

## Application Form

### Health Basic and Health Premium

Initials

Last name

Street and house number

Postal code and city

Email

Gender

☐ M ☐ V ☐ U

Date of birth

Phone number

Bank account number

Direct debit

☐ Yes ☐ No

Payment term

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annual

Preferred starting date

Collective number or name

## Eligibility for insurance

Do you live in the Netherlands?

☐ Yes ☐ No

Do you work in the Netherlands?

☐ Yes ☐ No

Do you work abroad?

☐ Yes ☐ No

Are you in the Netherlands for study purposes?

☐ Yes ☐ No

Upload statement of employer / statement of accountant

Voluntary excess

☐ €0 ☐ €500 ☐ €1,000

Insurance type

☐ Basic ☐ Premium

<https://www.onvz.nl/english/health-basic-and-health-premium>