

I. I, the undersigned :

Name : _____ (1) First name : _____

Main residence : _____ Nr : _____ Box : _____

Postcode : _____ City : _____

National registration number : _____ - _____ - _____ Nationality : _____

Date of birth : ____ / ____ / _____ Sex : M F

I wish to receive my correspondence in : French Dutch

Holder of a special identity card delivered by the Protocol Directorate : yes no

Marital status : single married divorced
 cohabitant widower/widow separated

Telephone : _____ Mobile : _____

E-mail : _____ @ _____

Financial account (IBAN) : _____ BIC : _____

II. Request my registration as :

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

III. I am the beneficiary :

of Belgian incapacity/sickness insurance; with the old health insurance agency, I was :

- Holder
 Person dependent

Please affix a sticker or mention
the ID-number of your former
health insurance agency

of 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. Your dependents :

There are people I wish as dependents on my file, so they are entitled to derived rights to health care.

Can be registered as dependents : your spouse, a live-in partner⁽²⁾, your children or your parents. All categories, except children, must meet certain conditions regarding their income in order to qualify as dependent persons.

Name	First name	National registration nr (or date of birth)	Sex (M/F)	Former health insurance agency nr	Relationship to yourself

I also wish to receive the documents to register for :

- the hospitalisation insurance NEUTRA
- the dental insurance DENTALIS
- the saving scheme for youngsters (aged 14 to 26)
- the care insurance “Neutrale Zorgkas Vlaanderen” (for members older than 25 who live in Flanders or Brussels)

By completing this form, you choose to become affiliated to Symbio. This membership entitles you to the reimbursements and the sickness benefits of the obligatory insurance if all the statutory conditions ad hoc are met. These are the same everywhere, whichever health insurance agency you choose. The obligatory insurance entitles to : a) reimbursement of all your expenses for health care (medicines, doctor’s fees, hospital costs, ...); b) benefits in case of disability (to compensate the loss of income when you are no longer able to work because of your state of health); c) maternity benefits (to compensate the loss of income in case of maternity leave); d) paternity and adoption leave (to compensate the loss of income of paternity or adoption leave).

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.
By signing this document, I agree to comply with the statutes and regulations of Symbio.

“Symbio uses your personal data in accordance with Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). Please read the privacy statement on our website for more information.”

- I do not want my descriptive data to be transmitted by Symbio to one of its partners as part of information campaigns, awareness campaigns, newsletters, presentations of new products, ...

Date : ___ / ___ / _____

Your signature* : _____
(or your legal representative’s)

*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) Please note : It is impossible to have a spouse and a live-in partner simultaneously as a dependent (art. 123 of the Royal Decree of July 3rd 1996).

RESERVED FOR THE HEALTH INSURANCE ORGANISATION		
Office :	A. Agency	
Agent : Signature :	B. Prospection	
Registration number :	C. Mailing	
	D. Telephone	
	E. Spontaneous contract	

