

Application form LIC Health Plan 2011

Insured person 18 years and older

Date of commencement :

Name + initials		M / F
Address + postal code + town		
Date of birth		
Telephone number		
Bank account number		
Email address		
Sofi number (BSN)		

There is a compulsory deductible of € 170,00 for every insured adult.

Which extra deductible (own risk) for the Standard Insurance do you wish?

		yearly premium	monthly premium
€ 0,00	<input type="checkbox"/>	€ 1.144,76	€ 98,35
€ 100,00	<input type="checkbox"/>	€ 1.109,84	€ 95,35
€ 200,00	<input type="checkbox"/>	€ 1.074,92	€ 92,35
€ 300,00	<input type="checkbox"/>	€ 1.040,00	€ 89,35
€ 400,00	<input type="checkbox"/>	€ 1.005,08	€ 86,35
€ 500,00	<input type="checkbox"/>	€ 970,16	€ 83,35

Do you wish the supplementary cover?

		yearly premium	monthly premium
yes	<input type="checkbox"/>		
no	<input type="checkbox"/>	€ 983,11	€ 84,46

Which term of payment do you wish?

yearly *** monthly**

Signature:

Administration fee € 2,50 per policy per month (€ 30,00 per year)

*Monthly payment only possible with direct debit (automatic withdrawal)