to. Coöperatie Eno U.A. looks after the interests of its members in terms of the public healthcare insurance and supplementary (dental) insurance. The member's council of Coöperatie Eno U.A. takes decisions on important issues and is elected from its members. Membership is cancelled on termination of the public healthcare insurance or supplementary (dental) insurance, unless the membership is partly a result of concluding one or more public healthcare insurance contracts or supplementary (dental) insurance contracts that are not terminated;
- to authorise us to cancel the existing healthcare insurance and, if you take out supplementary (dental) insurance, to cancel the supplementary (dental) insurance of the persons to be insured with the existing insurance company. If you do not want this, please tick this box.

I do not want HollandZorg to cancel the supplementary (dental) insurance on my behalf.

Please note: if you have payment arrears with your existing insurer, this insurer can refuse to cancel your existing insurance. In order to be able to cancel in a timely fashion, we must have received your application no later than on 31 December of the previous year.

Eno Zorgverzekeraar N.V. (for the public healthcare insurance) and Eno Aanvullende verzekeringen N.V. (for the supplementary dental insurance) process your personal details in order to conclude and execute the insurance contract/contracts, for scientific and statistic analyses, to increase our customer portfolio, to provide you with information about our products, to comply with statutory obligations and to prevent and combat fraud. We also use the services of VECOZO. VECOZO enables healthcare providers to exchange information with all affiliated healthcare insurers via a secure Internet connection, 24/7. Furthermore, healthcare insurers use VECOZO to check the personal details of new insured parties at the CIS Foundation database. They check if you have committed insurance fraud in the past or if another insurer has ever cancelled a policy with you. More information about this database can be found on www.stichtingcis.nl. Your registration constitutes your approval of this check. However, you can lodge an objection to this with us. Data processing is subject to the HollandZorg Privacy Regulations. You can consult these regulations at www.hollandzorg.com and they can be sent to you on request.

You may change your mind after having taken out insurance. In that case, you can cancel the insurance within 14 days of receiving the initial policy document. The insurance is then deemed not to have inceptioned.

Town

Policy holder's
signature

Date