

Affiliation form

Supplementary Health Insurance

no. BCVR – 8672

Identity of the subscriber

Deadline to affiliate:
six months before retirement.

Name	First name		
Date of birth (d - m - y)	Sex	<input type="radio"/> M	<input type="radio"/> F
Private address: Street	Nr.	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 of employment	Grade and step		
Office address	Start date employment		
Office email	Office tel. no.		
I confirm being active for at least six more months	<input type="radio"/> Yes	<input type="radio"/> No	
Membership no.			

Other persons to insure

Spouse

Name	First name	Date of birth
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Child(ren) at charge

Name	First name	Date of birth
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Name	First name	Date of birth
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Name	First name	Date of birth
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Name	First name	Date of birth
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Name	First name	Date of birth
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Chosen formula

		EurPrivileges Santé	EurPrivileges Santé Plus
Subscriber		<input type="radio"/>	<input type="radio"/>
Spouse		<input type="radio"/>	<input type="radio"/>
Child(ren) at charge	1	<input type="radio"/>	<input type="radio"/>
	2	<input type="radio"/>	<input type="radio"/>
	3	<input type="radio"/>	<input type="radio"/>
	4	<input type="radio"/>	<input type="radio"/>
	5	<input type="radio"/>	<input type="radio"/>

Mode of payment

By direct debit By transfer

Date _____ Place _____

Signature _____

I accept the terms and conditions. I certify that the above information is to the best of my knowledge and belief correct and true. The issuance of false claims, the provisions of misleading information or the withholding of information related thereto is an offence punishable by Law. I hereby confirm that I have read and fully understood Cigna's Data Protection Notice (<https://www.cignahealthbenefits.com/en/privacy>). If I provide Cigna with personal information relating to others, I will make them aware of Cigna's Data Protection Notice.