

# ONVZ Vrije Keuze Zorgplan 2015

You are about to apply for a basic health-care plan or one of our supplementary health-care plans. Whatever you choose, you will be in good hands with us. Welcome to ONVZ.



## We are unable to take any action unless we receive all the information required

You want to take out a health-care plan for yourself and any family members. We require the initials, names and burgerservicenummers [personal ID number] of all applicants. Everyone involved is referred to as an insured person.

You can also submit your application through [onvz.nl/aanvraag](http://onvz.nl/aanvraag)

1	Initials and surname of insured person 1	M F	Date of birth	Burgerservicenummer
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2	Initials and surname of insured person 2	M F	Date of birth	Burgerservicenummer
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3	Initials and surname of insured person 3	M F	Date of birth	Burgerservicenummer
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4	Initials and surname of insured person 4	M F	Date of birth	Burgerservicenummer
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5	Initials and surname of insured person 5	M F	Date of birth	Burgerservicenummer
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Date on which you want the health-care plan to take effect?

## Vrije Keuze Basisverzekering provides you with excellent basic coverage

Our basic health-care plan covers (a large proportion of) essential medical expenses. Please indicate who does want to take out a basic health-care plan.

**Choice of insured person 1**

Basisverzekering

No basisverzekering

Different rules apply to basic health-care plans for those from another country or who go to work abroad. If you would like further information please visit [onvz.nl](http://onvz.nl) or call our Service Center on +31 (0)30 639 62 22. We'd be happy to help.

**Choice of insured person 2**

Basisverzekering

No basisverzekering

**Choice of insured person 3**

Basisverzekering

No basisverzekering

**Choice of insured person 4**

Basisverzekering

No basisverzekering

**Choice of insured person 5**

Basisverzekering

No basisverzekering

## Nationalities other than Dutch

If anyone has a nationality other than Dutch, please indicate clearly the name and nationality. If the person in question has an EU nationality, please send us a copy of their passport or European proof of identity. For non-EU-nationalities, please enclose a copy of the passport and the letter from the IND.

  
  

Does anyone wanting to take out a basic health-care plan work abroad or receive income from abroad?

Yes - Please provide details below ↓

Please indicate whom this concerns, the country they work in, the country they receive income from, and the type of income, e.g. salary, pension or benefits.

  
  

We may request additional information.

**By taking out the ONVZ Vrije Keuze Zorgplan, you are putting your health in good hands.**

ONVZ gives you ample choice. You can choose between a supplementary health-care plan, a dental plan and the Privé Zorgpakket. Our basic health-care plan also allows you to choose the level of your voluntary excess.

**What is an excess?**

The first part of health-care costs that insured persons have to pay themselves in a calendar year are referred to as the excess. All insured persons aged 18 years or older are subject to a compulsory excess. The government sets the compulsory excess annually.

**Supplementary health-care plan without our basic health-care plan?**

If you choose not to take out a basic health-care plan with ONVZ, but do take out a supplementary plan, we will add a 50% surcharge to the premium for the supplementary plan.

**Supplementary health-care plan for under 18s**

The level of coverage provided by a supplementary health-care plan for insured persons under the age of 18 must not exceed that of the highest coverage held by one of the adults.

**Supplementary health-care plans for those who reside abroad**

You can choose between the Vrije Keuze Startfit, Extrafit, Benfit and Optifit plans.

**The Privé Zorgpakket or Zó-fit plan for those who reside abroad**

You can choose Privé Kamer, but not the other modules, nor the Zó-fit plan.

**Zó-fit without our basic health-care plan**

If you choose not to take out a basic health-care plan with ONVZ, but do take out a Zó-fit plan, we will add a 25% surcharge to the premium for Zó-fit.

**ONVZ membership**

By taking out a basic health-care plan, the policyholder automatically becomes a member of the vereniging ONVZ association, unless he/she does not wish to do so. The association looks after its' members interests in matters related to medical expenses and health. Membership expires upon termination of the basic health-care plan.

**Right to cancellation**

Upon commencement of the Basisverzekering basic health-care plan and/or a supplementary plan, you as policyholder have a 'cooling-off period' of 14 days. You as the policy holder have 14 days to reconsider the application.

**ONVZ Vrije Keuze Zorgplan for insured person 1**

Please indicate the Vrije Keuze Zorgplan choices separately for each insured person, paying due attention to the numbers so that we know who is involved.

**For the basic health-care plan**

- € 100 voluntary excess
- € 200 voluntary excess
- € 300 voluntary excess
- € 400 voluntary excess
- € 500 voluntary excess

**Excess**

If you would like to pay a lower premium for your basic health-care plan, you can choose a voluntary excess, on top of the compulsory excess.

**Supplementary health-care plan**

If the basic health-care plan does not provide you with sufficient coverage, you can take out a supplementary health-care plan, providing limited to comprehensive coverage.

- Startfit
- Extrafit
- Benfit
- Optifit
- Topfit
- Superfit

If you choose to take out our basic health-care plan in combination with Startfit, Extrafit or Benfit or just our basic health-care plan, ONVZ will not require any further information about your medical history. See the appendix to this form.

**Tandfit**

Choose your own level of coverage with Tandfit. This dental plan is available to anyone aged 18 or above.

- Tandfit A
- Tandfit B
- Tandfit C
- Tandfit D only in combination with Topfit

If you choose Superfit or one of our dental plans, we will want to know more about your dental history. If you select Tandfit A, this will not be necessary. See the appendix to this form.

**Privé Zorgpakket**

Privé Zorgpakket is right for you if peace and privacy are some of your top priorities. Privé Zorgpakket is available to anyone aged 18 or above.

- Privé Kamer
- Zorg Luxe
- Zorg Assistent
- Zorg Totaal

**Zó-fit**

Get back to work quickly with Zó-fit. You can take out the Zó-fit plan from the age of 18 onwards, whether you are self-employed or not.

