



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.): \_\_\_\_\_

Telephone number: \_\_\_\_\_

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: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_\_\_

Telephone number: \_\_\_\_\_

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](mailto:info@aevitae.com)

Date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Your signature:

Authorisee's signature: