

## Affiliation form

### Debt balance insurance

Contract Allianz 909.478

#### Identity of the subscriber

Name				First name			
Date of birth (d - m - y)				Sex	<input type="radio"/> M	<input type="radio"/> F	
Private address:	Street			No.	Box		
	Postal code			City			
Private email				Private tel. no.			
Marital status	<input type="radio"/> single	<input type="radio"/> married	<input type="radio"/> divorced	<input type="radio"/> cohabiting *	<input type="radio"/> widow(er)		
Institution				Personnel no.			
Place				Grade and step			
Office address							
Office email				Office tel. no.			
Membership no. Afiliatys							

\* providing the presentation of a cohabitation contract

#### Identity of the spouse to be insured

Name	First name	Date of birth
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#### Initial insured capital

EUR	
The borrowed sum should be insured according to the following proportion	
% subscriber	% spouse

#### Insurance inception date

/	/
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#### Term of the loan

From	till
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## Bank details

Name

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Address

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Contact person

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Tel.

Reference of the loan

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## Chosen formula

- Annual adaptation of the insured capital
- Five-yearly adaptation of the insured capital
- Fixed capital

## Chosen payment

- Quarterly
- Half-yearly
- Yearly

Date

Place

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Signature

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, keeper of the file, for the purpose of rendering due service to the insured parties, for the management of the insurance policies, and the processing of claims. Solely to that end, the undersigned gives his/her specific and informed consent for the use of the medical data regarding his/her own person and/or the members of his/her family. The law bearing on the protection of individual privacy with regards to the use of personal information, dated December 8, 1992, provides the subject with right of access to the data and to their correction as well as with the right to consult the public records.