



Additional information for group hospital plan

Group insurance (Healthcare)

CONFIDENTIAL



This questionnaire is personal and confidential.

- Always fill in the form yourself and sign it.
- Send the completed form by post or by e-mail to AG's medical department.

For your convenience, you may fill in the details for all family member applicants on the same form. Each family member may, of course, also use a separate form.

The acceptance of your application for enrolment will be based on this questionnaire. Ideally, complete this form online, as this will expedite the processing of your request. Rather have a paper version? Complete this form in capital letters, as this will maximise legibility.

1) Personal details

Company

Company name: Group number:

Staff member details (policyholder)

Surname: First name:

Gender: M F Date of birth: / /

Street: N°: Box:

Postal code: City:

E-mail address:

Telephone number:

Start date at company: / /

2) Family composition

(if family members are applying for enrolment)

Surname of spouse/partner: First name of spouse/partner:

Gender: M F Date of birth: / /

Wedding date or start date of registered domestic partnership at same address: / /

Children:

	Surname and first name	Gender	Date of birth	Family allowances
1 st child:	<input type="checkbox"/> M <input type="checkbox"/> F / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd child:	<input type="checkbox"/> M <input type="checkbox"/> F / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd child:	<input type="checkbox"/> M <input type="checkbox"/> F / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 th child:	<input type="checkbox"/> M <input type="checkbox"/> F / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 th child:	<input type="checkbox"/> M <input type="checkbox"/> F / /	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Medical questionnaire

Are all applicants in good health? Yes No

If not:

Name of applicant	Nature of illness or condition	Date of first symptoms	Prescribed treatment
	 / /	
	 / /	
	 / /	

Have any of the applicants had an accident with injuries in the last five years or have they consulted a specialist?

Yes No

If yes:

Name of applicant	Nature of illness or condition	Date of accident or consultation	Course of treatment and duration
	 / /	
	 / /	
	 / /	

Have any of the applicants been hospitalised in the last 10 years? Yes No

If yes:

Name of applicant	Nature of illness or condition	Date and duration of the hospital stay	Disability rating (if applicable)
	 / /	
	 / /	
	 / /	

Is the family expecting a child? Yes No

If so, when? / /

What is the height, weight and blood pressure of each applicant?

Height [cm]

Weight [kg]

Blood pressure [systolic/diastolic]

Staff member:

Spouse/partner:

1st child:

2nd child:

3rd child:

4th child:

5th child:

4) Important

I, undersigned, explicitly agree to the processing of my health data by AG and my authorized representatives for the purpose of describing the risk and/or handling the claim, including the establishment of statistics. AG is controller for the processing of these data and undertakes to comply with its obligations under the applicable privacy legislation.

I have been informed about my right to withdraw my consent for the processing of my health data at any time. I acknowledge that in this case AG will be unable to perform the contractual relationship.

I the undersigned declare that:

- + I will keep a copy of this form for my records;
- + I am aware of the general terms and conditions applicable to the group hospital plan;
- + I have taken note of the Information Document on the last page of this form.

Drawn up in on / /

Signature of the staff member:

Signature of the insured [over the age of 18]:

What should you do with this form?

Send the completed form to:

- + AG
Medical Department, Health Care – 1JQ5B
53 boulevard Emile Jacqmain, 1000 Brussels
OR
- + hc-underwriting@aginsurance.be

Questions? Concerns?

We are happy to assist you with any questions you may have.

Call or e-mail us on:

- + 02 664 12 05 [8:00 am – 4:45 pm]
- + hc-underwriting@aginsurance.be

Information on the protection of privacy

AG and the employer 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] and/or the privacy policy of the employer.

Purposes of processing

The employer has awarded its staff members an occupational health insurance. To this end the employer has taken out an insurance contract with AG and, for its performance, has transferred personal data to AG. The employer and AG are both controllers.

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

- managing the occupational health insurance for the performance of the contract;
- 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 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 a both-sides copy of his/her identity card, 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 Jacqmainlaan/Boulevard Emile Jacqmain 53, 1000 Brussels

Or by email: 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.