

The policyholder can apply for insurance for him or herself, or for family members or other persons. The policyholder is the signatory of the form and responsible for payment of the premium contribution.

- A new application
- A modification at Policy number:
- Addition of a person at Policy number:

Starting date:

**1. Collective insurance**

Name employer/organization  Collectivity number   
 Business location

**2. Your personal data (policyholder)**

Initial(s)  Surname prefix  Surname   
 Address   
 Postcode and town/city  Country   
 Telephone number  Mobile phone number   
 E-mail address   
 Your insurance adviser  Agent number

**3. Correspondence address (only fill in if different from address in question 2)**

Address   
 Postcode and town/city  Country

**4. I would like to register the following people for the healthcare insurance policy**

**Insured party 1 (policyholder)**

Initial(s)  Surname prefix  Surname   
 Date of birth  Gender  M  F Citizen Service Number (BSN):  Nationality  NL  Other\*

**Insured party 2**

Initial(s)  Surname prefix  Surname   
 Date of birth  Gender  M  F Citizen Service Number (BSN):  Nationality  NL  Other\*

**Insured party 3**

Initial(s)  Surname prefix  Surname   
 Date of birth  Gender  M  F Citizen Service Number (BSN):  Nationality  NL  Other\*

**Insured party 4**

Initial(s)  Surname prefix  Surname   
 Date of birth  Gender  M  F Citizen Service Number (BSN):  Nationality  NL  Other\*

\* If one of the people to be insured has the nationality of an EU or EEA country or Switzerland, please send us a copy of their passport or European identity card. If one of the people to be insured has a different nationality, please send us a copy of the front and back of their valid residence document.

## 5. Desired healthcare insurance

	Insured party			
	1	2	3	4
<b>Basic healthcare insurance</b>				
- Select Zorg Plan (Natura)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional healthcare insurance</b>				
- Juist voor Jou (Just for You)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

By requesting the healthcare insurance you authorise us to cancel your previous Dutch healthcare insurance. This authorisation also applies to the additional insurance.

Please send us a copy or an original document of the cancellation of your previous insurer together with this application form if the healthcare insurance already has been canceled.

## 6. Previous healthcare insurer

Name	Policy number
<input type="text"/>	<input type="text"/>
Insured up to	
<input type="text"/>	
Reason for cancellation	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

## 7. Compulsory insurance assessment

In order to determine whether you are entitled to healthcare insurance under the Care Insurance Act, we kindly request you to truthfully answer the question below. For each insured person (see question 4), indicate which answer is applicable.

1. Do you have a personal income?				
Insured party 1	Insured party 2	Insured party 3	Insured party 4	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If so, do you receive your personal income from:				
Insured party 1	Insured party 2	Insured party 3	Insured party 4	
<input type="checkbox"/> Netherlands	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Netherlands	
<input type="checkbox"/> Abroad*	<input type="checkbox"/> Abroad*	<input type="checkbox"/> Abroad*	<input type="checkbox"/> Abroad*	
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	

Income means salary, profit, or other income from work, pension or social security. If you receive income from abroad, we will send you the 'foreign country assessment form'.

\* If you receive income from abroad, we will need additional information. We send you a form to fill in.

## 8. Payment of premium

How do you wish to pay?	<input type="checkbox"/> Direct debit	<input type="checkbox"/> Giro collection form
Term of payment:	<input type="checkbox"/> Monthly*	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Half-yearly (1,25%)	<input type="checkbox"/> Annually (3% reduction)

### Sepa Direct debit standing authorisation

Incassant ID: NL26 ZZZ 3704 5844 0000

You must sign a recurrent mandate if your premium is going to be paid on a monthly basis, or if you have chosen the direct debit payment method.

By signing this form, you authorise Turien & Co. Assuradeuren (Collector ID: NL26 ZZZ 3704 5844 0000) to send recurrent direct debit instructions to your bank. You also authorise your bank to debit your account on a recurrent basis in accordance with the instructions from Turien & Co. Assuradeuren.

If you do not agree with a direct debit, you have 56 days (8 weeks) to instruct your bank to reverse the transaction.

IBAN

Place:	Date:	Signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SEPA:** Single Euro Payments Area (SEPA) is an area comprising over 30 European countries where all payments are made in the same secure and convenient manner.

Please always enter your International Bank Account Number (IBAN). You can find it on your bank card. Without an IBAN we will not be able to refund bills.

\* If you prefer to pay Turien & Co. Assuradeuren monthly, the premium will always be collected automatically. You are required to sign the authorisation for this here below.

Please do not forget to fill in the date and sign the form. You can send the form to:

**Turien & Co. Assuradeuren**  
T.a.v. afdeling Polisbeheer  
Postbus 216  
1800 AE Alkmaar

## 9. Final declaration and signature

You are required to answer all questions as comprehensively as possible. This also applies to questions where you presume that we already know the answer. Bear in mind that this does not only concern your own situation, but also that of the other to be insured (legal) persons. The details provided in this application serve as basis for the to-be-agree insurance. If the insurance application contains inaccurate or incomplete information, this may result in losing the right for reimbursement. If Turien & Co. Assuradeuren has been deliberately misled, and the insurance would never have been awarded based on the true circumstances, we are entitled to terminate the insurance. By signing this application form, you confirm agreement with the applicable insurance conditions. These conditions can be accessed at [www.turien.nl](http://www.turien.nl) or can be sent to you upon request. In addition, by signing the form, you declare to have answered the questions in this form with complete honesty, and have informed Turien & Co. of all facts that you are or should be aware of, about yourself and other to-be-insured persons, that could be relevant to the insurance.

Your personal data will be processed by Turien & Co.:

- to make and execute agreements;
- to manage the resulting business partnerships;
- to inform you about relevant products and/or services;
- to guarantee the safety and integrity of the financial sector;
- for statistical analyses;
- to comply with legal obligations;
- with a view to ensuring the safety and integrity of the financial sector, our organisation, staff and customers.

Health insurers are subject to the "Code of Conduct Health Insurers for Processing Personal Data" when your personal data are processed. In addition, the Code of Conduct "Processing of Personal Data Financial Institutions" also applies. This code of conduct can be found at [www.verzekeraars.nl](http://www.verzekeraars.nl) or be requested from the Association of Insurers - Verbond van Verzekeraars, Postbus 93450, 2509 AL The Hague, telephone number (070) 3 338 500.

Within the framework of a responsible acceptance policy, we may consult your data at the Central Information System foundation (CIS) in Zeist. Within this framework, participants of the CIS foundation are also able to exchange data amongst one another. The purpose of this is to manage risks and prevent fraud. The privacy regulations of the CIS foundation also apply. Further information can be found at [www.stichtingcis.nl](http://www.stichtingcis.nl).

We may also register your personal data and the personal data of the accomplice and co-perpetrator:

- at the Centre for Fraud Prevention run by the Association of Insurers;
- in the internal and external warning system established between companies, the internal reference register (IVR) and the external reference register (EVR).

Place:

Date:

Signature: