Use this form to request a basic or supplementary healthcare insurance, or to register a person for an existing insurance policy. Please tick what is applicable. Please complete the form in CAPITALS.

☐ New insurance policy  ☐ Registering a new insured for an existing policy

**A. Personal details**

If you are already insured with us and you only want to register a new insured, please enter your customer number, name and date of birth. Then continue to Question B.

<table>
<thead>
<tr>
<th>Initials</th>
<th>Surname prefix</th>
<th>Last Name</th>
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BSN (citizen service number): You can find your BSN on your identity document.

* Was your passport issued by an EU or EER country, or Switzerland? Then please send us a copy of your passport or European residence card. If you have a different nationality, please send us a copy of your residence card.

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Gender</th>
<th>BSN (citizen service number)</th>
<th>Nationality</th>
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<tr>
<th>Street</th>
<th>House number</th>
<th>House number suffix</th>
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<th>Postcode</th>
<th>Town/city</th>
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<tr>
<th>Telephone number</th>
<th>Mobile telephone number</th>
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Email address

<table>
<thead>
<tr>
<th>Are you applying for insurance for yourself?</th>
<th>Yes</th>
<th>No</th>
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**B. Personal details of persons to be insured**

Are you applying for insurance for family members or other persons? ☐ Yes ☐ No

If not, please continue to question C.

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C. Income abroad

Income includes wage, profit or other income from labour, pensions or social security. If you have any questions on your healthcare insurance relating to income earned abroad, then please visit our website for more information.

Does one of the persons for whom you are submitting this application receive any income from abroad? □ Yes □ No

If yes, to which person/persons is this applicable? Insured □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

D. Group insurance

Has your employer agreed with us to offer the MiX Aanvullende Verzekering policy in the group healthcare scheme? Then this insurance policy is automatically part of your insurance package. You may not benefit from the group discount without this package.

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

Are you applying for group healthcare insurance? □ Yes □ No

Name of employer/organisation

Date of start employment at employer

Group discount number*

Postcode and town/city of employer/organisation

Personell number/membership number*

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

E. Basic cover

More information on the basic insurance policy and the excess is available from our website.

Which basic cover would you like? Indicate your choice here.

- VGZ Goede Keuze
- VGZ Ruime Keuze
- VGZ Eigen Keuze

Insured 1 □ □ □
Insured 2 □ □ □
Insured 3 □ □ □
Insured 4 □ □ □
Insured 5 □ □ □
Insured 6 □ □ □

Excess

The basic policy is based on a mandatory excess. The mandatory excess applies to all those insured of age 18 and older. All those insured of age 18 and older may additionally choose a voluntary excess.

Would you like a voluntary excess amount? □ Yes □ No

If yes, please indicate your choice below. You do not have to make a choice for persons under age 18.

- € 100
- € 200
- € 300
- € 400
- € 500

Insured 1 □ □ □ □ □
Insured 2 □ □ □ □ □
Insured 3 □ □ □ □ □
Insured 4 □ □ □ □ □
Insured 5 □ □ □ □ □
Insured 6 □ □ □ □ □

F. Supplementary insurance

More information on the supplementary healthcare insurance policies is also available from our website.

Children under age 18 will be covered by the VGZ Gezin Basis or VGZ Gezin Uitgebreid package if one or both of the parents select this package.

The following applies for all other All-in-1 packages.

- If both parents select an All-in-1 Basic package, then children up to age 18 are covered by VGZ Aanvullend Gez. If both parents select an All-in-1 Comprehensive package, then children up to age 18 are covered by VGZ Aanvullend Beter.

Do you require supplementary insurance? □ Yes □ No

If no, please continue to question H. If yes, please state your choice under F1 or F2.

F1. Do you require a VGZ All-in-One Basic package or Comprehensive package? Indicate your choice below. If you choose supplementary insurance, please do not enter anything under F2.

