



## Dentist's Statement

### THIS SECTION IS FOR YOU TO FILL IN.

From what date do you want the additional insurance to start? .....

#### Why have you been sent this Dentist's Statement?

You have indicated that you wish to take out additional insurance with extensive dental cover. Your application for this insurance will only be approved if your dentist is not expecting to provide expensive dental treatment for the next two years. So your dentist must fill in this statement. Your dentist does not need to fill in this statement for family members under the age of 18. We will cover the cost of obtaining this Dentist's Statement. Please send us the invoice for filling it in.

#### If you simply want to change your additional insurance

The start date will be 1 January of the next calendar year.

#### When must your dentist fill in this statement?

Your dentist must fill in the statement within six weeks before the date on which you want the additional insurance with extensive dental cover to start.

#### What additional insurance will you receive until we receive the statement?

You will (continue to) be covered by Tandarts Collectief additional insurance. If your dentist is not expecting to provide you with expensive dental treatment we will change your additional insurance to Uitgebreide Tandarts Collectief. If our dental advisor advises us to reject your application we will notify you to this effect. If you wish to withdraw the application you can do so by notifying us in writing. You can also choose another additional insurance if you wish.

#### When do we need to receive the statement?

Please send the statement back to us within six weeks of the date on which you receive it. What if we receive the statement after the next six weeks? Then we will only be able to provide you with Uitgebreide Tandarts Collectief additional insurance from 1 January 2023. Your dentist will then have to fill in another Dentist's Statement. We will automatically send you another statement in November 2022.

**In signing this statement you declare that the information you gave the dentist was accurate and complete. You also declare that the dentist filled in the Dentist's Statement accurately and on your behalf.**

Date: ..... (dd-mm-yyyy) Policyholder's signature: .....

### THIS SECTION IS FOR YOUR DENTIST TO FILL IN.

In the absence of unforeseen circumstances will one or more of the following persons of 18 years of age or older need expensive dental treatment within two years of the start date of the additional insurance noted above? (By 'expensive dental treatment' we mean things such as frame dentures, implants, crowns, bridges, periodontal care or some other elaborate dental treatment or intervention.) Or will one or more of the following persons need a specialist treatment (such as jaw surgery or orthodontic treatment) within the next two years?

Account number : 459863436

Date of birth : 24-05-1989

NEDERLAND

☐ No

Initials and surname: De heer N. Liu

Address : F Dietrich Kahlenbergstr 151 , 1087 LL AMSTERDAM

☐ Yes, the following treatment will be needed: .....

Account number : .....

Date of birth : .....

☐ No

Initials and surname : .....

Address : .....

☐ Yes, the following treatment will be needed: .....

Account number : .....

Date of birth : .....

☐ No

Initials and surname : .....

Address : .....

☐ Yes, the following treatment will be needed: .....

I declare that I have filled in this statement truthfully and completely. I will charge UPT code C76 with a rate of € 17,50 per statement per adult insured with reference 'Dental Statement'. I will be fully reimbursed by CZ. CZ reserves the right to check the cost of dental treatments provided within two years of the start date of the policy. If these costs could have been foreseen CZ reserves the right to take steps relating to the insurance provided for the insured person.

**You do not need to fill in this Dentist's Statement for children under the age of 18.**

Name of dentist: ..... Dentist's name stamp:

Datum: ..... Dentist's signature: