

Group WIA (Work and Income (Capacity for Work) Act) Insurance

Waiver

As a courtesy we provide you with an English translation of our waiver. You can and may not derive any rights, entitlements or obligations from this English translation. Our disability insurance policies are regulated by Dutch law and as such, our Dutch conditions and entitlements documents are the only legal documents from which you can derive your rights, entitlements and obligations.

1. Employee details

Surname and initial(s) _____

Date of birth _____

2. Employer details

Name _____

Place of business _____

3. Insurance policy details

Policy number _____

Insurance name _____

4. Waiver

There are two occasions on which you can trigger the waiver:

1. **As soon as you are entitled to participate in your employer's group WIA insurance.**
2. **You may cancel your participation in the scheme(s) at a later time.**

Tick one of the following options to trigger the waiver. Please remember to enter the date and name of the insurance policy or policies concerned.

1. Waiver from the right to participate

By signing this waiver, I declare that:

- a. I am aware of the group WIA insurance(s) that my employer has taken out for its employees;
- b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;
- c. I have been offered to participate in this (these) insurance(s) from _____ (date);
- d. I do not wish to take up this offer for the following insurance(s):

- e. I may therefore never derive any rights from this (these) insurance(s);
- f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

2. Waiver: Stopping your insurance

By signing this waiver, I declare that:

- a. I am aware of the group WIA insurance(s) that my employer has taken out for its employees;
- b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;
- c. I currently participate in this (these) insurance(s);
- d. I no longer wish to participate in the following insurance(s) from _____ (date):

- e. I can therefore no longer derive any rights from this (these) insurance(s) as from the date entered above, except where rights have been extended. When we refer to rights that have been extended, we mean the rights you retain despite the fact that your insurance is stopping.
- f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

5. Ondertekening werknemer

Employee name _____
Address _____
Postal code and town/city _____

Date _____ Signature _____

6. Seen by the employer

Employer name _____

Address _____

Postal code and town/city _____

Date _____ Signature _____

Name of signatory _____

7. Submitting this form

Submit this form to your employer fully completed and signed. Keep a copy for yourself.

Good to know

Centraal Beheer has been serving its customers for more than 100 years. You may know us from the “Even Apeldoorn bellen” commercials.

We offer financial products and services

Our portfolio includes insurances, pensions, mortgages, savings accounts, investment products and HR and Risk Management services. We offer our products and services directly or through affiliated consultants.

We have been part of Achmea since 1995

Centraal Beheer is a brand of Achmea Schadeverzekeringen N.V. in Apeldoorn. Achmea is the largest insurer in the Netherlands. Achmea Schadeverzekeringen N.V. is registered with the Chamber of Commerce under number 08053410 and the AFM under number 12000606.

Your data is in safe hands

When you take out insurance or financial services, we require your personal details. This includes your name, address, e-mail address, telephone number and bank account number. In some cases, we may need additional information from you. Achmea B.V. is responsible for the proper processing of your data.

Find out what data we process and why

Read our Privacy Statement at centraalbeheer.nl/privacy. Currently, the website is available in Dutch only. Our Privacy Statement also outlines your rights and how to object to the processing of your personal data. To receive our Privacy Statement on paper, please send a letter to: Centraal Beheer Customer Relations
P.O. box 9150
7300 HZ Apeldoorn
The Netherlands

We consult the CIS database

We may request your data or have it included in the CIS files in The Hague. The CIS is the central information system for insurance companies operating in the Netherlands. It contains information such as claims reports, but also whether you have

failed to pass on important information and we have stopped the insurance. We use the CIS database to manage risk and prevent fraud. For more information, visit stichtingcis.nl. You can also find out how the foundation handles your data.

Errors in this form

We strive to provide correct and complete information that is easy to understand. However, we cannot rule out errors in the information provided. We are not liable for the consequences of any such errors.

Discrepancies with product conditions

The product conditions list both your rights and ours. If this form contradicts the product conditions, the product conditions will prevail.

Do you have a complaint? Let us know

If you disagree with us or have a complaint, please let us know. We want to help you to the best of our ability. For more information and our complaint form, visit centraalbeheer.nl/klachtdoorgeven.

Currently, the website is available in Dutch only.

You can also send a letter to:

Centraal Beheer Complaints Department
P.O. box 9150
7300 HZ Apeldoorn
The Netherlands

More information on Centraal Beheer

For more information about Centraal Beheer, our policy, products, and contact details, visit centraalbeheer.nl. Currently, the website is available in Dutch only.

Our address is:

Laan van Malkenschoten 20
7333 NP Apeldoorn
The Netherlands