Hospitalia Medicalia Dentalia PLUS

NEW AFFILIATION REQUEST OR REQUEST TO CHANGE A PRODUCT

Request for ☐ New affiliation ☐ Change of product

To put a term to your insurance contract(s), please use a resignation form.

A. CONTACT DETAILS OF THE POLICYHOLDER (one affiliation request per policy holder)

1. Name

First name

Address No. Box

Zip code City

Private phone no. 0 Mobile no. 0

Birth date

2. E-mail address that can be used for the communication regarding the insurance of the policy holder.
This means that no more advice will be sent on paper as soon as the electronic communication is available:
.....@.....

3. **COMMUNICATION LANGUAGE** ☐ EN ☐ NL ☐ FR ☐ GE
(in the absence of a choice, the language of this form will be considered as the common communication language)

4. National registry number

or
Affix an identification sticker of your health insurance fund

5. **FINANCIAL ACCOUNT** IBAN

BIC

Payment of the premiums by ☐ direct debit ☐ bank transfer

Payment frequency ☐ year ☐ semester ☐ quarter ☐ month (if direct debit)

6. **PREMIUM CONTRIBUTOR** (to fill in if not the policyholder)

Identity

Address No. Box

Zip code City

B. POLICY HOLDER AND INSURED PERSON(S)

7. NAME AND FIRST NAME OF ALL INSURED PERSON(S)	Gender		Birth date
Policy holder A	☐ M	☐ F	
Insured person B	☐ M	☐ F	
Insured person C	☐ M	☐ F	
Insured person D	☐ M	☐ F	
Insured person E	☐ M	☐ F	
Insured person F	☐ M	☐ F	

C. NEEDS ANALYSIS FOR POLICY HOLDER AND INSURED PERSON(S) MENTIONED IN BOX B

For an insurance of the "MLOZ insurance" health insurance company

This analysis must always be done prior to the affiliation to H, H+ and HC (10A) – Medicalia and H Ambulant (10B) – Dentalia Plus (10C).

In order to be able to propose an adequate insurance, we will analyse your wishes and needs on basis of the questions hereunder. We draw your attention to the risk of underinsurance, over-insurance, multiple insurances and bad insurance cover. Our health insurance fund has the status of insurance agent related to the HIC "MLOZ Insurance" by which we can only propose to take out an insurance contract of the HIC.

8. You are already covered by an insurance:

	Name of the insurer*	Name of the product*
☐ Hospitalisation		
☐ Ambulatory care		
☐ Dental care		

* optional

9. If the policy holder or one of the insured person(s) has a different cover, please specify hereunder:

☐ Hospitalisation
☐ Ambulatory care
☐ Dental care

Points of concern:

If you have a hospitalisation insurance from another insurer but suffer now from a new pre-existing disease; on basis of the medical questionnaire, the fee and room supplements during a hospitalisation in a private room can be excluded from the reimbursement.

You are aware that a delivery will only be totally reimbursed after 9 months of affiliation to our hospital products. There is a reimbursement after 6 months, except for the room and fee supplements in a private room.

You ask an insurance for one or more product(s):

10 A. THE HOSPITALISATION

☐ You are already covered by a group hospitalisation insurance (employer), you would like to choose a continuous coverage and thus procure yourself a certain warranty if your current insurance would stop (e.g. in the event of resignation, change of employment or retirement). Upon termination of your group insurance, you can affiliate to Hospitalia (Plus) without any new waiting period, medical questionnaire or extra premium. Furthermore, you would like to benefit from an intervention of maximum € 50 per day as a complement of your group insurance.

In case of hospitalisation, you prefer to stay in this room type:
☐ private room ☐ twin or ward room

For the care provided before or after your hospitalisation, you want a guarantee reimbursing:
☐ the post-hospitalisation costs ☐ the pre/post-hospitalisation costs

For the costs due to a serious illness, you prefer:
☐ not being insured ☐ being insured

10 B. AMBULATORY CARE (MEDICAL CARE WITHOUT HOSPITALISATION OR ONE DAY HOSPITALISATION)

An insured person can only be affiliated to one of the following products.
You wish, in addition to the statutory allowance:

☐ The refund of 50% of your patient's share for medical consultations, visits and technical dispensations of doctors, the refund of 50% of your medication and intervention in the purchase of your material (dentures, eye care, hearing aids).

OR

☐ The refund of 75% of your patient's share for medical consultations, visits and technical performances, the refund of 75% of the amount of your sessions with alternative therapies providers (e.g.: psychotherapy, speech therapy, osteopathy), an intervention in the purchase of your material (eye care, hearing aids) and a birth allowance of 250 euros per child.

