**Power of attorney and declaration of consent**

**HollandZorg Flexpolis  
(HollandZorg Public Health Insurance and No Risk I and II supplementary insurance)**

**Contents**

This power of attorney and declaration of consent concern: applying for a care allowance.

I, the undersigned, am employed by:

|  |
| --- |
| «Handelsnaam» in «Vestigingsplaats» |

1. **Application for care allowance**

I, the employee:

* declare:
  + not to receive a care allowance at the moment;
  + not to apply for a care allowance through another employment agency during the period I work for the employment agency referred to on this form.
* hereby authorises HollandZorg to:
  + take care of the care allowance application on my behalf until written notice of termination of the authorisation or until the end of my employment.
  + pass on the details I have entered on this form and any changes thereto to the Tax and Customs Administration/Allowances for the application for care allowance.
* realise that:
  + the Tax and Customs Administration/Allowances will determine if I am entitled to a care allowance and it determines the amount of my care allowance;
  + the amount I receive will only be transferred to my personal account. In other words, this care allowance is not paid into the account of the employment agency;
  + if I am under the age of 18, I do not pay a premium for the healthcare insurance and I am not entitled to a care allowance;
  + HollandZorg is not responsible for the allocation of the care allowance;
  + HollandZorg is not liable for any damage ensuing from the application for the care allowance by HollandZorg in any way. HollandZorg only facilitates the submission of data to the Tax and Customs Administration/Allowances. Incorrect or incomplete details may result in the care allowance being denied or in claiming back any care allowance paid in excess. The Tax and Customs Administration/Allowances will assess and check the details against the data held on its own records and will independently decide if it will award the care allowance on the basis of this data. Objections to the decision of the Tax and Customs Administration/Allowances can only be submitted to the Tax and Customs Administration/Allowances.

1. **End of authorisation and consent**

This authorisation and declaration of consent end:

* on the day that the HollandZorg Public Healthcare Insurance and the supplementary No Risk I and II insurance are terminated and the administration of the insured period is completed; or
* with effect from the day that I have cancelled this authorisation and consent in writing.

1. **Details**

I am:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First names in full: |  | | | | |
| Surname: |  | | Sex (m/f): |  |
| BSN: |  | | Date of birth: |  |
| Dutch personal bank account number (IBAN): | |  | | | |
| Foreign personal bank account number with IBAN and BIC: | |  | | | |
| In the name of: |  | | | | |
| Address of account holder | | | | | |
| Street and house number: |  | | | | |
| Postcode: |  | | | | |
| Municipality: |  | | | | |
| Country: |  | | | | |

I have a total estimated annual income (including the annual income not received in the Netherlands) of:

|  |
| --- |
| € |

1. **Signatures**

I declare:

* + to have completed and signed this form accurately, completely and truthfully;
  + to notify HollandZorg of changes in my details immediately; and
  + to have read the entire form and understand what it says.

|  |  |  |
| --- | --- | --- |
| Town | Date | Employee's signature |
|  |  |  |