

Please fill in all the details using a blue or black pen

You can use this form to submit changes to us. This can also be done via our Internet site www.ozf.nl or you can contact our colleagues at the Customer Service department on (074) 78 90 789.

Moving house

If you move house within the Netherlands, we recommend that you inform both your new local authority and us of the change. If you move abroad, you should contact our Customer Service department.

Insurance number I would like the change(s) to take effect as of

1 My details (= policyholder)

Initial(s) Surname Sex Male Female

Date of birth - - Nationality

National insurance number/Public service number

Street name House number Additional address details

Postcode Place of residence Country

Telephone number (during the day) Telephone number mobile

E-mail address

2. Charges to personal details (fill in the new details below)

I would like to inform you of the following change: Address Divorce Birth Death

Initial(s) Surname Sex Male Female

Date of birth - - Nationality

National insurance number/Public service number

Street name House number Additional address details

Postcode Place of residence Country

3. The changes apply to the following people

	Initial(s)	Surname	Date of birth	National insurance number/ Public service number
Policyholder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured party 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured party 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured party 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured party 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Changes to the deductible excess (only possible as of 1 January of any year)

	Policyholder	Insured party 1	Insured party 2	Insured party 3	Insured party 4
€ 0,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 100,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 200,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 300,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 400,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 500,-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Changes to payment details

My bank account number is: I wish to pay via direct debit* accept giro form

I wish to pay the premium each: Month Quarter Six months Year

* I hereby authorise NV Ongevallen- en Ziektekostenverzekeringsmaatschappij OZF to deduct the amounts payable from my account until further notice.

6. Termination of OZF Zorgpolis

- I wish to terminate the OZF Zorgpolis and the supplementary insurance policy/policies for the insured parties referred to under question 3
- The reason for the termination is reaching the age of 18 military service
 work abroad departure abroad
 imprisonment other namely
 another healthcare insurer

7. Changes to, or termination of, supplementary insurance policies

- I wish to change the supplementary insurance policy/policies and indicate the new one(s) with crosses in the following table.
 I wish to terminate the supplementary insurance policy/policies and indicate this/these with crosses in the following table.

	Policyholder	Insured party 1	Insured party 2	Insured party 3	Insured party 4
AV Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AV Royaal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AV Compact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tand Royaal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tand Compact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Additional questions OZF Tand Royaal, Tand Compact en AV Top

	Policyholder	Insured party 1	Insured party 2	Insured party 3	Insured party 4
Have the people to be insured been to the dentist for a check-up in the past 13 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the people to be insured have the most extensive dental insurance with their current insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Changes to, or termination of, group insurance

- I wish to participate in a group insurance.

Name of group insurance

Registration number

Contract number

- I wish to terminate my participation in the group insurance.

Name of group insurance

Registration number

Contract number

10. Other comments

11. Policyholder's signature

I declare that I have answered the questions truthfully. I am aware that if I fill in this form incorrectly/incompletely, or withhold facts which are important for the insurance policy/policies, the agreement can be declared null and void.

Date

Signature of
policyholder:

Send the fully completed and signed form to OZF Achmea, afdeling Polisadministratie,
Antwoordnummer 1038, 7550 VB Hengelo. No stamp required.