10 C. THE DENTAL CARE

☐ For the dental care you want, in addition to the legally provided interventions, the reimbursement of preventive and curative dental care, orthondontic dispensations, prostheses, implants and periodontal dispensations.

11. Other requirements or specific needs:

You acknowledge having declared accurately all the elements that may influence this analysis.

D. CONTACT WITH ADVICE

Use this box if you complete the affiliation form with a customer advisor. He or she completes the first part when examining the questions. As policyholder, you only fill in the second part.

TO BE FILLED IN BY THE CUSTOMER ADVISOR

Name and first name of the advisor:

On the basis of the needs and requirements analysis above, we recommend you the following insurance product(s) of the health insurance company 'MLOZ Insurance' for the policy holder and the insured person(s):

☐ Hospitalia Plus ☐ Hospitalia ☐ Hospitalia Continuity ☐ Hospitalia Ambulatory ☐ Medicalia ☐ Dentalia Plus

This table must be filled in if there are different proposals for one or more insured person(s):

Name and first name of all insured person(s) (*)	Chosen product(s)
Policy holder A	
Insured person B	
Insured person C	
Insured person D	
Insured person E	
Insured person F	

Motivation of the advisor of the health insurance fund of the advised product(s) (this field is mandatory)

(*) According to the order of box B

TO BE FILLED IN BY THE POLICY HOLDERS: TICK YOUR CHOICE

12. ☐ I, the policy holder, take the above advice and wish to get an insurance for the advised insurance product(s). I acknowledge that the content of the insurance policy I chose matches my requirements and needs and that I have been expressly informed about the scope and the limits of this (these) insurance product(s). The customer advisor has, together with me, read through the general terms and conditions of the chosen insurance product(s) on paper or on the Internet.
I have received a copy with all the needed additional information and I have been informed of the website address where I can find this information.
(Go directly to box F)

13. ☐ I, the policy holder, do not follow the customer advisor's advice.
(Go to box E)

E. CONTACT WITHOUT ADVICE OR ADVICE NOT FOLLOWED

Fill in this box if you had no contact with a customer advisor or if you want to get an insurance for one or some product(s) different from the one/those proposed by the customer advisor: Tick your choice

14. ☐ I, the policy holder, did not have any contact with a customer advisor and have therefore not received any advice. I expressly acknowledge that I have been adequately informed, on a paper support or on the Internet, about the scope and the limits of the chosen insurance product(s) matching my requirements and needs.

15. ☐ I, the policy holder, do not take the above advice and expressly confirm my wish to get an insurance for the following insurance product(s). I acknowledge that the content of the insurance policy I chose matches my requirements and needs and that I have been expressly informed about the scope and the limits of this (these) insurance product(s). The customer advisor has, together with me, read through the general terms and conditions of the chosen insurance product(s) on paper or on the Internet. I have received a copy with all the needed additional information and I have been informed of the website address where I can find this information.

16. I the policy holder and insured person(s), wish to affiliate to the following insurance product(s):
☐ Hospitalia Plus ☐ Hospitalia ☐ Hospitalia Continuity ☐ Hospitalia Ambulatory ☐ Medicalia ☐ Dentalia Plus

17. **This table must be filled in if there are different proposals for one or more insured person(s):**

Name and first name of all insured person(s) (*)	**Chosen product(s)**
Policy holder A	
Insured person B	
Insured person C	
Insured person D	
Insured person E	
Insured person F	

(*) According to the order of box B

F. Drawn up in a single original, with one copy for the policy holder.

18. Done in

19. On ☐☐ ☐☐ 2 0 ☐☐

20.

Policy holder	**Signature**

Signature of the customer advisor

By signing this request, I declare that I have read the information concerning the protection of privacy on page 5 of the document. I promise to respect the statutes of the HIC. Any intentional omission or intentional inaccuracy will lead to the nullity of the affiliation. For each person willing to affiliate to the Hospitalia products: I attach to this document, in individual sealed envelopes, a medical questionnaire for the medical counsellor. Hereby and in order to simplify my reimbursement, I allow the HIC to ask to my health insurance fund the detailed bill reimbursed by the compulsory insurance.

"MLOZ Insurance" health insurance company approved under code OCM/750/01 for branches 2 and 18, by the Control Office of health insurance funds and national associations - Avenue de l'Astronomie, 1 - 1210 Brussels. Head office: route de Lennik 788A, 1070 Brussels - Belgium (RPM Brussels) - Enterprise number: 422.189.629.

HOW TO TICK THE BOXES ON THE FRONT OF THIS AFFILIATION REQUEST OR REQUEST TO CHANGE A PRODUCT?

