

INSURANCE PROPOSAL – Administrative questionnaire – Declaration of the policy holder

1. I know that the insurance proposal consists of an administrative questionnaire and that it aims at the conclusion of an insurance contract with DKV Belgium N.V./S.A. The insurance conditions are determined upon issuance of the policy, provided that the company has previously received the administrative questionnaire.
2. I declare that all information provided is correct, adequate, not exaggerated and I authorize the insurer to collect and to process this information in order to conclude and execute the contract. Therefore I declare that all information is exact and complete. I also take note of the fact that this information has a binding effect, even if it has been provided and/or completed by a third person.
3. I confirm having received a certified copy of the insurance proposal as well as the General and Tariff Conditions, the content and the application of which I accept. These conditions are available on www.dkv.be.
4. I know that the signature of the insurance proposal engages neither the insurance taker nor the insurer to conclude the contract. I know that, if the insurer has not sent an offer, has not initiated an inquiry or has not refused the conclusion of the contract within 30 days of the receipt of the proposal, he is obliged to conclude the contract under penalty of compensation. The signature of the insurance proposal does not imply that coverage begins.
5. I undertake to communicate in writing to the insurer any change with regard to the information provided, which arises before the policy has been established.
6. The Medi-Card® is granted upon the conclusion of a plan IS2000, H or H+. As soon as I have received this card, I commit to abide by these plans' Tariff Insurance Conditions when using the Medi-Card®.
7. During the term of the contract and by virtue of the prevailing legislation, I undertake to inform the insurer as soon as possible in writing of any change with regard to the social status and the legal health insurance status. In case of subscription to a plan of the type 'working disability' with the insurer, I undertake to inform the insurer as soon as possible in writing of any change with regard to the insured professional activities.
8. I agree with the fact that DKV Belgium N.V./S.A. with registered office in Belgium - Bd Bischoffsheimlaan 1-8, 1000 Brussels, as holder of this file, processes this information with the aim of customer service, risk evaluation, policy issue and administration, administration of claims, statistics and promotion. I declare having been informed of the right to object – on request and free of charge – to the use of personal data for promotional purposes; there is a right of access and for correction as regards this data.
9. Any complaint as to the insurance contract should be addressed to the Ombudsman of DKV Belgium N.V./S.A.: ombudsman@dkv.be and in the second instance to the Ombudsman der Verzekeringen (Meeûs square 35, 1000 Brussels) without prejudice to the right of the insurance taker to start legal proceedings.

Signature (+ stamp, if company) policy holder or his legal representative:

Date:/...../20...

Notice of bank domiciliation:

Policy nr.:

I, the undersigned (name and first name): _____ authorizes DKV Belgium N.V./S.A. (identification number 00000059188) to cash the premiums related to the contract or within the framework of the Medi-Card®, to recover the following costs: the deductible, the nonmedical costs or the contractually excluded costs and this, except for formal revocation.

My account IBAN nr: - - -

My account BIC nr:

Signature + stamp, if company:

Date:/...../20...