



## Application form Basic Health Insurance Students (= Dutch Public Health Care)

The questions on this form must be filled out in detail. Answers containing strike through or references to other information are not allowed.

Please enclose the following documents with your application:

- a copy of your passport in which the IND have placed a sticker (your registration certificate)\*
- a copy of your provisional residence permit (MVV)\*
- a copy of your employment contract
- a copy of your registration at your university (only if you are 30 years or older)

\* (only for non-EU)

### My personal details

Policy number of your ICS insurance (if applicable) \_\_\_\_\_

Family name / Initial(s) \_\_\_\_\_ M/F

Address \_\_\_\_\_

Postal code/ City \_\_\_\_\_

Country \_\_\_\_\_

Date of birth \_\_\_\_\_

BSN number \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Bank account number for payment of premium/reimbursements \_\_\_\_\_

Way of payment:

☐ direct debit ☐ Invoice

☐ monthly

☐ quarterly

☐ half-yearly

☐ yearly

### I request this Insurance because:

☐ I am obliged to purchase a Basic Healthcare Insurance since: \_\_\_\_\_

☐ Switch from other insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

### I want to add following family members to Basic Healthcare Insurance

	Surname, initials	Tax/ social Insurance No./ Citizen Service No.	Gender	Date of birth	Nationality
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

### Deviating address

Do one or more of the persons to be insured have a different address?

☐ No

☐ Yes: \_\_\_\_\_

Address \_\_\_\_\_ Postal code/ City \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

### Additional voluntary deductible\*

I would like the following annual deductible (only for insured of 18 years and older):

Option 1: ☐ € 0      ☐ €100      ☐ €200      ☐ € 300      ☐ € 400      ☐ €500

\* see article 8 from Policy Conditions Basic Health Insurance

### Signature of policyholder

I declare that I have answered these question truthfully and read the term and conditions. I am aware that failing to fill in this form accurately and/or completely or failing to report any information that could be important for the insurance can render the contract invalid.

When applying for insurance we ask for your personal data. The insurer uses these data in order to comply with legal obligations that have been stipulated for this contract. The insurer can consult your data at the Stichting CIS in Zeist. The object of this is to control risks and prevent fraud. The privacy regulations of Stichting CIS are applicable.

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature policyholder

### Return address

You can send you application form digitally to: [students@aon.nl](mailto:students@aon.nl)