



## Application form

### Group insurance

Please, fill out this form completely, have it signed, and send it back to us, while keeping a copy for yourself. Any missing information [e.g. National Registration No.] will delay data processing.

**Information concerning the plans\*:**  Retirement  Death  Disability  Health

Group n°

Subgroup n°

For AG use only - Membership N°

### Information concerning the employer

Name and company number of the employer: .....

### Information concerning the member of personnel\*\*

Name and first name of member of personnel: .....

Registration N°: ..... NO National Register: .....

Date of birth: ..... / ..... / ..... Sex:  Male  Female Language:  NL  FR  EN  DE

Address: street: ..... N°: ..... B.: .....

Postal Code: ..... City: .....

Professional e-mail address: .....

Family situation:  married / legally cohabiting<sup>1</sup>  single<sup>2</sup>  widow(er)  cohabiting

Date of marriage: ..... / ..... / .....

Name and first name of the spouse/partner: .....

Date of birth: ..... / ..... / .....

Name and first name of the children:

Family Allowance

1st child: ..... Date of birth: ..... / ..... / .....  Yes  No

2nd child: ..... Date of birth: ..... / ..... / .....  Yes  No

3rd child: ..... Date of birth: ..... / ..... / .....  Yes  No

4th child: ..... Date of birth: ..... / ..... / .....  Yes  No

Are the family members to be insured in the health plan?  Yes  No

### Beneficiaries in case of death:

the beneficiaries in case of death are designated in the regulations of your group insurance. In case you wish to designate other beneficiaries than those indicated in the regulations, it is recommended to use the appropriate document "Designation/Modification of the beneficiary(jes)".

### To be completed by the employer\*\*:

Date of participation for the retriment and/or life plans: ..... / ..... / .....

Date of employment: ..... / ..... / .....

Contract type:  fixed-term contract Effectiveness date: ..... / ..... / .....

open ended contract Effectiveness date: ..... / ..... / .....

Employment status:  Wage-earning  Self-employed

Personnel category:  Management  Executive  Employee  
 Worker  self-employed  Other: .....

Insurance Combination (if endowment insurance):  Following plan rules  Other: 10/ .....

Fulltime gross salary:  Monthly  Annually Amount ..... EUR (see plan rules or special conditions).

Part-time:  No  Yes, % part-time: .....%.

Reason for inactivity:  Career break  Disability  Unemployment with company supplement

In case of death the undersigned authorizes his attending physician(s) to issue a declaration on the cause of his/her death to the medical advisor of AG.

He declares to keep a copy of this document, to be aware of the terms and conditions of the group insurance and to agree to the latter  
Collection and use of data are in accordance with the provisions of the Belgian law on the protection of privacy.

AG, in charge of processing, may process such personal data gathered for the purpose of the management of its insurance services and products which it distributes, including the promotion of these, the management of the accounts, the drawing-up of statistics, and reserves the right to communicate the data to third parties if any statutory or contractual obligation or legitimate interest exists. You are entitled to consult your data and, if necessary, to have them amended. If you do not wish your data to be processed for purposes of direct marketing, you may object to it expressly, free of charge, by ticking this box: .

The document "Information concerning the application form for Health Insurance" has been completed and sended directly to the medical adviser of AG.

**Very important : the employer certifies the data relating to the family situation and the full address of the member of personnel to be accurate.**

I declare that I have taken note of the information on the last page of this form.

Made out in ..... on ..... / ..... / .....

Signature of the employer:

Signature of the member of personnel:

\* Please indicate the plans for which participation is required.

\*\* Please tick the appropriate box.

<sup>1</sup> included "separed" en "legally separated".

<sup>2</sup> included "divorced".

## Information on the protection of privacy

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AG and the employer/company attach exceptional importance to protecting personal data and process the data carefully in accordance with the provisions of the applicable privacy legislation, the Privacy Statement of AG [available on [www.aginsurance.be](http://www.aginsurance.be)] and/or the privacy policy of the employer/company.

### Purposes of processing

The employer/company has awarded its staff members a supplementary pension and/or occupational health insurance. To this end the employer/company has taken out a [group] insurance with AG and, for its performance, has transferred personal data to AG. The employer/company and AG are both controllers.

AG and/or the employer/company may process the obtained personal data for the following purposes:

- managing the [group] insurance on the basis of a legal obligation [supplementary pension], or for the performance of the contract [occupational health insurance];
- complying with statutory and regulatory obligations, such as tax obligations and prevention of money-laundering, on the basis of a statutory or regulatory stipulation;
- managing the database of persons for performance of the insurance contract;
- establishing statistics, detecting and preventing misuse and fraud, compiling evidence and securing goods, persons, IT networks and systems of AG, optimising the processes [such as risk evaluation and risk acceptance], based on the legitimate interests of AG;
- providing advice on such matters as pension accrual and about options at retirement based on the legitimate interests of AG, unless the data subject has objected;
- prospecting using data obtained as part of occupational health insurance, based on the legitimate interests of AG, unless the data subject has objected.

For fulfilment of these purposes, AG may also receive personal data from the data subject personally or from third parties.

As and when necessary, these processing purposes can be based on the consent of the data subject.

### Categories of processed personal data and potential recipients

AG may process the following categories of personal data: identification and contact data, financial data, personal characteristics, health data, occupation and employment, lifestyle, family composition, risk situations and risk behaviours, judicial data.

If such is necessary for the above purposes, and in accordance with privacy legislation, these personal data may be communicated by AG to other involved insurance companies, their representatives in Belgium, contact points in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation or an administrative or court decision, or if a legitimate interest exists.

It is possible that AG transfers personal data outside the European Economic Area [EEA] to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG will protect the data by increasing the IT security and by contractually requiring an intensified level of security from its international counterparts.

### Health data

If for the purpose of describing a risk or handling a claim a data subject entrusts data about his/her health to AG, AG will watch over that the health data are processed for the defined purposes with the explicit consent of the data subject. At any time, the data subject may withdraw his/her consent for the processing of his/her health data. In these cases, the data subject acknowledges that AG will be unable to proceed with his/her request for service and/or to perform the contractual relationship.

### Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification or to transmit his/her data to a third party;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data and the right to have his/her data erased. In these cases, it is possible that AG will be unable to perform the contractual relationship.

To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer [DPO] of AG, accompanied by an identification document or other means of identification, or may approach his/her employer/company through the usual internal channels.

The Data Protection Officer of AG is reachable at the following addresses:

By post: AG – Data Protection Officer  
Emile Jacqumainlaan/Boulevard Emile Jacqumain 53, 1000 Brussels

Or by email: [AG\\_DPO@aginsurance.be](mailto:AG_DPO@aginsurance.be)

Complaints may be submitted to the Data Protection Authority.

More information about how AG protects personal data and about how data subjects can exercise their rights can be found in the AG Privacy Statement at [www.aginsurance.be](http://www.aginsurance.be).

