

Company name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode and town/city \_\_\_\_\_

## 1. Policy details

The notification is made for the following insurances:

- WGA<sup>1</sup> Supplementary insurance
- WGA<sup>1</sup> Shortfall insurance
- WGA<sup>1</sup> Excess insurance
- WIA<sup>2</sup> Income Protection insurance
- WIA<sup>2</sup> Surplus insurance

Policy number/contract number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> The Return to Work Scheme for the Partially Disabled

<sup>2</sup> The Work and Income according to Working Capacity Act

## 2. Details of the employer and internal case manager

The policy is issued in the name of  
(employer's name)

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode and town/city

\_\_\_\_\_

IBAN

\_\_\_\_\_

Name of the working conditions service  
(Arbodienst)/company doctor

\_\_\_\_\_

Contract number – working conditions service  
(Arbodienst)

\_\_\_\_\_

## 3. Details of the employee/insured party

Surname and initial(s)

\_\_\_\_\_

Gender

- Male     Female

Date of birth

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode and town/city

\_\_\_\_\_

Citizen Service Number

\_\_\_\_\_

Telephone number

\_\_\_\_\_

Email

\_\_\_\_\_

Position

\_\_\_\_\_

Contracted hours/week

\_\_\_\_\_

Annual salary before 1st day of absence  
(standard salary definition)

€ \_\_\_\_\_

Date into employment

\_\_\_\_\_

Date employment was left \_\_\_\_\_

Is the employment contract for an indefinite period of time

Yes  No, ends on \_\_\_\_\_

Since the first day of absence, has the employee had more than one employer?

Yes  No  Unknown

## 4. Absence

Date of first day of absence \_\_\_\_\_

(if combined, please outline the course)

Is there an employment conflict?

Yes  No

Are there pregnancy/childbirth-related conditions

Yes  No

In relation to the pregnancy/childbirth-related conditions, has sickness benefit been requested from the UWV (Social Security Agency)?

No  Yes, granted on \_\_\_\_\_

Is the absence caused by a liable third party?

Yes  No

Has there been a special status/social insurance payment during the past 5 years? (such as WAO (Disability Benefit), WIA (The Work and Income according to Working Capacity Act), WAJONG (Act on Disability Benefits for Young Disabled Persons)?)

Yes  No  Unknown

In relation to the current notification of absence, has sickness benefit been applied for from the UWV?

No  Yes, granted on \_\_\_\_\_

Has the employee been off work in the past because of the same complaints?

No  Yes, during the period \_\_\_\_\_

## 5. (Partial) resumption details

Has there been contact (by telephone) between the employee and the company doctor?

Yes  
 No, because \_\_\_\_\_

Date of the last appointment (including by telephone) with the company doctor: \_\_\_\_\_

Current recovery percentage \_\_\_\_\_ % on \_\_\_\_\_ (date)

Expected duration of the recovery \_\_\_\_\_

Does the company doctor anticipate inflow into the WIA?

Yes  No  Unknown (no medical information)

## 6. Ondertekening

Town/city

Name of the employer's contact person/case manager

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Date

Signature of the employer's contact person/case manager\*

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\* If this is submitted digitally, a signature is not required.

### Digital submission

Save this filled-in form and  
attach it to an e-mail to

[verzuim\\_en\\_wia\\_support@meijers.nl](mailto:verzuim_en_wia_support@meijers.nl)

*We would like to draw your attention to the fact that you must submit this form promptly (on the final working day). In addition, you have to inform the UWV or your private administrator of the End of employment whilst on sick leave notification.*

Once it has been completed, you can return this form digitally, or send it to:

Meijers  
P.O. Box 707  
1180 AS Amstelveen

### The provision of medical information

Under the Dutch Data Protection Authority (College Bescherming Persoonsgegevens) directives, the provision of medical information that can be traced back to a person is not permitted if the relevant person has not issued explicit consent for this by means of a written authorisation. We would like to refer you to the [following document](#) concerning the ill employee and privacy. A STECR (knowledge centre on reintegration for professionals) working guide is also available concerning privacy; this can be ordered from [www.stecr.nl](http://www.stecr.nl)

*We kindly but firmly advise you not to record or send medical information if you have not received the explicit written consent from the person this concerns.*