

8. Cancellation service

By applying for healthcare insurance, you grant us permission to cancel your old healthcare insurance (and that of your family members) on your behalf. We will also assume this to include permission to cancel all supplementary insurance with your old insurer on your behalf (and that of your family members). Please tick the box below if this is not the case.

No, do **not** cancel my supplementary insurance on my behalf (or on behalf of my family members).

The cancellation service is available to you (but please note this cannot be requested retroactively) if:

1. you are a co-insured party and wish to take out your own insurance or reached the age of 18;
2. you changed employers in the course of the year, have group insurance through your old employer and will be making use of an O.W.M. Zorg en Zekerheid group insurance scheme through your new employer in the course of the year;
3. you wish to take out insurance with ZEM from 1 January. Our service will cancel your insurance with your current insurer for you.

9. Signature

The undersigned declares to have completed this form truthfully. The undersigned has taken note that:

1. In the event of any incorrect representation of the facts, ZEM will be entitled to claim back all costs already paid and terminate the insurance.
2. In the event the contract commences on a date other than 1 January, the contract will be valid for the current year. With effect from the following 1 January, the insurance will be tacitly renewed for the duration of one year.

I agree to the policy conditions applicable to this insurance. You can find them on **zem.nl**. A free paper copy of the policy conditions is available on request.

The ZEM Policy is an online insurance. When taking out this insurance online, you grant ZEM permission to send you the policy digitally only and you agree that all other communication between you and ZEM (including itemised claims and invoices) will be conducted online.

Town/city: _____ Date: _____

Applicant's signature

What to do with completed forms

Please send this application to ZEM at Postbus 400, 2300 AK, Leiden. **ZEM** is a brand operated by Zorg en Zekerheid. We have an obligation to verify that you are resident in the Netherlands. Your data will be stored in order to send you updates about our products and services. Zorg en Zekerheid will process your personal data for the purpose of concluding and performing the (insurance) contract, administration and all activities arising from this. Zorg en Zekerheid subscribes to the Code of Conduct for the processing of personal details by financial institutions (Gedragscode verwerking persoonsgegevens financiële instellingen). For more information, please consult the privacy statement on **zem.nl**.