

## Waiver declaration for Collective occupational disability insurance cover

### Employee details

The Undersigned,  
Employee of \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Post code and Town/City \_\_\_\_\_  
Gender  Male  Female  
Date of birth \_\_\_\_\_  
Employee number \_\_\_\_\_  
Date of initial employment \_\_\_\_\_

### Employee's declaration

I understand that my employer has taken out one or more collective occupational disability insurance policies with Nationale-Nederlanden.

I understand that I may participate but that I am not required to do so.

I hereby declare that I do not wish to be insured under the following collective insurance policies provided by my employer:

- WIA Basis Employee insurance       WIA Excedent insurance       WGA Gat insurance  
 WIA insurance Healthcare & Welfare       WGA Gat Plus insurance       WIA insurance Government & Education

Policy number(s) \_\_\_\_\_

I understand that in doing this I could be putting myself in a difficult financial position in the event of occupational disability or partial occupational disability.

I also understand that I will no longer be able to get coverage on my employer's collective occupational disability insurance if I no longer meet the requirements.

Nationale-Nederlanden's medical advisor may ask questions about my health and has the authority to request that I undergo a medical examination. I understand that the assessment of these health questions or the results from a medical examination could result in a termination of my policy by Nationale-Nederlanden.

I understand that I will not be able to take out occupational disability insurance if I am already ill or occupationally disabled.

I have discussed this waiver declaration with my partner (if applicable).

In the event that there are changes to my personal situation or family circumstances, I know that I may have to reconsider taking out my employer's collective occupational disability insurance again.

Place \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_

### Complete this form and send it to

Nationale-Nederlanden Schadeverzekering Maatschappij N.V.  
Inkomen- en Verzuimbedrijf  
P.O. Box 93604  
2509 AK Den Haag