

Affiliation form

Accident insurance

AIACE contract – nr. 719.757.143

Identity of the policyholder

(Maiden) name _____ First name _____

Date of birth (d - m - y) _____ Gender M F

Private address: Street _____

Nr. _____ Box _____

Postal code _____ City _____

Private email address _____

Private telephone number _____

I was employed by _____ Pension nr. _____

I am eligible for an allowance, from _____

an invalidity pension, from _____

a retirement pension, from _____

Basic pension _____ EUR _____ AIACE membership nr. _____

I wish to apply for this insurance as _____

a retired staff member of an EU institution

the surviving partner/spouse of a (retired) staff member

Do you wish to insure your spouse?

(Maiden) name _____ First name _____

Date of birth _____ Gender M F

Chosen formula

WITH excess formula A formula B formula C

WITHOUT excess formula A formula B formula C

Authorisation to deduct the premium

Premium rate _____ %

I hereby authorise the Administration of the European Union to deduct each month the insurance premium from my monthly pension or allowance and pay it to Cigna Eurprivileges.

See overleaf.

I already have a Cigna Eurprivileges product:

I heard about this insurance via

a colleague a seminar Internet another Cigna product

other:

Date

Place

Signature of the retired EU staff member

Signature of the partner/spouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the 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 the right of access to the data and to their correction as well as the right to consult the public records.

Designation of the beneficiaries of the death capital

Accident insurance

AIACE contract – nr. 719.757.143

To be filled in by the policyholder

I, undersigned

(Maiden) name

First name

Private address: Street

Nr. Box

Postal code

City

insured under the above mentioned policy, hereby indicate the following person(s) to receive the capital sum payable on my death (if you nominate several beneficiaries, please mention the share you wish to reserve for each of them):

Beneficiary (name + address)

Share

Date

Place

Signature of the retired EU staff member

Signature of the partner/spouse to be insured, if any

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Designation of the beneficiaries of the death capital

Accident insurance

AIACE contract – nr. 719.757.143

To be filled in by the (surviving) spouse

I, undersigned

(Maiden) name

First name

Private address: Street

Nr. Box

Postal code

City

insured under the above mentioned policy, hereby indicate the following person(s) to receive the capital sum payable on my death (if you nominate several beneficiaries, please mention the share you wish to reserve for each of them):

Beneficiary (name + address)

Share

Date

Place

Signature of the retired EU staff member

Signature of the partner/spouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the 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 the right of access to the data and to their correction as well as the right to consult the public records.