

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:

**1. Collective insurance**

Name of employer/organization	Collective number
<input type="text"/>	<input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="4"/>
Business location	Date of employment
<input type="text"/>	<input type="text"/>

**2. My details (=policyholder)**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name and house number		
<input type="text"/>		
Postcode	Country	
<input type="text"/>	<input type="text"/>	
Telephone number	Mobile Telephone number	
<input type="text"/>	<input type="text"/>	
E-mail address		
<input type="text"/>		
Your insurance broker	Broker number	
Lobbes Insurance Consult B.V.	<input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="2"/>	

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

**Insured party 1 (policyholder)**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Burgerservicenummer (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> Other*

**Insured party 2**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Citizen Service Number (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> Other*

**Insured party 3**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Citizen Service Number (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> Other*

**Insured party 4**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Citizen Service Number (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> Other*

**Insured party 5**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Citizen Service Number (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> Other*

**Insured party 6**

Initial(s)	Surname Prefix	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Citizen Service Number (BSN)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
		Nationality
		<input type="checkbox"/> NL <input type="checkbox"/> 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.

#### 4. Basic insurance

Which basic healthcare insurance policy do you wish to take out? Please choose one of the following.

	Insured party					
	1	2	3	4	5	6
VGZ Natura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Voluntary deductible excess

€ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An obligatory excess of € 360 per calendar year applies to every person aged 18 and older. In addition to this, you can opt for voluntary excess.

#### 5. Supplementary healthcare insurance

Which supplementary healthcare insurance policy do you wish to take out? Please choose one of the following.

	Insured party					
	1	2	3	4	5	6
<b>Supplementary insurance Turien &amp; Co.</b>						
LIC Healthplan Prima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TC Fit & Vrij	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You will find more information about supplementary healthcare insurance on our website [www.turien.nl](http://www.turien.nl).

#### 6. Commencement date and termination service

Desired commencement date:

By applying for the health insurance you authorise us to cancel your old Dutch health insurance policy/policies on your behalf. This authorisation also applies to the supplementary insurance policy/policies. If the supplementary insurance policy/policies do not have to be cancelled, you must state that here.

I do not want Turien & Co. Assuradeuren to cancel the supplementary insurance policy/policies on my behalf.

Do the people to be insured currently have health insurance with a Dutch health insurer?

Yes  No If not, please indicate what is applicable below.

	Insured party					
	1	2	3	4	5	6
• Newborn/adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Insured as a member of the armed forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Originally from a foreign country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has been an acknowledged conscientious objector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ultimate commencement date of the health insurance may vary depending on the termination date of the old health insurance or the moment we are able to determine that an obligation to insure exists.

\* It is only possible to switch health insurer on a date other than 1 January if you can immediately continue participating in a group health insurance scheme via your new employer, or if an insured party reaches the age of 18.

### 7. Why are you applying for basic insurance and as of which date?

Because I have group insurance and am changing group since\*:

Because I have come from abroad since:

Because I have been uninsured since:

Because a new right to basic insurance has arisen since:

Because I want to become a policyholder myself since:

Because I am transferring from another health insurer as of 1 January.

Other, namely: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* 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'.

### 8. Evaluation insurance entitlement

In order to determine whether you are entitled to healthcare insurance under the Healthcare insurance Act, we kindly request you to truthfully answer the question below. For each family member (see question 2), indicate which answer is applicable.

1. Do you have a personal income\*?

Insured party 1	Insured party 2	Insured party 3	Insured party 4	Insured party 5	Insured party 6
<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	<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	Insured party 5	Insured party 6
<input type="checkbox"/> Netherlands	<input type="checkbox"/> Netherlands	<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"/> Abroad	<input type="checkbox"/> Abroad
<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both

### 9. General information for supplementary insurance

Do you, or one of the insured persons, have facts to report about a potential criminal record, which refers to events within the past 8 years. Or do you, or one of the insured persons, have to report other facts that could be of importance when evaluating this application?

Insured party 1	Insured party 2	Insured party 3	Insured party 4	Insured party 5	Insured party 6
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If so, please mention specifics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 10. Payment of premium

How do you wish to pay?  Direct debit  Giro collection form

Term of payment:  Monthly\*  Quarterly

Half-yearly  Annually (1% 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* 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.

**SEPA:** secure payment  
The 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.

## 10. 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 concerns 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).

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**

Place:

Date:

Signature: