



Declaration of departure

Group Insurance

Retirement/Death benefit Premium waiver Hospitalization Disability

PLEASE FILL IN - MANDATORY

Important: the affiliate's departure can only be processed if this mandatory section has been filled in completely and correctly and if AG has been informed of the affiliate's salary on the last annual recalculation date.

Name of employer:

Information relating to the person leaving the company:

Identification number: National registration number:

Surname: First name:

Date of birth: / / Date of departure: / /

Unworked notice period:

- Yes. Number of full months to be considered for calculating the single premium:
- No

Legal address:

Street and number:

Postcode: City/town: Country:

Date: / / Signature of the employer:

OPTIONAL

Civil status of the person leaving the company:

- married/legal cohabitant single cohabitant widow/widower

Postal address [if different from legal address]:

Street and number:

Postcode: City/town: Country:

Language: French Dutch German English

Telephone number: Mobile phone number:

E-mail address:

NB: The employer is obliged to inform the employee, within 30 days of the latter's departure, of the possibility of continuing the employee's group health insurance on an individual basis by sending him/her a group health insurance continuation form. This form can be found on our website, www.agemployeebenefits.be.

As a data controller, AG processes the personal data obtained in this form with a view to managing the supplementary benefits taken out by the employer or sector on behalf of its staff members (supplementary pension and/or occupational health insurance) and entrusted to AG for management purposes, complying with statutory and regulatory obligations such as tax obligations and prevention of money-laundering, and detecting and preventing misuse and fraud. More information about the processing of personal data can be found in our Privacy Notice on www.aginsurance.be.



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