- Zó-fit
- No voluntary excess or extra plan

Insured person 2	Insured person 3	Insured person 4	Insured person 5
<input type="checkbox"/> Insured person 2 chooses the same health-care plan as insured person 1	<input type="checkbox"/> Insured person 3 chooses the same health-care plan as insured person 1	<input type="checkbox"/> Insured person 4 chooses the same health-care plan as insured person 1	<input type="checkbox"/> Insured person 5 chooses the same health-care plan as insured person 1
<b>For the basic health-care plan</b>	<b>For the basic health-care plan</b>	<b>For the basic health-care plan</b>	<b>For the basic health-care plan</b>
<input type="checkbox"/> € 100 voluntary excess	<input type="checkbox"/> € 100 voluntary excess	<input type="checkbox"/> € 100 voluntary excess	<input type="checkbox"/> € 100 voluntary excess
<input type="checkbox"/> € 200 voluntary excess	<input type="checkbox"/> € 200 voluntary excess	<input type="checkbox"/> € 200 voluntary excess	<input type="checkbox"/> € 200 voluntary excess
<input type="checkbox"/> € 300 voluntary excess	<input type="checkbox"/> € 300 voluntary excess	<input type="checkbox"/> € 300 voluntary excess	<input type="checkbox"/> € 300 voluntary excess
<input type="checkbox"/> € 400 voluntary excess	<input type="checkbox"/> € 400 voluntary excess	<input type="checkbox"/> € 400 voluntary excess	<input type="checkbox"/> € 400 voluntary excess
<input type="checkbox"/> € 500 voluntary excess	<input type="checkbox"/> € 500 voluntary excess	<input type="checkbox"/> € 500 voluntary excess	<input type="checkbox"/> € 500 voluntary excess
<b>Supplementary health-care plan</b>	<b>Supplementary health-care plan</b>	<b>Supplementary health-care plan</b>	<b>Supplementary health-care plan</b>
<input type="checkbox"/> Startfit	<input type="checkbox"/> Startfit	<input type="checkbox"/> Startfit	<input type="checkbox"/> Startfit
<input type="checkbox"/> Extrafit	<input type="checkbox"/> Extrafit	<input type="checkbox"/> Extrafit	<input type="checkbox"/> Extrafit
<input type="checkbox"/> Benfit	<input type="checkbox"/> Benfit	<input type="checkbox"/> Benfit	<input type="checkbox"/> Benfit
<input type="checkbox"/> Optifit	<input type="checkbox"/> Optifit	<input type="checkbox"/> Optifit	<input type="checkbox"/> Optifit
<input type="checkbox"/> Topfit	<input type="checkbox"/> Topfit	<input type="checkbox"/> Topfit	<input type="checkbox"/> Topfit
<input type="checkbox"/> Superfit	<input type="checkbox"/> Superfit	<input type="checkbox"/> Superfit	<input type="checkbox"/> Superfit
<b>Tandfit</b>	<b>Tandfit</b>	<b>Tandfit</b>	<b>Tandfit</b>
<input type="checkbox"/> Tandfit A	<input type="checkbox"/> Tandfit A	<input type="checkbox"/> Tandfit A	<input type="checkbox"/> Tandfit A
<input type="checkbox"/> Tandfit B	<input type="checkbox"/> Tandfit B	<input type="checkbox"/> Tandfit B	<input type="checkbox"/> Tandfit B
<input type="checkbox"/> Tandfit C	<input type="checkbox"/> Tandfit C	<input type="checkbox"/> Tandfit C	<input type="checkbox"/> Tandfit C
<input type="checkbox"/> Tandfit D + Topfit	<input type="checkbox"/> Tandfit D + Topfit	<input type="checkbox"/> Tandfit D + Topfit	<input type="checkbox"/> Tandfit D + Topfit
<b>Privé Zorgpakket</b>	<b>Privé Zorgpakket</b>	<b>Privé Zorgpakket</b>	<b>Privé Zorgpakket</b>
<input type="checkbox"/> Privé Kamer	<input type="checkbox"/> Privé Kamer	<input type="checkbox"/> Privé Kamer	<input type="checkbox"/> Privé Kamer
<input type="checkbox"/> Zorg Luxe	<input type="checkbox"/> Zorg Luxe	<input type="checkbox"/> Zorg Luxe	<input type="checkbox"/> Zorg Luxe
<input type="checkbox"/> Zorg Assistent	<input type="checkbox"/> Zorg Assistent	<input type="checkbox"/> Zorg Assistent	<input type="checkbox"/> Zorg Assistent
<input type="checkbox"/> Zorg Totaal	<input type="checkbox"/> Zorg Totaal	<input type="checkbox"/> Zorg Totaal	<input type="checkbox"/> Zorg Totaal
<input type="checkbox"/> Zó-fit	<input type="checkbox"/> Zó-fit	<input type="checkbox"/> Zó-fit	<input type="checkbox"/> Zó-fit
<input type="checkbox"/> No voluntary excess or extra plan	<input type="checkbox"/> No voluntary excess or extra plan	<input type="checkbox"/> No voluntary excess or extra plan	<input type="checkbox"/> No voluntary excess or extra plan

### Personal data protection

ONVZ processes your information for the purposes of effecting and implementing your health-care plan or financial services, management of the ensuing relationships, activities aimed at increasing its customer base, statistical analyses, and to satisfy legal requirements and for purposes of security and integrity, including fraud prevention, within ONVZ and the financial sector. As part of its fraud prevention and risk mitigation activities, ONVZ may verify and record your data with the Stichting CIS. More information, including privacy regulations, can be found at [www.stichtingcis.nl](http://www.stichtingcis.nl). In signing this form, you are giving ONVZ permission to share your details with third parties, if this proves necessary for the implementation of the health-care plan(s) and/or financial service(s). ONVZ checks personal data against the municipal personal records database.

