

I. I, the undersigned :

Surname : (1) First name :

Main residence : Street : Nr : Box :

Postcode : City :

National registration number : - - Nationality :

Date of birth : ... / ... / Sexe : M F

Marital status : single married judicially separated divorced
 cohabitant widower/widow de facto separated

Telephone : Mobile :

E-mail :

Financial account (IBAN) : _____ - _____ - _____ - _____ BIC : _____

II. Request my registration as :

- Worker Employee Unemployed Public sector agent Self-employed Retired
 Handicapped Student Member of a religious community Widower/widow Resident

III. I am the beneficiary (2) :

of Belgian incapacity/sickness insurance. With the old health insurance agency, I was :

Holder (from ... / ... / to ... / ... /)

Person dependent (from ... / ... / to ... / ... /) on :

Surname :

First name :

National registration nr : - -

Please affix a sticker
from your old health insurance agency

under another legislation :

Foreign legislation, EC, OSSOM (*Overseas Social Insurance Office*), etc. Please explain :
+ enclose an insurance cover certificate (E104, RCAM certificate, OSSOM certificate, etc.)

IV. Spouse / live-in partner :

Surname : First name :

National registration number : - -

Does your spouse / live-in partner also have the status of holder ? yes / no (2)

If yes : a) registered with the insuring organisation : (3)

b) as : (4)

c) is abroad (*state the country*) :

V. Children / ascendants to be registered under your dependency :

<i>Surname</i>	<i>First name</i>	<i>National registration nr (or date of birth)</i>	<i>Sex (M/F)</i>	<i>Old health insurance agency nr</i>

Date : ... / ... /

Signature* :

**If the registration request has not been completed by the holder himself, he must write, before his signature, the mention « read and approved ».*

(1) Maiden name for married women

(2) Delete as applicable

(3) Name, address and certification number of the health insurance organisation (or affix sticker)

(4) Worker, employee, mine worker, public sector agent, self-employed worker, retired, widower/widow under the general regime, public sector regime or self-employed worker regime, handicapped, student of higher education, resident, member of a religious community, orphan, etc.

By my registration, I will join the advantages and services of Symbio and I undertake to **immediately** notify my insuring organisation of any modification which may intervene in the composition of my household, any change of address and any modification in my status.

RESERVED FOR THE HEALTH INSURANCE ORGANISATION

Office : Agent : Signature : Registration number :	A. Agency	
	B. Prospection	
	C. Mailing	
	D. Telephone	
	E. Spontaneous contract	