



Notice of Change healthcare insurance

PLEASE COMPLETE THE FORM IN CAPITALS

You can use this form to submit changes to your healthcare insurance or personal details to us. Alternatively, it is very easy to enter your changes online at www.mijnvgz.nl.

Always complete questions 1 and 3. Otherwise, fill in only the details that change.

1. Personal details (policyholder)

The policyholder is the person who applied for the insurance.

Initials	Surname prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

The customer number is listed in Mijn VGZ.

Date of birth	Customer number	BSN (citizen service number)
<input type="text"/>	<input type="text"/>	<input type="text"/>

You can find your BSN on your identity document.

2. Changes

Payment details
What is your new bank account number?

IBAN

If you choose payment by direct debit the amount we automatically debit for your excess, personal contributions or reimbursements paid out that prove unjustified, amounts to a maximum of €220 per month.

How would you like to pay for the amounts due to us for your premium, excess and any reimbursements paid out that prove unjustified?

<input type="checkbox"/> Monthly payment via direct debit	<input type="checkbox"/> Annual payment via direct debit
<input type="checkbox"/> Monthly payment via paper invoice (this is subject to a €1.50 fee for each paper invoice)	<input type="checkbox"/> Annual payment via paper invoice

Authorisation for direct debit

If you choose payment by direct debit, your authorisation is valid for payment of the premium, the excess, personal contributions and reimbursements paid out that prove unjustified. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract. If a direct debit transaction cannot be executed, we will send you a paper invoice. This is subject to a fee of €1.50 per invoice.

If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. Please ask your bank for the terms and conditions.

Email address
What is your new email address?

Telephone number
What is your new mobile number or landline number?

Birth: a newborn baby must be registered with us within 4 months of birth.

Birth or adoption
Tick the applicable box: Birth Adoption

Adoption: did you adopt your child? Then please send us a copy of the adoption papers.

Initials	Surname prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	BSN (citizen service number)	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Effective date of adoption

Death
Initials Surname prefix Surname

Date of birth	BSN (citizen service number)
<input type="text"/>	<input type="text"/>

Date of death

A cancellation notice must be received by 31 December. Then the change will become effective as per 1 January of the next calendar year. This applies both to basic cover and to all supplementary policies.

Termination as per

Indicate which healthcare insurance you want to terminate.

- The basic cover, the supplementary insurance and any dental insurance
- Only basic cover
- The supplementary insurance and the dental insurance
- Only the supplementary insurance
- Only the dental insurance

What is the reason for the desired termination?

- Termination as per the contract expiration date
- Adjustment of premium or terms and conditions
- Other

Convert to group insurance through employer or member organisation

Name of employer/organisation

Postcode and town/city of employer/organisation

Start date of employment or start date of membership

Personnel number/membership number*

Group discount number*

*Please enquire with your employer or organisation if you need to find your personnel number, membership number or group discount number.

We may check with your employer or organisation to verify if you are entitled to participation in a group policy.

Do you want to change your current basic insurance policy to a different basic insurance policy? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards).

Changes in the basic cover

Does the change relate to all insured covered on the policy?
If not, please indicate the applicable insured below.

Yes No

Customer number	VGZ Ruime Keuze	VGZ Eigen Keuze
1 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Change to excess or supplementary insurance

Do all changes relate to all insured covered on the policy?
If not, please enter the customer numbers of the insured that the change to the excess and/or supplementary or supplementary dental insurance applies to.

Yes No

Every person age 18 and older is subject to a statutory excess on their healthcare policy.

Everyone age 18 and older may select a voluntary excess amounting to €100, €200, €300, €400 or €500 per calendar year.

Do you want to change your voluntary excess? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards).

Customer number	No voluntary excess	Voluntary excess				
		€100	€200	€300	€400	€500
1 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You do not need to make a choice for persons under age 18. They are automatically classed in the highest supplementary insurance level of one of the parents/foster parents.

VGZ Tand Best is subject to a qualification period of 1 calendar year for orthodontic care, partial dental prostheses and implants, crowns and bridges.

If you opt for a **supplementary insurance policy, possibly combined with a dental cover**, then please indicate your choice below.

Customer number	VGZ Aanvullend Goed	VGZ Aanvullend Beter	VGZ Aanvullend Best	VGZ Tand Goed	VGZ Tand Beter	VGZ Tand Best
1 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Approval and signature

By signing this form, you declare that the details completed in this form were entered fully and truthfully. Also, you declare your approval of the application of the relevant policy terms and conditions on the insurance contract and the Healthcare Insurance Card relating to this insurance policy.

The terms and conditions and the Healthcare Insurance Card can be viewed at www.vgz.nl. We can send the terms and conditions at your request. Registration will be processed after we have verified that the persons to be insured fulfil the terms and conditions of the healthcare insurance policy.

By taking out a healthcare insurance with VGZ Zorgverzekeraar N.V., the undersigned will also become a member of the cooperative society Coöperatie VGZ U.A., unless you express the desire not to do so. This cooperative society is the holder of all the shares of the VGZ Zorgverzekeraar N.V. and represents the interest of its members in the field of healthcare and other insurance. When terminating the insurance agreement/agreements, the membership will also be terminated.

If you have any questions, please visit www.vgz.nl/contact. We are pleased to help you.

Please enter the date and town or city. Have you signed the form? Then please send it to the address below.

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights. If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out in the privacy statement. If you have any questions regarding processing private data, please contact our Data Protection Officer at privacy@vgz.nl. For more information about privacy, please check the Privacy page on our website.

You herewith grant VGZ permission to use your email address for sending:

- the policy schedule Yes No
- information relating to your healthcare insurance policy
 notifications about your healthcare insurance, such as amendments to the premium
 and/or policy terms and conditions Yes No
- newsletters and offers
 healthcare information such as newsletters and offers Yes No

Date Town/city

Signature of policyholder

Details VGZ

Please find below the details of Coöperatie VGZ. You can also find the collection details on your bank statement.

VGZ

PO Box 25210
5600 RS Eindhoven
The Netherlands

Collector ID

NL12ZZZ091567230000