



Aevitae
P.O. Box 2705
6401 DE Heerlen

Authorisation Form for Information Provision

With this form, you can arrange that someone else may contact Aevitae B.V. on your behalf with respect to information about your health insurance. Do you want to authorise multiple people? Then please complete one authorisation form for each person.

I:

Name: _____

Initials: _____

Date of birth: __ __ - __ __ - __ __ __ __

BSN (Social Security No.): _____

hereby declare that I give permission to Aevitae to supply to the authorised person information that concerns (cross what is applicable:
the financial information about my health insurance (for example premium, excess and/or personal contribution).
the declarations of healthcare costs processed by Aevitae B.V. under my health insurance and/ the status or contents of an authorisation or application for one.

The person to whom Aevitae B.V. may provide information is:

Name: _____

Initials: _____

Date of birth: __ __ - __ __ - __ __ __ __

Address: _____

Postal code and town/city: __ __ __ __ __ __ _____

We only accept fully completed forms. You may cancel this authorisation at any desired moment by sending a message with the details of the authorisee to:

Aevitae B.V.
f.a.o. Service Desk
P.O. Box 2705
6401 DE HEERLEN
Email: info@aevitae.com

Date: __ __ - __ __ - __ __ __ __

Date: __ __ - __ __ - __ __ __ __

Your signature:

Authorisee's signature:
