



TRANSFER REQUEST

Transfer request on : __ / __ / ____ (1)

Please note : It is possible to cancel your mutation request at your current insurance company until the last workday before this date.

Holder for whom the transfer is requested :

Surname :

First name :

National register number : - -

Date of birth : __ / __ / ____

Main residence : Street : Nr : Box : ...

Postcode : City :

	Member to date with : <i>(old organisation)</i>	Request transfer to : <i>(new organisation)</i>
Name of the insuring organisation	SYMBIO, Mutualité Neutre
Insuring organisation number :	206
Address of the insuring :	Please affix a sticker	Avenue de Tervueren, 68-70 1040 ETTERBEEK
Registration number : <i>(optional)</i>	

Date : __ / __ / ____

Holder's signature :

To fill in by the new organisation :

The undersigned, a legal representative of the insuring organisation or regional office, declares that they accept this transfer in accordance with legal provisions.

Date : __ / __ / ____

Stamp of the insuring organisation

Representative's signature :

.....

(1) 1st January, 1st April, 1st July, 1st October (except SNCB : actual date).

Declaration to be completed by the old insuring organisation :

Cross out one of the two possibilities (1 or 2) :

1. The undersigned, a legal representative of the insuring organisation or regional office, declares that they accept this transfer in accordance with legal provisions.

Date : __ / __ / ____

Signature of the insuring organisation representative :

.....

Stamp of the insuring organisation

The following are enclosed as appendices :

Appendix A : family composition

Appendix 1 : insurability

Appendix 2 : services

Appendix 3 : international agreements

Appendix 4 : compensation



2. The undersigned, a legal representative of the insuring organisation or regional office, declares that they do not accept this transfer for the following reasons :

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.....
.....

Date : __ / __ / ____

Signature of the insuring organisation representative :

.....

Stamp of the insuring organisation

