



**Neutra - Mutual Insurance Society**

Rue de Joie 5, 4000 LIEGE  
Tel: 04 254 54 90 Fax: 04254 54 37  
E-mail: info@neutrahospi.be  
Company no.: 0472.020.311  
Web: www.neutrahospi.be

# SUBSCRIPTION FORM

I, the undersigned (to be completed in CAPITAL LETTERS)

Name: .....

First name(s): .....

Address: .....

Telephone no.: ..... / .....

Bank account no.: ..... - ..... - .....

PLEASE APPLY  
A STICKER FROM YOUR  
INSURER HERE

wish to take out the following hospitalization insurance starting from ..... : NEUTRA BASE (\*)  
NEUTRA OPTIMUM (\*)  
NEUTRA + (\*)  
NEUTRA CONFORT (\*)  
NEUTRA TOP (\*)

wish to take out "Dentalis" dental insurance starting from .....

for the individuals listed below:

NAME	FIRST NAME(S)	National registration no. (**)	Hospitalization insurance (***)	Dental insurance (***)
The above-named subscriber			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(\*) Delete as appropriate. (\*\*) If unavailable, the date of birth. (\*\*\*) Tick the box for the selection made above.

Personal data is processed by Neutra in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the Data Protection Officer of Neutra, either by telephone at 04/258.58.91, by email at [protection\\_donnees@neutrahospi.be](mailto:protection_donnees@neutrahospi.be) or by post at Rue de Joie 5, 4000 LIEGE. Neutra's Privacy Statement is available at the following web link: [www.neutrahospi.be](http://www.neutrahospi.be).

**If you were previously covered by hospital and/or dental insurance, please send us the insurance certificate(s) issued by your previous insurer.**

Drawn up in ..... on ..... Signature .....



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### INFORMATION SHEET AND NEEDS ANALYSIS FOR HOSPITAL INSURANCE and/or DENTAL INSURANCE (Non-Life)

#### 1) Subscriber:

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Town: \_\_\_\_\_

National registration no.: \_\_\_\_\_

Telephone no. (\*): \_\_\_\_\_ E-mail (\*): \_\_\_\_\_

(\*): Telephone number and/or e-mail address are optional. If any personal information is provided, it will be used exclusively in the context of managing the insurance contract. This information will not be disclosed to third parties, with the exception of the third parties specified by law, and will not be used to offer you other products and/or services.

#### 2) Identity of the insured

Surname and first name of the individuals to be insured	National registration no.

We perform a needs analysis based on the following questions to offer you the insurance package from the mutual insurance company Neutra that best suits your individual needs. Please answer these questions completely and truthfully to minimize the risk of overinsurance, underinsurance or poor insurance coverage. Please note that we will not be able to analyze your needs or provide you with detailed advice if you do not answer these questions or if you answer them only in part.

#### 3) Do you and/or the insured mentioned above already have insurance?

No  Yes:  dental insurance covering  the subscriber  the insured

hospitalization insurance covering  the subscriber  the insured

#### 4) You wish to be insured for

##### a) Hospitalization:

**Would you like to be reimbursed for pre- and post-hospitalization, and for expenses related to a serious illness?**

Yes  No

**If you answered "no" to the previous question (4a)), do you prefer:**

a maximum reimbursement of 1,000 € per calendar year  
year 100 € for one-day hospitalization  
hospitalization

a reimbursement of 3,000 € per calendar  
200 € for one-day



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**If you answered “yes” to question (4a)), in case of hospitalization, do you prefer:**

- a room with 2 beds or a common room, a maximum reimbursement of 30€ for each day of hospitalization and a maximum of one time the amount of the statutory fee for surcharges;
- a private room, a reimbursement of 100€ for each day of hospitalization and a maximum of 3 times the amount reimbursed by the National Health and Disability Insurance (AMI) for surcharges;
- a private room, a reimbursement of 200€ for each day of hospitalization and a maximum of 4 times the amount reimbursed by the National Health and Disability Insurance (AMI) for surcharges.

**b) Dental care:**

- You wish to obtain reimbursements for preventive and curative care, orthodontics, periodontology, prostheses and implants.

**You received advice**

**To be completed by the advisor:**

Name, first name and position (RD/PCP) of the advisor: .....

Name of associated agent: Symbio, Neutral Health Insurance Provider, OCM Registration no.: 2001C

Based on the above information, we recommend that you take out the following insurance product(s):

- Neutra Base     Neutra Optimum     Neutra +     Neutra Confort     Neutra Top
- Dentalis

for the following reasons:

.....  
.....  
.....

**To be completed by the subscriber:**

I expressly acknowledge that I have accurately disclosed all circumstances known to me that may have an impact on the advice provided by Neutra

- I decide to accept this advice and wish to subscribe to the recommended product(s).
- I make an informed decision to take out the following insurance, despite the advice given:  
.....

**You did not receive advice**

- I have not sought advice and acknowledge that I have been correctly informed by the information made available to me, in particular in the information brochures and on the website of Neutra. I would like to subscribe to the following product(s):

- Neutra Base     Neutra Optimum     Neutra +     Neutra Confort     Neutra Top
- Dentalis



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**By signing this document, the subscriber declares that he/she has received the following documents and understands their contents:**

- **precontractual information sheet;**
- **information document on the selected insurance product.**

A copy of this document will be provided to the subscriber.

Drawn up in: \_\_\_\_\_, on \_\_\_\_\_

Subscriber's signature:  
**(Preceded by the words "Read and approved")**

Agent's signature:

In accordance with personal data protection law, Neutra will process the data provided in this form to analyze your requirements and needs and to manage your personal data that is required for performance of the contract. If this data is not provided, Neutra will not be able to conclude the contract with the policyholder. This data shall not be disclosed to third parties, except in the cases provided for by law. Your personal information will be erased after the time limit for initiating legal proceedings has expired, unless a legal provision requires earlier erasure. You have the right to access, rectify or erase any personal information, as well as the right to limit its processing, to object to the processing or to data portability. To exercise these rights, please send a written and signed request accompanied by a copy of your identity card to the following address: SMA Neutra, Rue de Joie 5, 4000 LIEGE, or by email to [protection\\_donnees@neutrahospi.be](mailto:protection_donnees@neutrahospi.be).

You can obtain further information on this subject from our Data Protection Officer by contacting us by email at [protection\\_donnees@neutrahospi.be](mailto:protection_donnees@neutrahospi.be) or by calling 04.254.58.91. You can also file a complaint with the Belgian Data Protection Authority, Rue de la Presse 35, 1000 BRUSSELS (02/274.48.00 - [www.privacycommission.be](http://www.privacycommission.be)).

If you have any questions or concerns, please contact Neutra at [gestion-des-plaintes@neutrahospi.be](mailto:gestion-des-plaintes@neutrahospi.be)

You can also file complaints with the Insurance Ombudsman Service (Square de Meeûs 35, 1000 Brussels - Tel: 02/547.58.71 – Fax: 02/547.59.75 – [www.ombudsman.as](http://www.ombudsman.as))