

## Application for enrolment in group hospital plan



### Group insurance (Healthcare)

Complete this form to sign yourself and any family members up for the .....group hospital plan.

Ideally, complete this form online, as this will expedite the processing of your request.

Rather have a paper version? Complete this form in capital letters, as this will maximise legibility.

#### 1] Individuals to be enrolled in the plan

##### Staff member [= policyholder]

- Actively employed staff member
- Retired staff member

Surname: ..... First name: .....  
 Gender:  M  F Date of birth: ..... / ..... / .....  
 Street: ..... N°: ..... Box: ..... Postalcode: ..... City: .....  
 E-mail address: ..... Telephone number: .....  
 Start date at company: ..... / ..... / ..... Employee number: .....

##### Spouse/partner of staff member

- Residing at the same address as the policyholder
- Widow(er) of the policyholder

Surname: ..... First name: .....  
 Gender:  M  F Date of birth: ..... / ..... / .....

##### Children

- With child benefit allowance
- With no child benefit allowance, but dependent for tax purposes on or residing with the policyholder

	Surname and first name	Gender	Date of birth	Child benefit allowance
1 <sup>st</sup> child:	.....	<input type="checkbox"/> M <input type="checkbox"/> F	..... / ..... / .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup> child:	.....	<input type="checkbox"/> M <input type="checkbox"/> F	..... / ..... / .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup> child:	.....	<input type="checkbox"/> M <input type="checkbox"/> F	..... / ..... / .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 <sup>rd</sup> child:	.....	<input type="checkbox"/> M <input type="checkbox"/> F	..... / ..... / .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 <sup>th</sup> child:	.....	<input type="checkbox"/> M <input type="checkbox"/> F	..... / ..... / .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are the applicants already covered by a similar insurance policy?  Yes  No

If yes, attach a certificate of insurance issued by the other insurance company to this application.

## 2) Selected coverage options

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The coverage options that you have selected will apply to all enrolled family members.  
If you do not specify an option, the basic coverage option will apply by default.

Tick your selected option:

- Basic coverage option
- Extended coverage option

## 3) Selected payment method

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Select whether you want to pay the premiums quarterly or annually.  
If you do not specify an option, the premium will be payable annually.

Tick your selected option:

- Quarterly payment
- Annual payment

## 4) Important

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**I the undersigned declare that:**

- + I will immediately report any change in family composition to the social services department or HR department by completing a «Request to modify FPS group hospital plan» form
- + I will keep a copy of this form for my records
- + I am aware of the general terms and conditions applicable to the FPS group hospital plan (FORCMS-AV-100).

Drawn up in ..... on ..... / ..... / 20.....

Signature of the staff member or policyholder:

Signature of the insured (over the age of 18):

## What should you do with this form?

Return the completed form to your social services department or HR department.

## Questions? Concerns?

We are happy to assist you with any questions you may have.

**Call or e-mail us on:**

- + 02 664 12 05 (8:00 am – 4:45 pm)
- + [hospitalisatiefed@aginsurance.be](mailto:hospitalisatiefed@aginsurance.be)

## Information on the protection of privacy

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AG Insurance and your employer attach exceptional importance to protecting personal data and process the data carefully in accordance with the provisions of the applicable privacy legislation and the provisions of the corporate-sponsored hospitalisation and health care insurance Federal Public Services (FORCMS-AV-100).

### Purposes of processing

As controller(s), AG Insurance and/or the employer may process the obtained personal data for the following purposes:

- managing the corporate-sponsored hospitalisation and health care insurance Federal Public Services and establishing statistics on the basis of the performance of the contract (FORCMS-AV-100);
- complying with statutory and regulatory obligations, such as tax obligations and prevention of money-laundering, on the basis of a statutory or regulatory stipulation.

For fulfilment of these purposes, AG Insurance may also receive personal data from the data subject personally or from third parties. As and when necessary, these processing purposes can be based on the consent of the data subject.

### Categories of processed personal data and potential recipients

AG Insurance may process the following categories of personal data: identification and contact data, financial data, personal characteristics, health data, occupation and employment, lifestyle, family composition, risk situations and risk behaviours, judicial data.

If such is necessary for the above purposes, and in accordance with privacy legislation, these personal data may be communicated by AG Insurance to other involved insurance companies, their representatives in Belgium, contact points in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation or an administrative or court decision, or if a legitimate interest exists.

It is possible that AG Insurance transfers personal data outside the European Economic Area (EEA) to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG Insurance will protect the data by increasing the IT security and by contractually requiring an intensified level of security from its international counterparts.

### Health data

If for the purpose of describing a risk or handling a claim a data subject entrusts data about his/her health to AG Insurance, AG Insurance will watch over that the health data are processed for the defined purposes with the explicit consent of the data subject. At any time, the data subject may withdraw his/her consent for the processing of his/her health data. In these cases, the data subject acknowledges that AG Insurance will be unable to proceed with his/her request for service and/or to perform the contractual relationship.

### Retention period for your personal data

Your personal data will be retained for as long as is necessary to achieve the purposes for which it was obtained, during the statutory limitation period or any other retention period imposed by the applicable laws and regulations.

### Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data and the right to have his/her data erased. In these cases, it is possible that AG Insurance will be unable to perform the contractual relationship.

To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer (DPO) of AG Insurance, accompanied by a both-sides copy of his/her identity card.

The Data Protection Officer of AG Insurance is reachable at the following addresses:

By post: AG Insurance – Data Protection Officer  
Emile Jacqmainlaan/Boulevard Emile Jacqmain 53, 1000 Brussels

Or by email: [AG\\_DPO@aginsurance.be](mailto:AG_DPO@aginsurance.be)

Complaints may be submitted to the Data Protection Authority.