**Power of attorney and declaration of consent**

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

I, the undersigned, am employed by:

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| «Handelsnaam» in «Vestigingsplaats» |

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.

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.

I am:

|  |  |  |
| --- | --- | --- |
| First names in full: |  | |
| Surname: |  |
| Date of birth: |  |

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 |
|  |  |  |