Notice of Change

UMC basic cover and/or UMC supplementary insurance

Always complete all details in item 1 'Personal details (policyholder)'; further, complete only the details that are changing. To register family members, please use the form 'Application UMC basic cover'. You can download this form from www.umczorgverzekering.nl. Please complete the form in CAPITALS. Alternatively, it is easy to forward your changes online via www.mijnumczorgverzekering.nl.

1. Personal details (policyholder)

The policyholder is the person who applied for the insurance.

The customer number is listed in Mijn UMC Zorgverzekering.

Last name | Surname prefix | Initials

Customer number | Daytime telephone | Evening telephone

2. Changes to account number

Old account number for paying premiums and other payments and for receiving reimbursements

IBAN

New account number for paying premiums and other payments and for receiving reimbursements

IBAN

Effective date of change

3. Changes to payment method

Choose one of the methods for payment of your premium

*The premium can be withheld from your salary only if your employer offers this option.

☐ Via the salary ☐ Via monthly direct debit ☐ Via monthly paper invoice (this is subject to a €1.50 fee for each paper invoice)

Payroll number/membership number

Authorisation for direct debit

If you choose payment by direct debit, your authorisation is valid for payment of premiums, excess, personal contributions and any reimbursements paid out that prove unjustified. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract.

If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. Please ask your bank for the terms and conditions.

If a direct debit transaction cannot be executed, we will send you a paper invoice. This is subject to a fee of €1.50 per invoice.

Choose one of the methods for payment of your excess, personal contributions and any reimbursements paid out that prove unjustified.

☐ Automatic monthly direct debit ☐ Monthly paper invoice (you pay €1.50 per invoice)

4. Changes to basic cover and voluntary excess

Do you want to change your current basic insurance policy to a different basic insurance policy? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards).

☐ Changes in the basic cover

Does the change relate to all insured covered on the policy? ☐ Yes ☐ No
If not, please indicate the applicable insured below.

	Customer number	UMC Ruime Keuze	UMC Eigen Keuze
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐

☐ Change to excess or supplementary insurance

Do all changes relate to all insured covered on the policy? ☐ Yes ☐ No
If not, please enter the customer numbers of the insured that the change to the excess and/or supplementary or supplementary dental insurance applies to.

Every person age 18 and older is subject to a statutory excess on their healthcare policy.

Everyone age 18 and older may select a voluntary excess amounting to €100, €200, €300, €400 or €500 per calendar year.

Do you want to change your voluntary excess? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1

	Customer number	No voluntary excess	Voluntary excess €100	€200	€300	€400	€500
1		☐	☐	☐	☐	☐	☐
2		☐	☐	☐	☐	☐	☐
3		☐	☐	☐	☐	☐	☐
4		☐	☐	☐	☐	☐	☐
5		☐	☐	☐	☐	☐	☐
6		☐	☐	☐	☐	☐	☐

5. Changes to UMC supplementary insurance and the dental insurance

If you want to cancel your supplementary insurance policy, please notify us accordingly latest by 31 December to terminate the insurance policy as per 1 January. Do you require supplementary insurance? Or do you want to change your current supplementary insurance? Please send us the instructions latest by 31 January. The change will then still apply to the entire calendar year (from 1 January onwards). If you send us instructions for changes or an initial application after 31 January, these or this will become effective on 1 January of the following calendar year.

Children up to age 18 are co-insured at the highest level of supplementary package combination selected of their parent/parents.

Any other co-insured on the healthcare policy (from age 18) may take out a UMC supplementary insurance that is different than the policyholder's UMC supplementary insurance.
Please tick the new desired UMC supplementary insurance in the box to the side.

UMC Extra Tand 3 is subject to a qualification period of 1 calendar year for partial dental prostheses and implants, crowns and bridges.

