Zorg en Zekerheid
Beter in jouw buurt

Hier voor jou

Registration form

Welcome to Zorg en Zekerheid. Please help us deal with your insurance application as swiftly as possible by filling out this form as completely as you can. Please do not forget to fill in the back page. You can also register with us at **zorgenzekerheid.nl**.

1. Applicant

Initials and last name ☐ m ☐ f

Address	House number
Postal code	City/Town
Date of birth	Citizen Service Number (BSN)
Telephone	Nationality
Email address	

☐ Do **not** keep me informed of the latest information or special offers by email.

2. Receipt method policy schedule

☐ Yes, I would like to receive my policy schedule in digital format. You will receive an email when a new policy schedule is ready for you in MijnZZ. You need a DigiD to log in.
☐ No, I would like to receive my policy schedule by regular mail.

3. Claims payment, required premium payment and voluntary and mandatory excess payment

Applicant's IBAN (International Bank Account Number) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I wish to pay my premium as follows:
☐ Payment by direct debit per ☐ month ☐ 3 months ☐ half year ☐ year. I hereby authorize Zorg en Zekerheid to direct debit my account for the due amount(s).
☐ Pay with iDEAL/bank transfer.
If you authorize us to direct debit your account half-yearly or annually, your will receive a 0.75% or 1.5% reduction, respectively, on your premium.

Do you want to use payment of excess in instalments?

You can choose this option in section 7 for yourself and/or any co-insured persons on your policy aged 18 years and older.
If you choose to pay the excess in instalments, you will pay the compulsory excess in advance in 10 instalments. If you don't use your compulsory excess in full, you will receive a refund of any amount overpaid. You don't need to do anything to be refunded.
The instalments are paid in the same way as your premium. Did you choose to pay your premium by direct debit?
We will then use the authorisation for direct debit for payment of excess in instalments.

If you or any co-insured persons do not want to use payment of excess in instalments, please indicate below how you want to pay the excess.
☐ Payment by direct debit. I hereby authorize Zorg en Zekerheid to direct debit my account.
☐ Pay with iDEAL/bank transfer.

☐ I will arrange everything related to my insurance on the internet, pay my premuim by direct debit and will receive a 2% internet discount on my supplementary insurance*.

4. I apply for:

☐ Group insurance via an employer, sports club or other association, health club, health centre or other organisation.
Provide the details of the organisation concerned:

Name	Division (at employer's)
Address	Postal code and City

☐ The GeZZinspakket.
☐ Group insurance for students.
☐ Group insurance for consumers.
☐ Group insurance via a home care organisation in my area.
☐ An individual insurance.

5. Family members to be included in the insurance

	Initials	Family name and/or birth name	m/f	Date of birth	Citizen Service Number (BSN)	Nationality
Partner			m/f			
First child			m/f			
Second child			m/f			
Third child			m/f			
Fourth child			m/f			

* Read the conditions of MijnZZ at zorgenzekerheid.nl

Postbus 400
2300 AK Leiden

zorgenzekerheid.nl
071 - 582 58 25

K.v.K. 28050216
AFM nummer 12001019

Onderlinge Waarborgmaatschappij
Zorgverzekeraar Zorg en Zekerheid u.a.

6. Share dental coverage**

Sharing of dental coverage is possible for two insured persons older than 18 years on the same policy with the same supplementary insurance. Do you wish to share your dental coverage?

** Read the conditions of AV-Delen at zorgenzekerheid.nl/sharing

☐ Yes (choose the supplementary insurance in the row of AV-Delen you would like to have covered at point 7).
☐ No (continue to point 7).

7. Type of basic insurance, voluntary excess and supplementary insurance required

Children under 18 are insured under the highest supplementary insurance taken out by their parent/carer.

	Basic insurance			Voluntary excess on top of compulsory excess of €385.-						Supplementary insurance							AV-Delen					
	Payment of excess in instalments***	Zorg Zeker Polis	Zorg Vrij Polis	€0	€100	€200	€300	€400	€500	Sure	GeZZin	GeZZin Compact	Plus	Basis	Standaard	Top	Sure Delen	GeZZin Delen	GeZZin Compact Delen	Plus Delen	Standaard Delen	Top Delen
Applicant																						
Partner																						
First child																						
Second child																						
Third child																						
Fourth child																						

***not possible if you opt for a voluntary excess

8. Requested start date for your new insurance with Zorg en Zekerheid:

☐☐-☐☐-☐☐☐☐

9. Do you come from another country?

☐ No
☐ Yes, as from ☐☐-☐☐-☐☐☐☐

Or your partner?

☐ No
☐ Yes, as from ☐☐-☐☐-☐☐☐☐

Or your childeren?

☐ No
☐ Yes, as from ☐☐-☐☐-☐☐☐☐

Have you (and/or your family members) come from a non-EU country? If so, please add a copy of both sides of the residence permit.

10. Cancellation service

By applying for healthcare insurance, you grant us permission to cancel your old healthcare insurance (and that of your family members) on your behalf. We will also assume this to include permission to cancel all supplementary insurance with your old insurer on your behalf (and that of your family members). Please tick the box below if this is not the case.

☐ I do **not** want you to cancel the supplementary insurance on my behalf (or my partner/the rest of my family).

You can use the switch service but you cannot switch retroactively. Subsequently you can only use the switch service:

1. If you are co-insured as a relative and you want to take out your own health insurance or because you reach the age of 18.
2. If in the course of this year you will change employer through whom you are collectively insured and you will be collectively insured through your new employer at Zorg en Zekerheid.

11. Signature

The undersigned declares to have filled in this form truthfully. The undersigned has also taken note of the fact that:

1. If no options are selected in the sections relating to the basic insurance, excess, payment method and/or frequency, Zorg en Zekerheid will proceed on the basis of the Zorg Zeker Policy, a preferred voluntary excess of €0 and monthly payment via iDeal / transfer yourself.
2. In the event of any incorrect representation of events, Zorg en Zekerheid will be entitled to claim back all costs already paid and terminate the insurance.
3. In the event the contract commences on a date other than 1 January, the contract will be valid for the current year. With effect from the following 1 January, the insurance will be tacitly renewed for the duration of one year.
4. If you have indicated that you wish to take out group insurance, Zorg en Zekerheid will exchange your data with the relevant organisation.
5. I agree to the policy conditions applicable to this insurance. These conditions are listed under the heading **zorgenzekerheid.nl/policyconditions**. A free paper copy of these is also available on request.

City: _____ Date: ☐☐-☐☐-☐☐☐☐

Signature applicant:

What to do with completed forms: please send this application to Zorg en Zekerheid at Postbus 400, 2300 AK, Leiden. We have an obligation to verify that you are resident in the Netherlands. Your data will be stored in order to send you updates about our products and services. OWM Zorgverzekeraar Zorg en Zekerheid u.a. will process your personal data for the purpose of concluding and performing the (insurance) contract, administration and all activities arising from this. Zorg en Zekerheid subscribes to the Code of Conduct for the processing of personal details by financial institutions (Gedragscode verwerking persoonsgegevens financiële instellingen).
These conditions are listed under the heading **zorgenzekerheid.nl/privacy**.