

## Authorisation form for healthcare insurance with HollandZorg

I, the employee or student:

Initials:..... Surname:.....

Date of birth: .....-.....- ..... sofinumber/BSN:.....

Hereby authorise InsureToStudy The Hague, on my behalf and until further notice:

- to conclude the HollandZorg public healthcare insurance policy with HollandZorg with myself as the policyholder, starting from the commencement date of the employment or paid internship or other healthcare insurance obligations and to provide the corresponding necessary details to HollandZorg, including my social security number/BSN, and to accept the policy;
- to cancel or arrange cancellation of the HollandZorg public healthcare insurance policy on the date of my leaving the employer's employment or paid internship or other healthcare insurance obligations, unless the healthcare insurance obligation remains in effect.
- to conclude a No Risk policy with HollandZorg on my behalf starting from the commencement date of the employment and to provide the necessary data to HollandZorg for that purpose, and to accept the policy;
- to pay the premium and other outstanding amounts for the insurance policy or policies referred to above to HollandZorg on my behalf in good time
- and if necessary, to collect amounts, to be paid by HollandZorg in relation to the policy or policies referred to above, on my behalf and to subsequently pay them to me;

I authorise InsureToStudy to:

- set off the aforementioned monies owed against the aforementioned amounts to be paid to me;
- allow the members of staff appropriately appointed to that end by InsureToStudy to support me with the administration of the insurance contract(s) and to inspect all necessary information, including details about my health, insofar as this proves necessary for keeping the administration.

I authorise HollandZorg to send the policy and other announcements by electronic means of communication.

This authorisation ends the moment the HollandZorg Public Healthcare Insurance terminates and the administration of the insured period has been finalised. This authorisation also terminates by means of a written notice of termination.

Date:..... Place: ....., the Netherlands

Name and signature of employee or student: