

# Health Insurance Application Form



een merk van a.s.r.

## Policyholder's details

1 Surname:

2 Initials:

3 Sex:

4 Date of birth:  -  -

5 Residential address and house number:

6 Postal code and city/town:

7 E-mail address:

8 Telephone number (Preferably mobile):

9 Bank account number (IBAN):

SWIFT/BIC code (in case of foreign bank account number)

10 Citizen service number (BSN):

11 Nationality:

Do you have a foreign nationality? Send a picture of the following documents via the upload functionality on:

<https://www.asr.nl/service/zorgverzekering-upload> or send a copy by mail to:

Ditzo

Postbus 2072

3500 HB UTRECHT

- Copy of passport

- Copy permanent residence permit, if you are not a citizen of the European Union

12. I pay taxes in:

13. Excess (in euros):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-

14. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no

This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.

For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.

15. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze

Supplementary Insurance:  ZorgBasis  ZorgBewust  ZorgBeter  Geen

Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)

Pearle & Eye Wish bril en lenzen module

16. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

17. Did you move to the Netherlands (again) less than 4 months ago?

Yes, proceed to question 18

No, proceed to question 19

18. Exact date of establishment in the Netherlands:  -  -

Send a picture of the extract of the Basic Registration Persons (BRP) via the upload functionality on:

<https://www.asr.nl/service/zorgverzekering-upload> or send a copy by mail to:

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19. Do you live abroad?
- Yes, proceed to question 20
- No, proceed to question 22
20. Do you work in the Netherlands or do you pay taxes in the Netherlands?
- Yes, please indicate the date you started to work/pay taxes in the Netherlands?   -   -
- No, you cannot have a health insurance contract with Ditzo
21. Send a picture of the following documents via <https://www.asr.nl/service/zorgverzekering-upload> or send a copy by mail to:
- Ditzo  
Postbus 2072  
3500 HB UTRECHT
- Copy payslip / labour contract, showing that you pay tax in 2023 in the Netherlands, or
  - Copy of Chamber of Commerce, showing that you pay tax in 2023 in the Netherlands.
22. How do you want to pay your premium?  Monthly  Annual (1% discount)
23. We will debit the premium from your account in the first week of each month. If you pay annual, we will debit the premium half January. Do you authorise Ditzo to debit the premium from your bank account (this account will also be debited for the compulsory excess and personal contribution)?
- Yes
- Bank account number for direct debit (IBAN):
- name of account holder:
- At
- SWIFT/BIC code (in case of foreign bank account number)
24. You declare:
- to agree to the policy conditions pertaining to this insurance
  - to agree to authorise Ditzo to debit the premium from your bank account (including compulsory excess and personal contribution)
  - that all questions have been answered truthfully and fully
  - to agree to having a digital policy, and that your personal data is secured by DigiD
  - to agree that Ditzo only corresponds by e-mail and by telephone
- Do you agree with this?  Yes  No

## Details partner and children

25. Do you also want to insure your spouse and / or your child(ren)? Then fill in the questions below.

**Note: When insuring your spouse and / or child(ren) you agree for them to question 23 and 24.**

## Spouse details

Surname:

Initials:

Sex:

Date of birth:  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

- a. He/she pay taxes in:
- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-
- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no  
This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.  
For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.
- d. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze
- e. Supplementary Insurance:  ZorgBasis  ZorgBewust  ZorgBeter  Geen  
 Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)  
 Pearle & Eye Wish bril en lenzen module
- f. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

## Child 1

Surname:

Initials:

Sex:

Date of birth:  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

Is your child 18 years of age or older? Please fill in the details below.

- a. He/she pay taxes in:
- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-
- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no  
This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.  
For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.
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 Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)  
 Pearle & Eye Wish bril en lenzen module
- f. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

## Child 2

Surname:

Initials:

Sex:

Date of birth  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

Is your child 18 years of age or older? Please fill in the details below.

- a. He/she pay taxes in:
- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-
- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no  
This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.  
For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.
- d. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze
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 Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)  
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- f. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

## Child 3

Surname:

Initials:

Sex:

Date of birth  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

Is your child 18 years of age or older? Please fill in the details below.

- a. He/she pay taxes in:
- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-
- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no  
This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.  
For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.
- d. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze

- e. Supplementary Insurance:  ZorgBasis  ZorgBewust  ZorgBeter  Geen  
 Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)  
 Pearle & Eye Wish bril en lenzen module
- f. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

## Child 4

Surname:

Initials:

Sex:

Date of birth:  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

Is your child 18 years of age or older? Please fill in the details below.

a. He/she pay taxes in:

- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-

- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no

This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.

