

Application Form Medical Insurance

You live abroad. You work and pay wage tax in the Netherlands



Please complete this form and return it to Menzis.
Our address: Postbus 75000, 7500 KC ENSCHEDE
Our e-mail: polisbuitenland@menzis.nl

1. Policyholder/Applicant

The policyholder is the person who takes out insurance with Menzis. The policyholder signs the form and is responsible for paying the premium(s).

Initials and surname	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M*	<input type="checkbox"/> F*					
Full first name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizen Service Number / Social Security Number	<input type="text"/>	Liabile for wage tax in*	<input type="checkbox"/> the Netherlands	<input type="checkbox"/> Abroad					
Nationality	<input type="text"/>								
Residence address	<input type="text"/>								
Street and house number	<input type="text"/>								
Postal code, city/town and country	<input type="text"/>								
Correspondence address	<input type="text"/>								
Street and house number	<input type="text"/>								
Postal code, city/town and country	<input type="text"/>								
Telephone number	<input type="text"/>								
E-mail address	<input type="text"/>								

2. Employer / Own Business

Fill in the data of your employer / your own business.

Name	<input type="text"/>								
Street and house number	<input type="text"/>								
Postal code, city/town and country	<input type="text"/>								
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact person	<input type="text"/>								
Premium payment via your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Collectivity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commencement date work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commencement own business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please send a copy of your working contract and latest pay slip)
(Please send a copy of the income statement that shows that national insurance contributions are paid. If you do not have an income statement, then you have to ask the SVB for an assessment of your Wlz insurance position and send us the outcome too)

3. You usually do your work in*

The Netherlands Germany Belgium Other, namely

If you work for a Dutch employer or as a self-employed person not (only) in the Netherlands, it has to be determined which social security system applies to you. This has to be determined by the competent authorities in the country where you live.

See for more information svb.nl/int/nl/id.

We can only insure you if you have received an A1 form. Send a copy there of along.

* Tick what is applicable

4. Choose Basic Insurance, Voluntary Excess and Supplemental Insurance*

Excess: every insured from the age of 18 has a mandatory excess of € 385. You can also additionally choose to pay a voluntary excess.

You will then be given a discount on the premium. *Supplemental insurances:* Menzis will accept you without medical selection.

YouthExtraCare: is meant for youths between the ages of 18 and 30. This is a supplemental and dental insurance in one. You can then not choose another supplemental or dental insurance.

Menzis Basis Voordelig: You can apply for Menzis Basis Voordelig online. Visit menzis.nl for more information and to apply.

Basic insurance

Menzis Basis	<input type="checkbox"/>
Menzis Basis Vrij	<input type="checkbox"/>

Voluntary excess Basic insurance

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

Supplemental insurance

Extra Care 1	<input type="checkbox"/>
Extra Care 2	<input type="checkbox"/>
Extra Care 3	<input type="checkbox"/>
Youth Extra Care	<input type="checkbox"/>
Dental Care 250	<input type="checkbox"/>
Dental Care 500	<input type="checkbox"/>
Dental Care 750	<input type="checkbox"/>

5. Automatical Payment (Premium, Mandatory Excess and Personal Contribution)

Account number

When do you want to pay the premium?*

per month per quarter (1% premium discount) per half year (1% premium discount) per year (2% premium discount)

6. Group Insurance

Only fill out if you can participate to another collectivity than via en employer.

Group name

Group Number

7. Current/former insurance *

Currently insured at

Insured until Insured Number

Left military service as per

Left detention as per

8. Digital care policy

By receiving your policy digitally, you help us save costs and paper. We send you your policy per e-mail. The digital policy is signed with an electronic signature. Because of this the policy is an authentic and legal document.

Yes, I wish to receive a digital policy. I have filled out my e-mail address at sub 1.

9. Insurance in your country of residence

If you live in an EU/EEA Member State or in Switzerland and you are insured with us, we will send you, depending on your country of residence, a form S1/E106 or will insure you directly with a health care insurer in your country of residence. Do you have family members, you can apply for co-insurance in your country of residence then. See for more information hetcak.nl.

10. General

You provide us with personal particulars. For example your name, address and date of birth. Menzis will treat this information with care. Menzis observes the rules of the Dutch Personal Data Protection Act and the applicable codes of conduct. For additional information, please refer to our website menzis.nl. To go against fraud we will check your particulars with the Stichting CIS (Centraal Informatie Systeem). Please refer to stichtingcis.nl for additional information. Based on the completed application form, we will determine whether we can insure you.

- If you are insured with Menzis for the Basic insurance, you will also be insured for the Wlz; Wet Langdurige Zorg (Long-term Care Act).
- Persons of 18 years and older pay the premium for the Basic insurance.
- If you opt for supplemental insurances, they will go into effect on the same date as the Basic insurance.
- Menzis exchanges your personal particulars with the collectivity regularly, in order to check whether you can (still) participate.
- You can consult the insurance terms and conditions on menzis.nl/voorwaarden.
- We can use your e-mail address and phonenumber (for sms) for commercial activities. We will gladly inform you about (new) products, current developments and actions. If you don't want this, you can let us know by letter or through menzis.nl/contact.

11. Signature

I have completed this form truthfully and to the best of my knowledge. I agree that the insurance shall be entered into for a period of one year. The insurance shall be extended automatically for a similar period until I cancel the insurance using the correct method.

Date Signature

* Tick what is applicable