Insured 1 (policy holder)

Surname | Surname prefix | Initials

Date of birth

UMC supplementary insurance

☐ UMC Extra Zorg Instap ☐ UMC Extra Zorg 1 ☐ UMC Extra Zorg 2 ☐ UMC Extra Zorg 3 ☐ None

☐ UMC Extra Tand 1 ☐ UMC Extra Tand 2 ☐ UMC Extra Tand 3 ☐ None

Insured 2 (policy holder)

Surname | Surname prefix | Initials

Date of birth

UMC supplementary insurance

☐ UMC Extra Zorg Instap ☐ UMC Extra Zorg 1 ☐ UMC Extra Zorg 2 ☐ UMC Extra Zorg 3 ☐ None

☐ UMC Extra Tand 1 ☐ UMC Extra Tand 2 ☐ UMC Extra Tand 3 ☐ None

Insured 3 (policy holder)

Surname | Surname prefix | Initials

Date of birth

UMC supplementary insurance

☐ UMC Extra Zorg Instap ☐ UMC Extra Zorg 1 ☐ UMC Extra Zorg 2 ☐ UMC Extra Zorg 3 ☐ None

☐ UMC Extra Tand 1 ☐ UMC Extra Tand 2 ☐ UMC Extra Tand 3 ☐ None

Insured 4 (policy holder)

Surname | Surname prefix | Initials

Date of birth

UMC supplementary insurance

☐ UMC Extra Zorg Instap ☐ UMC Extra Zorg 1 ☐ UMC Extra Zorg 2 ☐ UMC Extra Zorg 3 ☐ None

☐ UMC Extra Tand 1 ☐ UMC Extra Tand 2 ☐ UMC Extra Tand 3 ☐ None

6. Termination cover of insured

Upon termination, the policyholder will receive a confirmation of termination for the relevant insured.

Please enter the required termination date, both for the UMC basic cover and the UMC supplementary insurance
If the cancellation concerns only the UMC basic cover or only the UMC supplementary insurance, please only enter the relevant termination date for the relevant insurance.

Insured 1 (policy holder)

Surname | Surname prefix | Initials

Termination date UMC basic cover | Termination date UMC supplementary insurance | Date of birth

Reason for termination of cover

Insured 2

Surname | Surname prefix | Initials

Termination date UMC basic cover | Termination date UMC supplementary insurance | Date of birth

Reason for termination of cover

Insured 3

Surname | Surname prefix | Initials

Termination date UMC basic cover | Termination date UMC supplementary insurance | Date of birth

Reason for termination of cover

Insured 4

Surname | Surname prefix | Initials

Termination date UMC basic cover | Termination date UMC supplementary insurance | Date of birth

Reason for termination of cover

7. Approval and signature

If you have any questions, please visit www.umczorgverzekering.nl/contact. We are pleased to assist you.

Please enter the date and town or city. Have you signed the form? Then please send it to the address below.

Details

UMC Zorgverzekering
Please find the details of UMC Zorgverzekering below. You can also find the collection details on your bank statement.

NV Zorgverzekeraar UMC
PO Box 25210
5600 RS Eindhoven, the Netherlands
The Netherlands

Collector ID
NL22 INGB 0000710537

By signing this form, you declare that the details completed in this form were entered fully and truthfully. You declare your approval of the application of the relevant policy terms and conditions on the insurance contract and the Healthcare Insurance Card relating to this insurance policy. The terms and conditions and the Healthcare Insurance Card can be viewed at www.umczorgverzekering.nl. We can send you the terms and conditions at your request. Registration will be processed after we have verified that the persons to be insured fulfil the terms and conditions of the healthcare insurance policy.

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights. If you conclude or change this contract, you authorise us to process your personal details and other data for the purposes as set out in the privacy statement. If you have any questions regarding processing private data, please contact our Data Protection Officer at privacy@vgz.nl. For more information about privacy, please check the Privacy page on our website.

You herewith grant UMC Zorgverzekering permission to use your email address for sending:

- the policy schedule ☐ Yes ☐ No
- information relating to your healthcare insurance policy
  Notifications about your healthcare insurance, such as amendments to the premium and/or policy terms and conditions ☐ Yes ☐ No
- newsletters and offers
  Healthcare information such as newsletters and offers ☐ Yes ☐ No

Date | Town/city

Signature of policyholder