- VGZ Jong Basis
- VGZ Jong Uitgebreid
- VGZ Single/Duo Basis
- VGZ Single/Duo Uitgebreid
- VGZ Gezin Basis
- VGZ Gezin Uitgebreid
- VGZ Vitaal Basis
- VGZ Vitaal Uitgebreid

Insured 1 □ □ □ □ □ □ □ □
Insured 2 □ □ □ □ □ □ □ □
Insured 3 □ □ □ □ □ □ □ □
Insured 4 □ □ □ □ □ □ □ □
Insured 5 □ □ □ □ □ □ □ □
Insured 6 □ □ □ □ □ □ □ □
F. Supplementary insurance

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 insured parents/foster parents.

For the dental policies VGZ Tand Beter and VGZ Tand Best, you are required to complete the Dental Care Statement for persons age 8 and older.

F2. Do you require supplementary insurance including any dental insurance? Then please indicate your choice below.

If you made your choice of supplementary insurance under F1, please do not enter anything below.

<table>
<thead>
<tr>
<th>Insured 1</th>
<th>Insured 2</th>
<th>Insured 3</th>
<th>Insured 4</th>
<th>Insured 5</th>
<th>Insured 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] VGZ Aanvullend Goed</td>
<td>[ ] VGZ Aanvullend Beter</td>
<td>[ ] VGZ Aanvullend Best</td>
<td>[ ] VGZ Tand Goed</td>
<td>[ ] VGZ Tand Beter</td>
<td>[ ] VGZ Tand Best</td>
</tr>
</tbody>
</table>

G. Dental Care Statement

Please complete questions 1, 2 and 3 for persons applying for VGZ Tand Beter or VGZ Tand Best. If you do not apply for these dental insurance policies, please continue with question H.

1. Did persons age 18 or older for whom you are submitting this application complete an annual check-up with the dentist in the past two years?
   - [ ] Yes
   - [ ] No

   If not, to which person/persons is this applicable? Insured person/persons:
   1 2 3 4 5 6

2. Do persons of age 18 or older for whom you are submitting this application expect one or more of the following treatments within now and two years? Or have the persons for whom you are submitting this application started one or more treatments for:
   - replacing 6 or more fillings
   - two or more crowns
   - one or more bridges
   - one or more implants
   - a partial dental prosthesis (plate or frame)
   - extensive gum treatment (periodontal treatment)
   - [ ] Yes
   - [ ] No

   If yes, to which person/persons is this applicable? Insured person/persons:
   1 2 3 4 5 6

3. Do persons age 8 or older for whom you are submitting this application expect orthodontic treatments within now and two years? Or have persons age 8 or older for whom you are submitting this application started orthodontic treatment?
   - [ ] Yes
   - [ ] No

   If yes, to which person/persons is this applicable? Insured person/persons:
   1 2 3 4 5 6

We reserve the right to check the information you provided with your dentist.

H. Start date and cancellation service

The insurance should become effective as per __________

The start date of your healthcare insurance policy may deviate from your entry. The start date depends on the date on which we can verify that you are subject to mandatory insurance and the termination date of your existing healthcare insurance policy.

Do the persons covered by this application currently have healthcare insurance with a Dutch healthcare insurer?
   - [ ] Yes
   - [ ] No

If not, please complete Question 2.

1. If you request healthcare insurance, you are simultaneously giving us permission to cancel any existing healthcare insurance policies for the persons listed on this application for healthcare insurance. This permission also applies to any supplementary insurance policies. If you do not want the supplementary insurance policy/policies to be cancelled, please notify us accordingly below.

   - [ ] The supplementary insurance policy/policies should not be cancelled.

2. The persons covered by this application currently have no healthcare insurance with a Dutch healthcare insurer. Please state the situation that applies.
   - [ ] Newly born
   - [ ] Adopted
   - [ ] Military insurance
   - [ ] From abroad
   - [ ] Former conscientious objector
   - [ ] Not insured
The amount we automatically debit for your excess, personal contributions and unjustified payments amounts to a maximum of € 220 per month. For any amounts exceeding € 220, you will receive a paper invoice.

Please enter the date and town or city. Did you sign the form? Then please send it to:
VGZ Zorgverzekeraar NV
PO Box 25210
5600 RS Eindhoven, the Netherlands

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

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