

Proposal Number \_\_\_\_\_

### 1. Contact Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code and City \_\_\_\_\_

### 2. Company Details

Payroll

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Number of Employees \_\_\_\_\_

Chamber of Commerce Number (KvK) \_\_\_\_\_

SBI code \_\_\_\_\_

### 3. Coverage

Inception Date \_\_\_\_\_

Contract period

3 years     1 year *(an additional 5% premium is applicable)*

Percentage of Coverage First Year

100%     70%     Other \_\_\_\_\_

Percentage of Coverage Second Year

100%     70%     Other \_\_\_\_\_

Employer's contributions

0%     \_\_\_\_\_ % *(max 25%)*

Waiting period (business days)

10     20     30     65     130

### 4. Short Term Absence history

Short Term Absence percentage as of the past year \_\_\_\_\_ %

two years ago \_\_\_\_\_ %

three years ago \_\_\_\_\_ %

### 5. Statement of Authenticity

*Please fill in the Statement of Authenticity before signing the insurance application.*

Are there presently or will there soon be employees who:

presently cannot perform their work duties?     No     Yes

have not been able to work in the past 28 days,  
before the effective starting date?     No     Yes

are in need of medical treatment within  
three months of the effective starting date?     No     Yes

will become unable to work (short term disability),  
based on the current situation, within 3 months  
of the effective starting date of the contract?     No     Yes

## 6. Premium Payment

- Premium per  Year  6 months  Quarterly  Monthly
- Direct Debit  No  Yes. *You will receive a so-called SEPA authorization for Direct Debit from our finance department*

## 7. Meijers Vitaal

Meijers has a separate entity called Meijers Vitaal. This entity focuses on claims limitation in case of absenteeism and short term disability. Meijers Vitaal is even better equipped to represent all of your needs and interests as a so-called "one stop shop". Our Health and Safety Service offers workshops explaining short term absence as well as providing information about current topics in the social services field.

### Short Term Absence Policy

If you use our Occupational Health and Safety Service, it will be linked to your Short Term Absence Insurance.

This is important for several reasons:

- A "one stop shop"
- An even better claims management, which means that a lower premium is possible
- Safeguards privacy and optimizes [personal] data security
- A simple procedure for reimbursement in regards to reintegration and interventions
- Better pricing and a broader Occupational Health and Safety Service package

### Brochure

In the enclosed brochure you can read all about our new proposition.

- Yes, I want to use Meijers Vitaal
- Agreement
- Service Agreement
- Cancellation of current Occupational Health and Safety contract
- Cancellation Arbocontract number relation number \_\_\_\_\_
- per \_\_\_\_\_
- I currently do not have an Occupational Health and Safety contract
- No, I do not want to use Meijers Vitaal. Please fill in the authorization below

## 8. Authorization Occupational Health and Safety Service

In order to be able to process the insurance claims, the insurer must receive the following Occupational Health and Safety Service authorization. The undersigned hereby authorizes Meijers Assuradeuren

Name Occupational Health and Safety Service \_\_\_\_\_

E-mail Occupational Health and Safety Service \_\_\_\_\_

Address Occupational Health and Safety Service \_\_\_\_\_

Postal Code and City \_\_\_\_\_

Account number Occupational Health and Safety Service \_\_\_\_\_

Please provide all relevant information for the Short Term Absence Insurance to Meijers Assurantiën BV.

The delivery of data is always done at the request of the insurer (ad hoc or periodically). The delivery is in accordance with applicable privacy legislation and guidelines that have been established between the Association of Insurers (Verbond van Verzekeraars) and the Sector Organization Occupational Health and Safety Service (Branche Organisatie Arbodiensten).

## 9. Privacy

When applying for an insurance or a financial service, Meijers will request personal details. We use this information for the acceptance of the application, the execution of an insurance agreement or financial service, relationship management and fraud prevention.

## 10. Applicable Laws and Disputes

Dutch law applies to this agreement. We communicate in Dutch – both verbally and in writing. The policyholder and the beneficiary should first submit complaints about the execution of the insurance to Meijers' Board of Directors. There is a form available on Meijers' website. If the decision made by Meijers' Board of Directors is not satisfactory, the policyholder or the beneficiary may submit the dispute to court.

## 11. Final Question

*Important: First read the explanation on the scope of the disclosure obligation (see Appendix).*

Have you been refused by the insurer for a similar insurance, had an insurance terminated, or has the insurer set special conditions for the insurance?

No  Yes

Have you or your company been convicted of any criminal offenses in the past eight years?

No  Yes

Do you have any additional information that may be of importance for this insurance?

No  Yes

*If you have answered any of the above questions with "yes", we would appreciate a clarification.*

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## 12. Signature

The undersigned declares to have submitted the above information truthfully.

Company

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Name

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Function

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E-mail Address

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Date

Signature

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