

Group WIA (Work and Income (Capacity for Work) Act) Insurance

Waiver

As a courtesy we provide you with an English translation of our waiver. You can and may not derive any rights, entitlements or obligations from this English translation. Our disability insurance policies are regulated by Dutch law and as such, our Dutch conditions and entitlements documents are the only legal documents from which you can derive your rights, entitlements and obligations.

1. Employee details

Surname and initial(s) _____

Date of birth _____

2. Employer details

Name _____

Place of business _____

3. Insurance policy details

Policy number _____

Insurance name _____

4. Waiver

There are two occasions on which you can trigger the waiver:

1. **As soon as you are entitled to participate in your employer's group WIA insurance.**
2. **You may cancel your participation in the scheme(s) at a later time.**

Tick one of the following options to trigger the waiver. Please remember to enter the date and name of the insurance policy or policies concerned.

1. Waiver from the right to participate

By signing this waiver, I declare that:

- a. I am aware of the group WIA insurance(s) that my employer has taken out for its employees;
- b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;
- c. I have been offered to participate in this (these) insurance(s) from _____ (date);
- d. I do not wish to take up this offer for the following insurance(s):

- e. I may therefore never derive any rights from this (these) insurance(s);
- f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

2. Waiver: Stopping your insurance

By signing this waiver, I declare that:

- a. I am aware of the group WIA insurance(s) that my employer has taken out for its employees;
- b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;
- c. I currently participate in this (these) insurance(s);
- d. I no longer wish to participate in the following insurance(s) from _____ (date):

- e. I can therefore no longer derive any rights from this (these) insurance(s) as from the date entered above, except where rights have been extended. When we refer to rights that have been extended, we mean the rights you retain despite the fact that your insurance is stopping.
- f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

5. Employee signature

Employee name _____
Address _____
Postal code and town/city _____

Date _____ Signature _____

6. Seen by the employer

Employer name _____

Address _____

Postal code and town/city _____

Date _____ Signature _____

Name of signatory _____

7. Submitting this form

Submit this form to your employer fully completed and signed. Keep a copy for yourself.

Good to know

Centraal Beheer has been serving its customers for more than 100 years. You may know us from the “Even Apeldoorn bellen” commercials.

We offer financial products and services.

Our portfolio includes insurances, pensions, mortgages, savings accounts, investment products and HR and Risk management services. We offer our products and services directly or through affiliated consultants.

We have been part of Achmea since 1995.

Centraal Beheer is a brand of Achmea Schadeverzekeringen N.V. in Apeldoorn. Achmea is the largest insurer in the Netherlands. Achmea Schadeverzekeringen N.V. is registered with the Chamber of Commerce under number 08053410 and with the AFM under number 12000606.

Your data is in safe hands.

When you take out insurance or financial services, we need your personal details. This includes your name, address and city/town, email address, telephone number and bank account number. In some cases, we may need additional information from you. Achmea B.V. is responsible for the proper processing of your data.

What data do we process, and why?

To find out what data we process, and why, read our Privacy Statement at centraalbeheer.nl/privacy. Currently, the website is available in Dutch only. Our Privacy Statement also outlines your rights and how to object to the processing of your personal data.

Errors in this information.

We strive to provide correct and complete information that is easy to understand. However, we cannot rule out errors in the information provided. We are not liable for the consequences of any such errors.

Discrepancies with policy conditions.

The policy conditions list both your rights and ours. If the policy contradicts the policy conditions, this is a special agreement. Agreements in the policy will prevail over agreements in the policy conditions.

Do you have a complaint? Let us know.

If you disagree with us or have a complaint, please let us know. We will always try to help you immediately. Sometimes, we need to do some research in order to provide you with a good answer. However, you will always receive a response from us within 5 working days.

For more information and our complaint form, visit centraalbeheer.nl. Currently, the website is available in Dutch only.

You can also send a letter to:

Centraal Beheer Complaints Department
P.O. box 9150
7300 HZ Apeldoorn
The Netherlands

More information on Centraal Beheer.

For more information about Centraal Beheer, our company policy, products, and other details, visit centraalbeheer.nl. Our website also provides the policy conditions and information documents. Currently, the website is available in Dutch only.

Our address is:

Laan van Malkenschoten 20
7333 NP Apeldoorn
The Netherlands