### Policy terms & conditions and contract period

The policy terms and conditions can be found at [onvz.nl](http://onvz.nl). You can also request a copy by calling our Service Center on +31 (0)30 639 62 22. You will be sent a copy of the policy terms and conditions once you have taken out a health-care plan. The health-care plan(s) is/are governed by Dutch Law. The health-care plan will keep running for a period of a calendar year unless you cancel it in writing and in good time.

**We also require the following information for our records**

If you are a new customer and would like a start date other than 1 January please state why you are applying for the health-care plan.

- Due to a divorce
- Moving to the Netherlands from abroad
- No current health-care insurance
- Other reason - *Please provide details below* ↓

**We need to know who the policyholder is**

Correspondence - including that relating to insured persons' claims - will be sent to one individual, i.e. the policyholder. He/she shall be responsible for payment of the premium, excesses, personal contributions and any advanced amounts.

Policyholder initials and surname

House number	Suffix	Street
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Postcode	Town/city
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Telephone number (home)	Telephone number (mobile)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Email

**Pay the annual premium in a single instalment and receive a 3% discount**

- |   |   |
|---|---|
| <b>Who will you pay the premium to?</b>   | Directly to ONVZ  |
| <b>How will you pay your premium?</b>   | <b>How will you pay the excess and personal contributions to ONVZ?</b>  |
| <input type="checkbox"/> By direct debit<br><i>If you pay monthly, you can only pay by direct debit</i> | <input type="checkbox"/> By direct debit  |
| <input type="checkbox"/> By giro collection   | <input type="checkbox"/> By giro collection   |
| <input type="checkbox"/> iDEAL via e-mail   | <input type="checkbox"/> iDEAL via e-mail<br><i>(only applicable if you make use of our digital services)</i> |

**What is your IBAN account number?**

- How often will you pay the premium?**
- |  |   |
|--|---|
| <input type="checkbox"/> Once a year with a 3% discount    | <input type="checkbox"/> Once every six months with a 2% discount |
| <input type="checkbox"/> Once a quarter with a 1% discount | <input type="checkbox"/> Every month                              |

**Signature**

By signing, you declare that you, the policyholder, have completed the form and appendix, if applicable, correctly and in full. You also declare such on behalf of the other insured parties. Should it later emerge that the form or appendix was not completed correctly or in full, this may have consequences for the health-care plan(s) or the processing of claims.

Date of signature

Policyholder signature

By signing the application form you indicate that you have taken notice of the policy terms and conditions.

ONVZ's switch service is designed to make things easier for you. In applying for this health-care plan, you authorise ONVZ to cancel your existing health-care plan on your behalf. You also authorise us to act on behalf of all insured persons and cancel all supplementary health-care plans taken out with the current insurer. If you do not want ONVZ to cancel the supplementary plan(s), please tick this box.

**Insurance adviser**

**Collective healthcare plan (number or employer)**

Signing party agrees to ONVZ sending announcements about the (applied for) insurance policies and in response to the health questions electronically. ONVZ points out that this route is not secured.

**Digital services**  
 ONVZ's services can also be used digitally. If you choose to use our digital services, you will receive the policy document(s) by e-mail among other things. **If you want to use these services, please tick this box**

**Please send this form, along with the appendix with medical history questions if required, to:**  
 ONVZ Zorgverzekeraar  
 Postbus 425  
 3990 GE Houten  
 Netherlands  
 Fax: +31 (0)30 635 12 75  
 Email: mijnaanvraag@onvz.nl

**You will receive notification within a few days of us receiving your application.**



# ONVZ Vrije Keuze Zorgplan 2015

## Appendix with medical history questions

For some health-care plans, we need information about your medical history, which is why you are asked to fill out this appendix. This appendix is part of your health-care plan application. Our medical service will assess your answers and treat them confidentially. It will report its findings to ONVZ, and we will then decide whether or not you can take out the health-care plan. The medical service will only report its findings if you consent to that. You automatically give such authorisation by signing your application. But if you want to review their findings first and then decide whether you want them to inform ONVZ, please tick this box.



