

### 1. Information policyholder

Name of company \_\_\_\_\_  
 Address (not P.O. Box) \_\_\_\_\_  
 Postal Code and City \_\_\_\_\_

### 2. Specifications

Desired start date \_\_\_\_\_  
 Contract duration 12 months  
 Total payroll € \_\_\_\_\_

### 3. Insured coverage

Cover for all employees employed by the policyholder

Basis insured amount  Uniform wage  Fixed amounts

**Coverage based on the Uniform wage** (complete if applicable)

Benefit in case of death (Section A) \_\_\_\_\_ × total uniform wage

Benefit in case of permanent disability (Category B) \_\_\_\_\_ × total uniform wage

**Coverage based on fixed amounts** (complete if applicable)

Benefit in case of death (Category A) € \_\_\_\_\_

Benefit in case of permanent disability (Category B) € \_\_\_\_\_

Cover for another group, namely \_\_\_\_\_

Basis insured amount  Uniform wage  Fixed amounts

**Coverage based on the Uniform wage** (complete if applicable)

Benefit in case of death (Section A) \_\_\_\_\_ × total uniform wage

Benefit in case of permanent disability (Category B) \_\_\_\_\_ × total uniform wage

**Coverage based on fixed amounts** (complete if applicable)

Benefit in case of death (Category A) € \_\_\_\_\_

Benefit in case of permanent disability (Category B) € \_\_\_\_\_

### 4. Acceptance questions\*

Does the policy holder have a foreign branch?  Yes  No

Are some employees living abroad?  Yes  No

Is the total burden of claims over the last 3 years more than 100% of the gross premium?  Yes  No

Is any insured person planning to travel in the coming 12 months to: Afghanistan, Iraq, Israel (West Bank, Gaza Strip), Somalia, Sudan, Chechnya or North Korea?

No

Yes, please explain:

Travel destination \_\_\_\_\_

Purpose of the journey \_\_\_\_\_

Duration of stay \_\_\_\_\_

Are any of the following companies / activities involved?

- Diving
- Working at heights of 4 meters or higher
- Company active in oil or gas onshore & offshore
- Army
- Police
- Fire Department
- Ambulance service
- Aviation

If yes, please provide an explanation

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*\* For this application we assume that all questions are answered No. If the answer to 1 or more questions is Yes, it may be that there is an amended quote following if the application cannot proceed.*

## 5. Final agreement statement

The undersigned, independent and authorized to sign for the legal entity, and bound by this agreement declares:

- that all the aforementioned information on the basis of which this application has been completed, fully complies with actuality;
- have fully answered the above questions truthfully and have not concealed important aspects not been entirely correct which influences the assessment or acceptance of this risk;
- agree that this form, including all statements and attachments, will serve as the basis of the insurance component and therefore will be part of the insurance contract;
- to inform the insurer of any material change in the information mentioned in this form, whether it is before or after the conclusion of the insurance contract.

The undersigned is in agreement with the quotation and wishes to convert it into an insurance contract.

### Signature

Place

Name

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Date

Signature\*

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*\* With digital signature, not necessary*

**With digital applications,** please save this completed pdf-document and send it as an attachment to [zorginkomen@meijers.nl](mailto:zorginkomen@meijers.nl)