



# Application form

## Group insurance - e-volulife

This document must be completed by the employer and by the personnel member.  
Any missing information [e.g. National Registration No.] will delay data processing.

### 1. Employer's data \_\_\_\_\_

To be filled in by the employers:

Employer's name: .....

Plan number: .....

Contract number [communicated by the insurer]: .....

### 2. Personnel member's data \_\_\_\_\_

To be filled in by the personnel member:

Last name<sup>1</sup>: ..... First name<sup>1</sup>: .....

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

Gender<sup>2</sup>:  male  female

National registration number / SIS card number [upper right]: .....

Official language<sup>2</sup>:  FR  NL Chosen language<sup>2</sup>:  FR  NL  ENG

Nationality: .....

Family situation<sup>2</sup>:

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

<sup>(1)</sup> including "separated" en "legally separated" <sup>(2)</sup> including "divorced"

Last name and first name of spouse or cohabiting partner: .....

Date of birth of spouse or cohabiting partner: ..... / ..... / .....

Last and first names of children<sup>1, 2</sup>:

1. ....  M  F Date of birth: ..... / ..... / .....  dependent child<sup>3</sup>

2. ....  M  F Date of birth: ..... / ..... / .....  dependent child<sup>3</sup>

3. ....  M  F Date of birth: ..... / ..... / .....  dependent child<sup>3</sup>

4. ....  M  F Date of birth: ..... / ..... / .....  dependent child<sup>3</sup>

Professional e-mail: ..... Private e-mail: .....

Official address:

Street: ..... N°: ..... box: .....

Postal code: ..... City: ..... Country: .....

Address for correspondence:

Street: ..... N°: ..... box: .....

Postal code: ..... City: ..... Country: .....

1 Please enter in capitals.

2 Tick appropriate box[es].

3 Following the provisions of the group insurance regulations.

## To be filled in by the employer<sup>2</sup>:

Social status:  self-employed  employee

Contract type:  fixed term  indefinite period

Trial period: ..... months Date of entry into service: ..... / ..... / .....

Personnel category:

Blue collar worker  Employee  Executive  Junior executive  Middle Executive  Senior Executive

Executive Staff  Company manager  Director  Managing director  Management  Other: .....

Percentage working time .....%

Date of entry into the above category: ..... / ..... / .....

Reference number: .....

Reference salary on full-time basis<sup>4</sup>:  Monthly  Annual Amount: ..... EUR

Monthly salary on full-time basis<sup>5</sup>: Amount: ..... EUR

## 3. Options

### To be filled in by the personnel member:

Please make your choices between the hereafter proposed coverages in accordance with the plan rules:

- 1) Only risk coverages provided for in the plan rules will be taken into account.
- 2) We will not take into account your choice for a coverage if the plan rules do not provide this possibility.
- 3) The "default" choice as defined in the plan rules will be applied if you make no or an invalid choice.

#### 3.1 Death coverage<sup>6</sup>

I opt for the standard formula.

The standard formula is described in the plan rules.

I determine myself the level of the risk coverage<sup>7</sup>.

The selected lump sum death benefit is equal to:

the annual salary multiplied by:  0  1  2  3  4  5

increased, per child, by the annual salary multiplied by:  0  0,5  1

#### 3.2 Aanvullende waarborg Overlijden door ongeval<sup>6</sup>

I opt for the standard formula.

The standard formula is described in the plan rules.

I determine myself the level of the risk coverage<sup>7</sup>.

The selected lump sum accidental death benefit is equal to:

the annual salary multiplied by:  0  1  2  3  4  5

increased, per child, by the annual salary multiplied by:  0  0,5  1

#### 3.3 Disability benefit<sup>6</sup>

I opt for the standard formula. The standard formula is described in the plan rules.

I determine myself the level of the risk coverage<sup>7</sup>. The selected disability annuity is calculated based on the formula:

either  10% S1 + 70% S2 (and 70% S3 in the event of occupational accident)

15% S1 + 75% S2 (and 75% S3 in the event of occupational accident)]

20% S1 + 80% S2 (and 80% S3 in the event of occupational accident)

where S1 = 12 times monthly salary limited to the statutory ceiling illness and disability insurance

S2 = part of the annual salary exceeding S1

<sup>2</sup> Tick appropriate box(es).

<sup>4</sup> Fill in the amount of the salary corresponding to 100% working time.

<sup>5</sup> To be filled in only if the plan rules include disability coverage and if the salary is given here on an annual basis.

<sup>6</sup> Please tick appropriate box(es).

<sup>7</sup> Please select only a formula that is permitted in your plan rules.

S3 = part of the annual salary exceeding the statutory ceiling occupational accident

either  70% S - IDI [and 70% in the event of occupational accident]

75% S - IDI [and 75% in the event of occupational accident]

80% S - IDI [and 80% in the event of occupational accident]

where S = the annual salary

S3 = part of the annual salary exceeding the statutory ceiling occupational accident

IDI = statutory illness and disability insurance

The annuity is indexed by  0%  2%  3%

no annuity

### 3.4 Savings<sup>8</sup>

I opt for the "default" investment fund.

The "default" investment fund is described in the plan rules.

I myself determine the distribution of my investments<sup>9</sup>:

Rainbow White	.....%
Rainbow Violet	.....%
Rainbow Blue	.....%
Rainbow Indigo	.....%
Rainbow Green	.....%
Rainbow Orange	.....%
Rainbow Red	.....%
	<hr/>
	100%

## 4. Beneficiaries in case of death

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Should you wish to designate beneficiaries other than those provided for in the regulations, we would ask you to use the special "Designation/Modification of Beneficiary[-ies]" form.

The personnel member hereby expressly and irrevocably authorises the employer, who accepts, to communicate to the insurer his personal choices under "Options" on his behalf and for his account. Such communication can be done in any way, including electronic mail.

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

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

Location: ....., date ..... / ..... / .....

For the employer

For personnel member,

<sup>8</sup> Please tick appropriate box(es)

<sup>9</sup> Please select only a fund that is permitted in your plan rules.

## 5. Information on the protection of privacy

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. For the conclusion and/or performance of this contract, the employer/company 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 or individual pension promise 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.

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 Jacqumainlaan/Boulevard Emile Jacqumain 53, 1000 Brussels

Or by e-mail: [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).