**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:

1. Taking out and terminating the (additional) healthcare insurance and paying the premium
2. Applying for a care allowance.

I, the undersigned, am employed by:

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|  «Handelsnaam» in «Vestigingsplaats» |

1. **Authorisation and permission for the (additional) healthcare insurance policies**

I, the employee,

* hereby authorise «Handelsnaam» in «Vestigingsplaats», on my behalf to:

	+ take out HollandZorg Public Healthcare Insurance with HollandZorg for me as the policyholder and the insured party with effect from my work for «Handelsnaam»;
	+ take out supplementary insurance No Risk (I and II) with HollandZorg for me as the policyholder and the insured party with the same inception date as the HollandZorg Public Healthcare Insurance;
	+ amend the HollandZorg Public Healthcare Insurance or to arrange its cancellation with effect from the date on which my work for «Handelsnaam» has ended, unless my obligation to take out healthcare insurance continues;
	+ amend the supplementary insurance No Risk (I and II), cancel the supplementary No Risk (I and II) insurance or to arrange its cancellation with effect from the date on which my work for «Handelsnaam» has ended;
	+ give HollandZorg the personal details, including my citizen service number (BSN), e-mail address and IBAN, required for the application and cancellation of the aforementioned insurance contract or contracts;
	+ notify HollandZorg of any changes to these personal details in a timely manner;
	+ promptly pay HollandZorg the premiums payable by me in respect of the HollandZorg Public Healthcare Insurance and the supplementary No Risk insurance;
	+ receive payments to be made by HollandZorg in relation to the aforementioned insurance contract or contracts on my behalf and to subsequently pay them to me, insofar as HollandZorg does not pay these amounts directly to me but to «Handelsnaam»;
	+ receive notifications from HollandZorg about the HollandZorg public healthcare insurance and the supplementary No Risk insurance, including the policy. «Handelsnaam» is obliged to immediately notify me of (the content) of such notifications.
* hereby authorise «Handelsnaam» to:

	+ deduct the premium payable by me in respect of the HollandZorg Public Healthcare Insurance and the No Risk from my salary or to set these amounts off against any amounts payable to me and to keep (a copy of) my policy for that purpose.
	+ When the insurance contracts are taken out, the premium payable amounts to:

Premium HollandZorg Public Healthcare Insurance €………

Premium No Risk I supplementary insurance €………

Premium No Risk II supplementary insurance €… 0.00

Total monthly premium due €……...

I am aware of the fact that the extent of the amounts above may change during the insured period.

If deduction or set-off is not permitted by law, I hereby authorise «Handelsnaam» to debit the premium from my IBAN.

* + authorise/not authorise (delete as appropriate) the employees appointed by «Handelsnaam» to help me with the policy administration and to consult all necessary details, including details of my health, if and insofar as necessary for administration purposes. This help may include submitting invoices and contacting HollandZorg for an explanation of the insurance and for care mediation.
* hereby authorise HollandZorg to:
	+ charge «Handelsnaam» the premiums payable by me in respect of the HollandZorg Public Healthcare Insurance and the No Risk I and II;
	+ send the policy and other notifications about the aforementioned insurance contract or contracts by e-mail;
	+ send the policy and other notifications about the aforementioned insurance contracts to «Handelsnaam», as long as HollandZorg does not have my current e-mail on record.
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 |
|  |  |  |