

# OHRA Zorgverzekering

## Application for OHRA Zorgverzekering (Health Insurance)

Use this form to register for OHRA Zorgverzekering and supplementary insurance coverage. You can also use this form to request OHRA to arrange for your current Dutch health insurance to be cancelled. Record your answers to all questions in block letters using a blue or black ink ballpoint pen.

**You are eligible for OHRA insurance if you meet at least one of the following conditions:**

- You live in the Netherlands
- You work in the Netherlands (employment contract)
- You pay income tax in the Netherlands

The commencement date of your insurance is 1 January of any given year. Exceptions are noted in the General Conditions. You may change your health insurer each year.

Commencement date	
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### Group plan details

To be completed if you are eligible for a group discount.

Personnel or member number	
Group plan contract number	
Name of group plan	

### Policyholder details

The policyholder is the person applying for the insurance.

Initial(s) and surname			<input type="checkbox"/> M <input type="checkbox"/> F
Street and number			
Postal code and place of residence			
Country			
Date of birth			
Citizen's service number			
Telephone number	Private	Business	
Email address	<input type="checkbox"/> Yes I would like to receive information and attractive offers from OHRA by email.		
Are you taking out insurance for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client no. (if known)			

### Details of other persons to be insured

Initials	Prefix	Surname	Date of birth	Gender	Citizen's service number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

## Insurance details

Please let us know by filling in the tabel below, wich deductible and wich additional insurance you choose. Do you not like to have any additional insurance or dental insurance? Then please fill in the word "none" in the blank space.

### Deductible € 385, € 485, € 585, €685, € 785, € 885,

The deductible is the amount that you pay yourself on a yearly basis if you incur medical expenses. The higher the deductible, the lower the premium. For insured persons aged 18 and above there is a compulsory deductible of € 385 per year. If you want a higher deductible, you can indicate your choice in the table below. The choice includes the € 385 compulsory deductible. The deductible is not applicable to the additional insurance and the dental insurance.

### Additional insurance

None, Zorgverzekerd op Reis, Sterk, Sterk Fysio Meenemen, Aanvullend, Aanvullend Fysio Meenemen, Extra Aanvullend, Extra Aanvullend Fysio Meenemen en Uitgebreid.

### Dental insurance

None, Tand Sterk, TandenaGaaf 250 en TandenaGaaf 500.

Date of birth	Deductible	Additional insurance	Dental insurance

## How would you like to pay the premium?

With automatic debit orders, OHRA will be entitled to debit your bank account (IBAN) for all amounts that pertain to your health insurance premium. You will need to sign a separate authorisation form for this purpose. We will send this form to you. The account number for which the authorisation is given must be the policyholder's own account number. This authorisation can always be withdrawn at a later stage. We will also use your account number for payments owed to you.

How would you like to pay your premium?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Direct debit <input type="checkbox"/> Accept giro
What is your bank account number (IBAN)?	
What is your BIC?*	

\*This only needs to be filled in for non-Dutch bank accounts

## Cancellation of current Dutch insurance

By making this application, I hereby authorise OHRA to cancel the basic insurance policy and supplementary coverage with my current insurance company. I similarly provide such authorisation on behalf of all persons identified on this form. The cancellation applies to all persons identified on this form.

Who is your current health insurance company?	
Insurance number	
What type of policy do you currently hold?	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Abroad <input type="checkbox"/> Not insured
Did you take out your health insurance yourself (in your own name) or through someone else (e.g. a parent, or your spouse or partner)?	<input type="checkbox"/> Myself <input type="checkbox"/> Through someone else

OHRA Zorg is a trade name of Distributie Zorgverzekeringen B.V. - Chamber of Commerce 18115656 - PO Box 40000 - 6803 GA Arnhem - Rijksweg West 2 - www.ohra.nl - Telephone-number 026 400 40 40. OHRA Zorg is mediator for OHRA Zorgverzekeringen N.V. - Chamber of Commerce 09067645 - and OWM CZ groep U.A. - Chamber of Commerce 18028752 - both part of CZ groep in Tilburg.

Do you want OHRA to cancel only selected insurance policies rather than all insurance policies for everyone? In that case please identify the insurance policies you want OHRA to cancel and for whom.

Surname	Date of Birth	Insurance
		<input type="checkbox"/> Basic Insurance <input type="checkbox"/> Additional insurance <input type="checkbox"/> Dental Insurance
		<input type="checkbox"/> Basic Insurance <input type="checkbox"/> Additional insurance <input type="checkbox"/> Dental Insurance
		<input type="checkbox"/> Basic Insurance <input type="checkbox"/> Additional insurance <input type="checkbox"/> Dental Insurance
		<input type="checkbox"/> Basic Insurance <input type="checkbox"/> Additional insurance <input type="checkbox"/> Dental Insurance
		<input type="checkbox"/> Basic Insurance <input type="checkbox"/> Additional insurance <input type="checkbox"/> Dental Insurance

### Do one or more of the persons to be insured earn foreign income?

Foreign income is defined as income obtained from employment or a foreign social security payment.

Do one or more of the persons to be insured earn foreign income?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following person(s):
Date of birth	
Date of birth	
Date of birth	
Date of birth	

### Dutch nationality?

In a number of cases OHRA requires additional documents for insured persons. If you are an EU or EEA national and have a BSN (citizen service number) you do not need to send any additional documents. If you are NOT an EU or EEA national, please send a copy of your passport, a copy of your residence permit for the country of residence and, if necessary, a valid work permit.

Do all the persons to be insured have Dutch nationality?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following person(s):
Date of birth	Nationality
Date of birth	Nationality
Date of birth	Nationality
Date of birth	Nationality

### External Reference Register

We will verify your details, upon registration, via External Reference Register (EVR - Extern Verwijzingsregister). Any registered frauds may have consequences for your supplemental Insurance.

### Signature

The undersigned declares to have answered all the questions on this application form correctly, fully and in accordance with the truth. This registration form is the basis of health insurance and any additional insurance contracts taken out with OHRA Zorgverzekeringen N.V., Chamber of Commerce number 09067645, and OWM CZ groep U.A., Chamber of Commerce number 18028752, under the applicable conditions. These companies are part of CZ groep in Tilburg. The undersigned confirms agreement to this.

### Signature

City	Date
Signature of policyholder: If a minor: signature of legal representative:	

Sign this form and send it in an envelope (no stamp required) to: OHRA, Antwoordnummer 3346, 6800 ZC Arnhem.

The information provided to OHRA by the policyholder and the insured persons is primarily intended to be used by OHRA to assess the insurable risk. Once the insurance is in place, it can be used for the execution of the insurance and related services, the management of the relations arising from it and for activities concerned with responsible operational management, the continuity of the insurance organisation, the prevention and countering of fraud and compliance with statutory obligations. OHRA can also use your personal details to inform you about other insurance policies and financial services. If you do not wish to receive this information, use the form provided for that purpose at [www.ohra.nl](http://www.ohra.nl) (under privacy) or call +31 (0)26 400 40 40. OHRA offers this health insurance contract. This contract is governed by the laws of the Netherlands. Any complaints should be addressed to the Board of Management. If you are not in agreement with the decision of the Board of Management, you can submit your complaint to the mediation body 'Klachten en Geschillen Gezondheidszorg (SKGZ)' (see article A23 of the General Conditions).