



Answer the questions in capital letters using a blue or black biro. You can insure yourself at CZ if you meet at least one of these conditions:

- You live in the Netherlands
- You work in the Netherlands (in paid employment)
- You pay income tax in the Netherlands

The effective date of your insurance is 1 January of the year in question. Exceptions to this are given in the general conditions. You can change your health insurer each year.

Commencement date: 01-01-2025 (dd-mm-yyyy)

Broker information (to be completed by broker)

Broker number

Client number

Collectivity information (to be completed by collectivity)

Collectivity number003093182

Personnel number/membership number\*

Bill number/business unit number\*

(if applicable)

Policy holder information

The policyholder is the person applying for the insurance.

InitialsP.KPrefixSurnameGUNJA

Date of birth15-08-1987Sex

☒ M☐ F

CZ insurance no. (if known)480974004

StreetC. VAN EVERDINGENLAANHouse No.22House No. suffix

Postal code1701MGPlace of residenceCountryNETHERLANDS

Telnr. 10686446023Telnr. 2BSN/SOFI number601247978

Email addressgunjapraveenkumar@gmail.com

By entering your email address you give CZ permission to use it for correspondence.

Are you taking out insurance for yourself?☒ Yes☐ No

Details of other persons to be insured

Initials	Prefix	Surname	Date of birth	Sex	BSN/SOFI number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

1 Insurance details

Please let us know by filling in the tabel at the bottom of the page, wich deductible and wich additional insurance you choose. Do you not like to have any additional insurance or additional 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 deductible of € 385 per year. 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.

Additional insuranceNone, Jongeren, Gezinnen, 50+, Start, Basis collectief, Plus collectief, Top collectief, Excellent, Supertop

The additional policies Jongeren, Supertop and Gezinnen cover you for dental charges. You cannot take out additional dental insurance withe these poli-cies. If you opt for the additional insurance "Supertop" CZ will need a dentist's statement for the medical assessment. You and your dentist will need to complete and sign this statement. We will send the statement to you.

Supplementary dental insuranceNone, Tandarts collectief, Uitgebreide Tandarts collectief

If you opt for the additional insurance "Uitgebreide Tandarts" CZ will need a dentist's statement for the medical assessment. You and your dentist will need to complete and sign this statement. We will send the statement to you.

Date of birth	Deductible	Suppl. coverage	Additional dental insurance
03-05-1990	385	Top collectief	Tandarts collectief
15-08-1987	385		Tandarts collectief
11-06-2020		none	Tandarts collectief
12-05-2022		none	Tandarts collectief

**2 How would you like to pay the premium?**

Explanation of question 2: With automatic debit orders, CZ 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.

- a ☒ month ☐ quarter ☐ six months ☐ year  
 b ☐ To CZ ☐ To the broker ☒ Via employer  
 c ☐ automatic collection ☐ giro collection form

d What is your bank account number (IBAN)? NL74ABNA0830086234

What is your BIC\*?

\*This only needs to be filled in for non-Dutch bank accounts.

**3 Current health insurer?**

a Who is your current healthcare insurer? ONVZ Registration number 2835101000

b How are you currently insured? ☒ Individually ☒ Collectively ☐ Abroad ☐ None

c Have you taken out your current health insurance yourself (under your own name) or through someone else (e.g. a parent, spouse or partner)? ☒ Yourself ☐ Via another person

**4 Cancellation of current insurance policy**

With this registration you give CZ permission to cancel the basic insurance and the additional insurance with your current health insurer. You also give this permission on behalf of other people named in this form. Do you not want CZ to cancel all of the insurance for all of those people? If so, indicate which policy CZ should cancel and for which people.

Surname	Date of birth	General insurance	Additional insurance
GUNJA	15-08-1987	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**5 Do one or more of the persons to be insured have an income from abroad?**

Explanation of question 5: Income from abroad is income from work or social security benefits in another country.

☒ No ☐ Yes, the following: Date of birth Date of birth Date of birth Date of birth

**6 Do all the persons to be insured have Dutch nationality?**

Explanation of question 6: In a number of cases CZ requires additional documents for insured persons. If you are an EU or EEA national and have a BSN (citizen service number) you do not need to send any additional documents. If you are NOT an EU or EEA national, please send a copy of your passport, a copy of your residence permit for the country of residence and, if necessary, a valid work permit.

☐ Yes ☒ No, not the following: Date of birth 03-05-1990 Nationality INDIAN  
 Date of birth Nationality  
 Date of birth Nationality  
 Date of birth Nationality

**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 certifies that he or she has answered all of the questions in this application form correctly, fully and truthfully. This application form is the basis of the medical insurance that is being taken out with OWM Centrale Zorgverzekeraars Groep Zorgverzekeraars u.a., Chamber of Commerce no. 41095222, and of any additional insurance contacts that are being concluded with OWM Centrale Zorgverzekeraars Groep Aanvullende Verzekering Zorgverzekeraar u.a., Chamber of Commerce no. 18028752, under the conditions that apply. The undersigned confirms agreement to this.

Place

HEERHUGOWAARD,  
NETHERLANDS

Date

20-12-2024

Signature

G.P. + J.

The information provided to CZ by the policyholder and the insured people is primarily intended to be used by CZ to assess the insurable risk. Once the insurance is in place, it can be used for the execution of the insurance and the 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.

CZ Ringbaan West 236 in Tilburg, the Netherlands, offers this medical 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 court or the Medical Insurance Ombudsman (see article 11 of the General Conditions).