

Registration form B&E



Please check if the form is complete and sign it
Scan and mail the form to klantworden@helan.be
or send it to
Helan Independent health insurance fund, Service Center, Boomsesteenweg 5, 2610 Wilrijk
More information? www.helan.be

Agent number:

Personal details (as indicated on your identity card)

Family name: First name:
Date of birth: Nationality:
Civil status: ☐ married ☐ unmarried
☐ divorced ☐ separated ☐ widow(er)
Communication language ☐ NL ☐ FR ☒ EN
Gender: ☐ M ☐ F E-mail:
Belgian national number:

Home address

Street: Nr.: Box:
Zip code: Commune:
Tel.: Mobile phone:

Postal address (only if different from the above-mentioned address):

Name: First name:
Street: Nr.: Box:
Zip code: Commune:

Holder of a special identity card, issued by the Protocol Department¹ ☐ Yes ☐ No

¹ Individuals who are staff members of diplomatic and consular missions accredited in Belgium and, as such, hold a special identity card issued by the Directorate for Protocol of the Ministry of Foreign Affairs, shall cease to be registered in their capacity as 'registered in the national register' as of 1 September 2013, as referred to in Article 32(1) sub-paragraph 15 of the Law on Compulsory Insurance for Medical Care and Benefits, consolidated on 14 July 1994.

Identification sticker of current health insurance fund or name and address of the health insurance fund:

Status Start date of employment: / /* to be filled in in case of recent employment

☐ blue-collar worker ☐ employee ☐ unemployed ☐ civil servant ☐ resident
☐ free-lance ☐ pensioner ☐ student ☐ cross-border worker ☐ handicapped

Payment means☐ Via monthly debit☐ Via annual transfer**Premium contributor** (to fill in if not the policyholder)

Identity: _____

Address: _____ Nr.: _____ Box: _____

Zip code: _____ City: _____

Bank account for reimbursements

These details are necessary to ensure speedy and correct reimbursements e.g. of your doctor's bill

IBAN : _____

BIC/SWIFT : _____

If this is not your account, please fill in the details of the account holder here:

Name: _____ First name: _____

Street: _____ Nr.: _____ Box: _____

Zip code: _____ City: _____

Details partnerFamily name & first name: _____ Gender: ☐ M ☐ F

Belgian national number or date of birth: _____

Partner is a dependent ☐ Yes ☐ No**Details dependent family members**Family name & first name: _____ Gender: ☐ M ☐ FBelgian national number (or date of birth): _____ Relationship²: _____☐ Family member with medical agreementFamily name & first name: _____ Gender: ☐ M ☐ FBelgian national number (or date of birth): _____ Relationship²: _____☐ Family member with medical agreementFamily name & first name: _____ Gender: ☐ M ☐ FBelgian national number (or date of birth): _____ Relationship²: _____☐ Family member with medical agreement

Family name & first name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Belgian national number (or date of birth): _____	Relationship ² : _____
<input type="checkbox"/> Family member with medical agreement	

Family name & first name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Belgian national number (or date of birth): _____	Relationship ² : _____
<input type="checkbox"/> Family member with medical agreement	

² Fill in one of following options: spouse and living together/child/parent

Replacement income for work incapacity and/or medical agreement and/or increased health insurance refund	
<input type="checkbox"/> I am currently receiving a replacement income for work incapacity	<input type="checkbox"/> I currently have a medical agreement in force
<input type="checkbox"/> I receive an increased health insurance refund* your code of your status on your sticker ends in a 1	

Would you like to be contacted for more information about
<input type="checkbox"/> hospitalisation insurance <input type="checkbox"/> dental insurance

Date: / /

Signature:

I am aware that the signature of the present request for registration means that I am bound by the statutes of the insurance organisation

In compliance with European Regulation 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, we would inform you that the personal data referred to in this membership application form are collected under the Law of 6 August 1990 relating to the health insurance funds and the national associations of health insurance funds and, in particular, in connection with our order to participate in the implementation of compulsory insurance, the controller of which is the National Association of Independent Health Insurance Funds at Lenniksebaan 788A, 1070 Brussels. Helan Independent health insurance fund collects your personal data as part of its management of supplementary insurance (also under the Law of 6 August 1990) and is responsible for this matter. You have the right to consult your data free of charge, to correct incomplete or incorrect data, to revoke your consent, to restrict certain processing operations or to submit objections, to have irrelevant data erased, and to indicate that you do not wish to be the subject of an exclusively automated individual decision-making process. You also have the right to ask us to transfer certain data to another health insurance fund. For all additional information, please consult our privacy statements or contact our data protection officer via www.helan.be/privacy or by letter at the following address: Boomsesteenweg 5, 2610 Wilrijk