

## Registration

### IZZ Basisverzekering and/or Aanvullende verzekeringen

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 healthcare insurance      Registering a new insured for an existing policy**

#### A. Personal details

	Customer number								
Your customer number is stated on your healthcare card, in the IZZ Zorgverzekering app, or in Mijn IZZ Zorgverzekering.	If you already have an IZZ healthcare insurance policy by VGZ and you only want to register a new insured, please enter your customer number and continue to question B.								
	Initials	Surname prefix	Surname						
	<b>1</b>	Date of birth	Gender	BSN (citizen service number)		Nationality			
			Male	Female			NL	Other*	
You can find your BSN on your identity document.		Street			House number	House number suffix			
		Postcode	Town/city						
		Telephone number							Mobile telephone number
		Email address							
		Are you applying for insurance for yourself?		Yes	No				

#### B. Personal details of persons to be insured

	Are you applying for insurance for your family members or other persons?      Yes      No									
	If not, please continue to question C.									
		Initials	Surname prefix	Surname						
	<b>2</b>	Date of birth	Gender	BSN (citizen service number)		Nationality				
			Male	Female			NL	Other*		
You can find your BSN on your identity document.		Initials	Surname prefix	Surname						
	<b>3</b>	Date of birth	Gender	BSN (citizen service number)		Nationality				
			Male	Female			NL	Other*		
		Initials	Surname prefix	Surname						
	<b>4</b>	Date of birth	Gender	BSN (citizen service number)		Nationality				
			Male	Female			NL	Other*		
		Initials	Surname prefix	Surname						
	<b>5</b>	Date of birth	Gender	BSN (citizen service number)		Nationality				
			Male	Female			NL	Other*		
		Initials	Surname prefix	Surname						
	<b>6</b>	Date of birth	Gender	BSN (citizen service number)		Nationality				
			Male	Female			NL	Other*		

### C. Income from abroad

Income includes wage, profit or other income from labour, pensions or social security. If you have any questions about your healthcare insurance relating to income earned abroad, For more information, please check [vgzvoordezorg.nl/izz](http://vgzvoordezorg.nl/izz).

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

Are you applying for group insurance? If not, please continue to question E. Yes No

Name of employer/organisation/group

Start date of employment with employer

Please enquire with your employer or organisation to find your group discount number and personnel number.

Group discount number

Postcode employer/organisation Place of employer's/organisation's seat

Employee number

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

### E. Basic Cover

By default, VGZ registers you for an IZZ Basisverzekering, Variant Natura. Do you prefer the Variant Bewuzt or the Variant Restitutie? Then please tick the box for all applicable insured. Every person age 18 and older is subject to a statutory excess on their healthcare policy. Every person age 18 and older may additionally choose a voluntary excess.

	Variant Bewuzt	Variant Restitutie	Would you like a voluntary excess?		Which amount do you select for your voluntary excess?					
			Yes	No	€ 100	€ 200	€ 300	€ 400	€ 500	
Insured 1										
Insured 2										
Insured 3										
Insured 4										
Insured 5										
insured 6										

### F. Supplementary insurance

Please state your choice of supplementary insurance under F1 or F2. Combining a supplementary package with one or more modules is not possible.

Do you require supplementary insurance (IZZ Aanvullende verzekering)? Yes No

If not, please continue to question G.

If yes, please state your choice under F1 (Packages) or F2 (Personal Selection).

Please find more information on supplementary insurance on [vgzvoordezorg.nl/izz](http://vgzvoordezorg.nl/izz).

#### F1. Packages

Every person age 18 and older may make their own choice of supplementary insurance under F1. Persons under age 18 will have the same supplementary insurance policy/policies as the policy holder.

If you select one of these Packages, please do not enter anything under F2. Please continue to question G.

	Insured					
	1	2	3	4	5	6
IZZ Zorg voor de Zorg						
IZZ Zorg voor de Zorg + Extra 1						
IZZ Zorg voor de Zorg + Extra 2						
IZZ Zorg voor de Zorg + Extra 3						
IZZ Bijzonder Bewust						

## F2. Personal Selection

Every person age 18 and older may make their own choice of module/modules under F2. Persons under age 18 will have the same module/modules as the policy holder.

### Select 1, 2 or 3 of the modules below.

Have you selected supplementary insurance already in F1? Then please do not enter anything below. Please continue to question G.

	Insured					
	1	2	3	4	5	6
1 IZZ Fysio Goed						
IZZ Fysio Beter						
2 IZZ Tand Goed						
IZZ Tand Beter						
3 IZZ Buitenland						

## G. Start date and cancellation service

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 on the termination date of your existing healthcare insurance policy.

On what date would you like the insurance cover to start?

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. 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.

Supplementary insurance for insured

1    2    3    4    5    6 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.

Newborn	Adopted	Military insurance
From abroad	Former conscientious objector	Not covered

## H. Payment

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.

If you are registering a new insured for an existing policy, you do not need to complete this question. The premium payment method will not change.

What is your bank account number?

IBAN

Always enter your account number. We are unable to pay out your invoices without a bank account number.

Do you have group insurance? The premium is usually withheld from your salary by your employer. Do you have no group healthcare insurance? Or do you have other arrangements? Please indicate below how you prefer to pay for your premium.

Monthly payments by direct debit      Monthly payment via paper invoice (you pay € 1.50 per paper invoice)

### How do you prefer to pay your excess, personal contributions and repayments of any amounts paid out unjustified?

Direct debit      Paper invoice (this is subject to a € 1.50 fee for each paper invoice)

### Authorisation for direct debit

If you choose payment by direct debit, your authorisation is valid for payment of the excess, personal contributions and any reimbursement amounts 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.

## I. Approval and signature

By signing this form, you declare that the details completed in this form were entered fully and truthfully. 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. You also declare that you agree with the start date, cancellation service (section G) and payment method (section H) as set out in this form.

The terms and conditions and the Healthcare Insurance Card are available from [www.vgzvoordezorg.nl/izz](http://www.vgzvoordezorg.nl/izz). We can send you 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 a 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 [vgzvoordezorg.nl/izz/contact](http://vgzvoordezorg.nl/izz/contact). We are pleased to assist you.

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

**Details VGZ**

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

**VGZ**

**PO Box 25210  
5600 RS Eindhoven, the  
Netherlands**

**Collector ID**

**NL23ZZZ091433150000**

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 by email at [privacy@vgzvoordezorg.nl](mailto:privacy@vgzvoordezorg.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  |     |    |
| • <i>Notifications about your healthcare insurance, such as amendments to the premium and/or policy conditions.</i> | Yes | No |
| • newsletters and proposals   |     |    |
| • <i>Healthcare information such as newsletters and proposals.</i>  | Yes | No |

Date Town/city

Signature of policy holder

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