

OHRA Zorgverzekering

Living in a treaty country, working in the Netherlands

You can use this form to register for OHRA Zorgverzekering and additional insurance. You can also use it to request the cancellation of your current Dutch insurance. Answer the questions in capital letters using a blue or black biro.

You can only be insured with OHRA if you meet the following conditions:

- you live in a treaty country and
- you are working in the Netherlands or you are receiving a benefit (unemployment benefit or sickness benefit) from the Netherlands.

The commencement date of your insurance is the date on which you start with your employer or start receiving benefits in the Netherlands.

| | |
|-------------------|--|
| Commencement date | |
|-------------------|--|

Personal details

| | | | |
|------------------------------------|---------|----------|--|
| Initial(s) and surname | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Date of birth | | | |
| Citizen's service number (BSN) | | | |
| Residential address | | | |
| Street, house number | | | |
| Postal code and place of residence | | | |
| Country | | | |
| insurance no. (if known) | | | |
| Telephone number | Private | Business | |
| Email address | | | <input type="checkbox"/> Yes I would like to receive information and attractive offers from OHRA by email. |
| Correspondence address | | | |
| Street, house number | | | |
| Postal code and place of residence | | | |
| Country | | | |

Employment/income data

| | |
|--|--|
| Date on which employment started | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a public-sector employee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you return to your country of residence at least once a week? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any income from your country of residence? | |

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 annual deductible of € 385. 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, Compact, Compact Fysio Meenemen, Sterk, Sterk Fysio Meenemen, Aanvullend, Aanvullend Fysio Meenemen, Extra Aanvullend, Extra Aanvullend Fysio Meenemen and Uitgebreid.

Dental insurance

None, Tand Sterk, TandenGaaf 250 en TandenGaaf 500.

Your choice

| Date of birth | Deductible | Additional insurance | Dental insurance |
|---------------|------------|----------------------|------------------|
| | | | |

Do you live in Belgium and do you owe 9.25% Belgium tax in relation to your premium for “your insurance cover” based on Belgium tax legislation. This tax will be collected by OHRA and will subsequently be transferred to the tax authorities in Belgium.

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"/> Yearly |
| | <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

Are you currently insured in the Netherlands?

| | | |
|---|-------------------------------------|--|
| Are you currently insured in the Netherlands? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of health insurer | | |
| Registration number | <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Collective |
| This insurance will terminate on the following date | | |

Cancellation of current Dutch insurance

With this registration you give OHRA permission to cancel the basic insurance and the additional insurance with your current health insurer. If you do NOT want OHRA to cancel all of the policies, please indicate which policy(ies) OHRA should cancel.

| | | |
|---------------|--|---|
| Name | | |
| Date of birth | <input type="checkbox"/> Basic insurance | <input type="checkbox"/> Additional insurance |

External Reference Register (EVR) assessment

We will check your details against the External Reference Register (EVR) when you register with us. A fraud registration may have implications for your additional 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.

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.

Signature

| | | | |
|--|--|------|--|
| Place | | Date | |
| Policyholder's signature If underage: 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 (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).

Wil je meer weten over de OHRA zorgverzekering?
Kijk op www.ohra.nl/zorg

 **OHRA** Direct
geregeld