### Please complete questions 1 - 6

- if you have chosen Startfit, Extrafit of Benfit without Basisverzekering,
- or if you have chosen Optifit or Topfit,
- or if you have chosen Privé Kamer, Zorg Luxe, Zorg Assistent or Zorg Totaal.

### Please complete questions 7 - 10

- if you have chosen Tandfit B, C or D.

### Please complete questions 1 - 10

- if you have chosen Superfit.

**In all other cases, you will not need to answer any of the questions.**

ONVZ keeps your medical details in a file. Our medical service manages this file in accordance with official regulations. You may object to ONVZ processing your medical details. Such an objection could lead to the insurance not being granted.

## Medical history questions (questions 1 - 6)

Always enter → initials and name of the insured person

House number

Postcode

### 1 Has any of the applicants seen a doctor or any other practitioner in the last two years?

Has anyone been treated or had a consultation in the last two years:

- by/with a doctor or practitioner of alternative/non-conventional medicine?
- in the field of physiotherapy, manual therapy or Cesar/Mensendieck remedial therapy?
- in the field of chiropractic therapy, podiatry, skin therapy or osteopathy?

No, no one

Yes - Please provide details in the box →

→ Which insured person(s) and what type of practitioner and treatment did it involve? What were those involved treated for, and when? Is anyone still receiving treatment? Please state the number of treatments and consultations.

  
  
  
  
  

### 2 Medication

Is anyone currently taking any medication? (More than one type of medication may be involved.)

No, no one

Yes - Please provide details in the box →

→ If so, please state which of the insured persons is taking medication. What are they taking the medication for? Which medications are involved and in what dosage are they taken?

  
  
  

### 3 Medical appliances

Does anyone wear glasses, contact lenses, a hearing aid, a wig or hairpiece, arch support, or a prosthesis? Or does anyone use another medical appliance? More than one appliance can be involved.

No, no one

Yes - Please provide details in the box →

→ If so, please state which of the insured persons uses medical appliances, and what appliance(s) they use.

**4 Orthodontist**

Is anyone receiving treatment from an orthodontist, for example because he or she wears braces for his or her teeth? Or is anyone expecting to need such treatment within the next twelve months?

- No, no one
- Yes - Please provide details in the box →

→ Which insured person(s)? how far has the treatment progressed or when is it due to commence?

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**5 Consultation or treatment due within the next 12 months**

Does anyone need a consultation, check-up, treatment or tests, is this necessary, or is this likely within the next twelve months?

- No, no one
- Yes - Please provide details in the box →

→ Which insured person(s) and for what reason?

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**6 Free from complaints**

Are all insured persons healthy in body and mind and free from health complaints?

- No - Please provide details in the box →
- Yes, everybody

→ Which insured person(s)? Please state the complaints, conditions or illnesses involved.

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**Dental history questions (questions 7 - 10)**

Always enter → initials and name of the insured person House number Postcode

**7 Treatment by a dentist**

Has anyone had any treatment by a dentist? For example, fitting of a facing or crown, inlay, bridge or implant, or a partial set of dentures.

- No, no one
- Yes - Please provide details in the box →

→ If so, please state which of the insured persons has had treatment, the type of treatment and the number of elements involved.

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**8 Imminent dental treatment**

Is anyone expecting any treatment by a dentist? For example, does anyone need a crown, inlay, bridge or implant, or does anyone have any teeth missing?

- No, no one
- Yes - Please provide details in the box →

→ If so, please state which of the insured persons is expecting treatment, the type of treatment and the number of elements involved.

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**9 Gum treatment**

Has anyone had any form of gum treatment? Is anyone expecting any form of gum treatment?

- No, no one
- Yes - Please provide details in the box →

→ If so, please state which insured persons have had treatment and the nature of the complaints involved. Which insured persons are awaiting treatment and what is the nature of the complaint?

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**10 Free from complaints**

Is everyone free from complaints relating to teeth or gums?

- No - Please provide details in the box →
- Yes, everybody

→ If not, please state the nature of any complaints that have not yet been mentioned, as well as who and what is involved?

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