



Aevitae
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Reply Form

Please fill in this form per insured adult.

Initials: _____ Surname: _____
Social Security Number: _____ Date of Birth: ____ - ____ - ____
Policy Number: _____ E-mail address: _____

1.a What is your residing address abroad?

1.b In case you would like to receive your postal letters on a different address than your residing address abroad;

What is your postal address?

1.c On what date will you be deregistered from the Dutch municipality? ____ - ____ - ____

2. What is the reason for your stay abroad?

- Immigration
- Holiday/ World trip
- Education/Internship with the intention to return to The Netherlands
- Education/Internship with no intention to return to The Netherlands
- Secondment
- Posted out
- Different, namely:

3. What is the period stay?

- Shorter than 1 year.
- 1 year or longer.

4. Do you currently receive salary or profits exclusively from the Netherlands or a Dutch employer?

- Yes, in this case please include a copy of your salary slip or statement of posting out (A1).
- No. On what date has your Dutch employment contract been terminated? ____ - ____ - ____



5. Do you currently receive unemployment benefit (WW- uitkering) or sickness benefit (ZW- uitkering) from the Netherlands?

- Yes, in this case please include a copy of the benefit specification of UWV.
- No.

6. Do you currently receive pension exclusively from the Netherlands?

- Yes.
- No.

**7. Do you currently receive salary, profit or any other income exclusively from your residing country?
(Excluding an educational benefit through DUO.)**

- Yes. What is the starting date of this employment contract? - - Please include a copy.
- No.

8. Are you an independent entrepreneur?

- Yes, exclusively in the Netherlands, please include a summary of the Chamber of Commerce (Kamer van Koophandel) which states your name and SVB statement or a current tax return.
- Yes, exclusively in the residing country.
- No.

9. Do you receive income from both the Netherlands and your residing country?

- Yes.
- No.

In case of “yes”:

Please, ask for Wlz assessment at the Sociale Verzekeringsbank (SVB) and send us a copy of the result. Subsequently, we will assess the entitlement to a Dutch basic Health Insurance. The Wlz assessment can be applied for through:

www.svb.nl/en/the-wlz-scheme/manage-your-affairs-online/request-an-assessment-of-your-Wlz-insurance-position

Note: Everyone who resides or works in the Netherlands is insured for the Longterm Care Act (Wet langdurige zorg (Wlz)). Wlz is a social insurance and covers healthcare costs which are not covered by the regular healthcare insurance. Are you Wlz insured? In this case you are also obliged to take out a healthcare insurance.

10. Different, namely:

11. Sign:

Place: _____ Date: - -

Signature: _____