For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.

- d. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze
- e. Supplementary Insurance:  ZorgBasis  ZorgBewust  ZorgBeter  Geen  
 Ongevallen, Fysio & Tand  Buitenland (incl. Ongevallen, Fysio & Tand)  
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- f. Dental insurance:  TandBewust  TandGoed  TandBeter  Geen

## Child 5

Surname:

Initials:

Sex:

Date of birth:  -  -

Residential address and house number:

Postal code and city/town:

Citizen service number (BSN):

Nationality:

(For more information, see question 11 in case of foreign nationality)

Is your child 18 years of age or older? Please fill in the details below.

a. He/she pay taxes in:

- b. Excess (in euro's):  € 385,-  € 485,-  € 585,-  € 685,-  € 785,-  € 885,-

- c. Do you want to pay your (obligatory) excess in advance by spread payments?  yes  no  
 This is only possible for the obligatory excess of € 385,- and a starting date of the health insurance at January 1st.  
 For more information, go to <https://www.ditzo.nl/zorgverzekering/eigen-risico-gespreid-betalen>.
- d. Basis Insurance:  Naturapolis Goede Keuze  Combinatiepolis Vrije Keuze
- e. Supplementary Insurance:  ZorgBasis  ZorgBewust  ZorgBeter  Geen  
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## Other information

Were you ever refused insurance or has any insurance ever been cancelled?  Yes  No

Were any limiting conditions or premium increases proposed?  Yes  No

Are there things you know now and that are important to Ditzo in assessing this application?

It may be about the risk you need to insure for yourself or another interested party.

Does one of the persons to be insured have supplementary insurance elsewhere?  Yes  No

If so, what insurance and at which health insurer?

## Signature

Place:

Date:  -  -

Policyholder's signature:

Insured's signature:



You can send us this form by making a picture of it, and send it via <https://www.asr.nl/service/zorgverzekering-upload> or send a copy to:

**Ditzo**

**Postbus 2072**

**3500 HB UTRECHT**

## Complaints

Do you have a complaint or do you not agree with the decision of a Ditzo-employee? Please call us at (030) 699 79 30, so that we can discuss your complaint with you. If the consultation with our employee does not work out for you, please submit a formal complaint with Ditzo. You can do this via Mijn Ditzo or by sending a letter to:

### Ditzo

Ditzo Klachtenservice  
PO Box 2072  
3500 HB Utrecht  
the Netherlands

### Complaints authorities

If a complaint is not resolved satisfactorily within six weeks or reasons are given for maintaining the original decision you may contact the Stichting Klachten en Geschillen Zorgverzekeringen (Health Insurance Complaints and Disputes Board).

Stichting Klachten en Geschillen Zorgverzekeringen  
PO Box 291, 3700 AG Zeist  
the Netherlands  
Telephone number +31 (0)88 900 69 00

For further information please see the website: [www.skgz.nl](http://www.skgz.nl).

The Health Insurance Complaints and Disputes Board (SKGZ) is independent and impartial. It aims to resolve problems between the insured and the health insurer.

If the case can be mediated, then the complaint will first be dealt with by the Ombudsman Zorgverzekeringen (Health Insurance Ombudsman). If the mediation is not successful or if the case cannot be mediated then the complaint will be dealt with by the Complaints and Disputes Board. The Complaints and Disputes Board will issue binding advice to the health insurer and to you. The Complaints and Disputes Board may issue binding advice for basic insurance and supplementary insurance.

If you do not wish to use the aforementioned options for making a complaint or are not satisfied with the outcome, you can present the matter to the competent court, even if the Complaints and Disputes Board has issued binding advice. If the Complaints and Disputes Board has issued binding advice the Court will only look at the complaint from a procedural point of view.

### Registration with regulator AFM

ASR Basis Ziektekostenverzekeringen NV (Chamber of Commerce 32110828), ASR Aanvullende Ziektekostenverzekeringen NV (Chamber of Commerce 32110823) and ASR Wlz-Uitvoerder BV (Chamber of Commerce 623600337), registered at Archimedeslaan 10 in Utrecht, are under the supervision of the Netherlands Authority for the Financial Markets (AFM) and are registered under AFM numbers 12000605, 12001028 en 12001029.