To join and remain a member of the HIC (health insurance company) "MLOZ Insurance", the policy holder has to be affiliated to the complementary services under one of the five following sections: OZ (501)) – Omnimut (506) – Partenamut (509) – Freie Krankenkasse (515) – Partena (526) all members of the National Association of independent health insurance funds.

You choose:

- the hospitalisation cover, either Hospitalia, or Hospitalia and Hospitalia Plus, or Hospitalia Continuity.
- the ambulatory cover, Hospitalia Ambulatory.
- the dental care cover, Dentalia Plus.

For any new affiliation or change of product, a customer advisor is at your disposal and will help you choose the right solution for your situation.

Fill in and enclose a medical questionnaire for an affiliation to the Hospitalia products.

BEWARE: a medical questionnaire must be filled in for each insured person. Send all these documents to your health insurance fund. No medical questionnaire must be filled in for an affiliation to Dentalia Plus or Medicalia nor for a transfer from Hospitalia and Hospitalia Plus to Hospitalia or Hospitalia Continuity. The communication languages with our HIC are English, Dutch, French and German.

ENTITLEMENT TO REIMBURSEMENTS

To benefit from our reimbursements, a 6-month waiting period starting at the affiliation date has to be accomplished. There is a waiting period of 12 months for Dentalia Plus for the reimbursement of prostheses, implants and orthodontic dispensations. There is no waiting period in case of accident, with the agreement of the medical counsellor of the HIC.

There is no waiting period for the newborn if the waiting period of the parents ends before the birth (+ exceptions). For an affiliation to a product of the HIC, after a similar insurance, the waiting period can be cancelled according to the conditions mentioned in the statutes. No reimbursement is granted for a hospitalisation beginning during the waiting period.

In case of pre-existing disease, disorder or state (such as pregnancy) existing at the affiliation date and leading to a hospitalisation, the compensation is limited (on condition that the general waiting period is achieved): exclusion of the room and fee supplements if the insured person chooses to stay in a private room for Hospitalia and Hospitalia Plus, and for Hospitalia Ambulatory, there will be no reimbursement of the ambulatory costs of the dispensations, medicine and prostheses which are directly related to this pre-existing disorder, disease or state.

In case of delivery during the first 9 months of affiliation to the product, the delivery can be considered as the result of a pre-existing state. In this case, the hospitalisation costs are covered, with the exclusion of room and fee supplements charged if the insured person chooses to stay in a private room, on condition that the general waiting period is achieved. However, that limitation does not apply if the delivery takes place after 9 months of cumulated membership to a similar HIC-insurance and to the insurance Hospitalia.

PAYMENT TERMS FOR THE PREMIUMS

The premium can be paid by quarter, semester or year. The possibility of a monthly payment is subject to a direct debit. It must be paid in advance, which means it must be received before the first day of the first month of the quarter, semester or year, or, in case of direct debit, within the first 10 days of the month, quarter, semester or year.

The policy holder who did not pay his premium before the first day of the quarter, receives a formal notification by registered letter demanding payment of the premium within 15 days as from the day after the delivery of the registered letter at the post office. This formal notification informs him of the suspension of the guarantee in case of non-payment within the stated term. It starts a 45-day term at the end of which the membership will be cancelled automatically.

This affiliation request is a policy proposal which does not bind the candidate policy holder or the HIC to conclude the insurance policy. The signature of this document does not mean that the cover takes effect.

Within thirty days from the reception of the proposal you have filled in, the HIC will have informed you by letter:

- *either of the acceptance via the acceptance letter (therefore the insurance policy starts the first day of the month following the month during which the HIC received the "affiliation request" and the "medical questionnaire") with or without limitations for pre-existing disease, disorder or state;*
- *or of the wish, on the HIC medical counsellor's initiative, to get additional information on the basis of the medical questionnaire.*

When further information is requested, you have forty-five days to provide an answer. If this term is respected, with or without limitations for pre-existing disease, disorder or state, the insurance policy starts the first day of the month following the month during which the HIC received the "affiliation request" and the "medical questionnaire".

If this term is not respected, the insurance policy still starts the first day of the month following the month during which the HIC received the "affiliation request" and the "medical questionnaire" with a limitation of intervention for the pre-existing disease, disorder or state mentioned on the medical questionnaire.

According to the law of 8 December 1992 on the protection of privacy in relation to the processing of personal data, the data you send us will be submitted to an automatised processing by the HIC "MLOZ Insurance" (enterprise number 422.189.629, route de Lennik 788A at 1070 Brussels) in order to handle your file correctly.

By ticking this box ☐, I agree to be contacted for marketing purposes/that my data are forwarded to your partners. Should you want to, you can contact the person in charge of processing the data at the HIC to consult, correct or delete your data, according to the law on the protection of privacy of 8 December 1992.