

Group WIA Insurance

Work and Income (Capacity for Work) Act

Waiver

As a courtesy we provide you with an English translation of our waiver. You can and may not derive any rights, entitlements or obligations from this English translation. Our disability insurance policies are regulated by Dutch law and as such, our Dutch conditions and entitlements documents are the only legal documents from which you can derive your rights, entitlements and obligations.

1. Employee details

Surname and initial(s) _____ Initials _____

Date of birth _____

2. Employer details

Name _____

Place of business _____

3. Insurance policy details

Policy number _____

Insurance name _____

4. Waiver

There are two occasions on which you can trigger the waiver:

1. As soon as you are entitled to participate in your employer's group WIA-insurance.
2. You may cancel your participation in the scheme(s) at a later time.

Tick one of the following options to trigger the waiver.

Please remember to enter the date and name of the insurance policy or policies concerned.

1. Waiver from the right to participate

By signing this waiver, I declare that:

- a. I am aware of the group WIA-insurance(s) that my employer has taken out for its employees;
- b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;

c. I have been offered to participate in this (these) insurance(s) from _____ (date)

d. I do not wish to take up this offer for the following insurance(s):

e. I may therefore never derive any rights from this (these) insurance(s);

f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

2. Waiver: Stopping your insurance

By signing this waiver, I declare that:

a. I am aware of the group WIA-insurance(s) that my employer has taken out for its employees;

b. I am aware of the (financial) rights and obligations applicable to the group WIA insurance policy or policies that my employer has taken out for its employees;

c. I currently participate in this (these) insurance(s);

d. I no longer wish to participate in the following insurance(s) from _____ (date)

e. I can therefore no longer derive any rights from this (these) insurance(s) as from the date entered above, except where rights have been extended. When we refer to rights that have been extended, we mean the rights you retain despite the fact that your insurance is stopping;

f. I am aware that participating in the future will be subject to medical acceptance by the insurer.

5. Seen by the employee

Employee name _____

Address _____

Postal code and town/city _____

Date _____

Signature _____

6. Seen by the employer

Employer name _____

Address _____

Postal code and town/city _____

Date _____

Signature _____

Name of signatory _____

7. Submitting this form

Submit this form to your employer fully completed and signed. Keep a copy for yourself.

Good to know

Who are we and what do we do?

We offer insurance, financial services and products. We do not sell our products and services directly to our customers. We work in partnership with advisors who provide objective advice.

We are part of Achmea

Avéro Achmea is a brand of Achmea Schadeverzekeringen N.V. in Apeldoorn. Achmea is the largest insurer in the Netherlands. Achmea Schadeverzekeringen N.V. is registered with the Chamber of Commerce under number 08053410 and registered with the AFM under number 12000606.

Your data is in safe hands

When you take out insurance or a financial service with us, we need your details. This could include your name, address, email address, phone number and bank account number, for example. In some cases, we may need additional information from you. Achmea B.V. is responsible for the proper processing of your data.

To find out what data we process, and why,

Read our [Privacy Statement](#). Your rights are also outlined there, as well as how to object to the processing of your personal data. To receive our Privacy Statement on paper, please send a letter to:

Avéro Achmea
afdeling Centraal Relatiebeheer
Postbus 9150
7300 HZ Apeldoorn

Does this form contain errors?

We strive to provide correct and complete information that is easy to understand. However, we cannot rule out errors in the information provided. We are not liable for any consequences of such errors.

Does this form differ from the product conditions?

Your rights and obligations are listed in the product terms and conditions. If anything in this quote conflicts with the product terms and conditions, it is a special arrangement and will be listed separately on the policy. Agreements included in the policy take precedence over agreements in the product terms and conditions.

Complaints? Let us know

If you disagree with us or have a complaint, please let us know. We want to help you to the best of our ability. For more information and our complaints form, visit [averoachmea.nl](https://www.achmea.nl/averoachmea).

You can also send a letter to:

Avéro Achmea
Klantsignaalmanagement
Postbus 101
7300 AC Apeldoorn

Not satisfied with our solution?

Please contact the Klachteninstituut Financiële Dienstverlening (Kifid). For more information and a complaint form visit [kifid.nl](https://www.kifid.nl). You can also call (070) 333 89 99 or send a letter to:

Kifid
Postbus 93257
2509 AG Den Haag

More information about Avéro Achmea

For more information about our policies, products and data, please visit [averoachmea.nl](https://www.achmea.nl).

Avéro Achmea's addresses:
Laan van Malkenschoten 20
7333 NP Apeldoorn

Sophialaan 50
8911 AE Leeuwarden

What law applies to this financial service?

This financial service is governed by Dutch law.