

# Gouda Expatriate Policy

## health declaration



### WHY THIS FORM?

When applying for S.O.S. assistance, healthcare, life or occupational disability cover, you as the insured receive this health declaration. You enter your medical details on this form. The medical advisor then advises the insurer if and on which conditions the insurance can be accepted. Please read the notes of the health declaration before completing the form.

### ANSWERING THE QUESTIONS

It is very important for you to answer the questions correctly and in full. When answering a question with 'yes' you must give an explanation. Do you need more space for this? Please continue on a separate sheet. Clearly indicate which questions the appendix refers to. In the case of question 3 however, you must give an explanation on the enclosed appendix. Report all your complaints, even if you think they are not important or if you have not visited a doctor. If you do not complete the health declaration correctly or in full, your entitlement to a premium waiver or your entitlement to payment may be restricted or even revoked. Furthermore, if you acted wilfully to mislead De Goudse and if the latter would not have effected the insurance if aware of the true state of affairs, De Goudse again has the right to cancel the insurance.

### IF YOUR STATE OF HEALTH CHANGES

If your state of health changes after having completed this form, yet prior to the insurance taking effect, you must immediately notify the insurer of this. Final acceptance is demonstrated by a final acceptance confirmation from the insurer, or a policy document or a letter of acceptance which will be sent to you. Please read the explanation under the heading 'If your state of health changes'.

### APPLICABLE LAW/CONFLICTS

This insurance shall be subject to Dutch law. In so far as the law does not prescribe differently in a coercive manner, any conflicts between the parties shall be submitted to the competent court in the District of Rotterdam.

## 1. INFORMATION APPLICANT/POLICYHOLDER

In case the first-named person to be insured (refer to question 3 on the application form) is the policyholder, please check box 'A' and fill out the questions under 'A'.  
In case the employer of the first-named person to be insured is the policyholder, please check box 'B' and fill out the questions under 'B'.

policyholder	<input type="checkbox"/> A	name and initials	<input type="checkbox"/> male	<input type="checkbox"/> female
		street and number		
		postcode	place	
		date of birth (d-m-y)	nationality	
	<input type="checkbox"/> B	company name		
		postal address		
		postcode	place	
		contact	<input type="checkbox"/> male	<input type="checkbox"/> female

## 2. PRINCIPAL APPLICANT (The principal applicant is the first-named 'person to be insured' with question 3 of the application form.)

name and initials (first name in full)  male  female

### 3. GENERAL STATEMENT OF HEALTH

#### PERSONS TO BE INSURED

name and first names (first name in full)	length (cm)	weight (kg)	gender	date of birth (d-m-y)
1			<input type="checkbox"/> male <input type="checkbox"/> female	
2			<input type="checkbox"/> male <input type="checkbox"/> female	
3			<input type="checkbox"/> male <input type="checkbox"/> female	
4			<input type="checkbox"/> male <input type="checkbox"/> female	
5			<input type="checkbox"/> male <input type="checkbox"/> female	
6			<input type="checkbox"/> male <input type="checkbox"/> female	

#### GENERAL HEALTH

Check the applicable box. If you check 'yes', always provide an explanation such as: who, when and how long. If you need more space, you can provide additional information at the end of the questionnaire. Please use the above number(s) to indicate the person/persons involved.

1. Do any of the persons to be insured suffer from a hearing disorder in one or both ears?

no  yes, i.e.

2. Do any of the persons to be insured suffer from impaired vision in one or both eyes?

no  yes, i.e.

3. Do any of the persons to be insured wear glasses or contacts?

no  yes, i.e.

What correction strength?

4. Do any of the persons to be insured smoke or did any of them used to smoke?

no  yes, i.e.

what

number per day

started at the age of

stopped since

5. Do any of the persons to be insured use alcoholic beverages or have any of them used alcoholic beverages?

no  yes, i.e.

which

number per day

stopped since

6. Do any of the persons to be insured use drugs or have any of them used drugs?

no  yes, i.e.

which

stopped since

#### TROPICAL DISEASES

Have you or any of the persons to be insured ever suffered from a tropical disease?

no  yes, i.e.

which

when

how long

TREATMENTS

1. Have any of the persons to be insured consulted a General Practitioner in the past three years?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	date (d-m-y)
what for		
Is treatment still ongoing? <input type="checkbox"/> no <input type="checkbox"/> yes		
Are there any current complaints? <input type="checkbox"/> no <input type="checkbox"/> yes, i.e.		

2. Have any of the persons to be insured consulted a specialist in the past three years?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
what for		
Is treatment still ongoing? <input type="checkbox"/> no <input type="checkbox"/> yes		
Are there any current complaints? <input type="checkbox"/> no <input type="checkbox"/> yes, i.e.		

3. Have any of the persons to be insured been treated by a physical therapist in the past three years?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
treated for		
Is treatment still ongoing? <input type="checkbox"/> no <input type="checkbox"/> yes		
Are there any current complaints? <input type="checkbox"/> no <input type="checkbox"/> yes, i.e.		

4. Have any of the persons to be insured been treated by an alternative healer in the past three years?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
treated for		
Is treatment still ongoing? <input type="checkbox"/> no <input type="checkbox"/> yes		
Are there any current complaints? <input type="checkbox"/> no <input type="checkbox"/> yes, i.e.		

5. Have any of the persons to be insured been treated by an orthodontist in the past three years or do any of the persons to be insured expect to have orthodontic treatment in the coming period?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
treated for		
Is treatment still ongoing? <input type="checkbox"/> no <input type="checkbox"/> yes		
Are there any current complaints? <input type="checkbox"/> no <input type="checkbox"/> yes, i.e.		

6. Do any of the persons to be insured expect to receive medical treatment within one year from today?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
treatment for		

ACCIDENTS

Have any of the persons to be insured ever suffered a serious accident?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
consequences		
Completely recovered? <input type="checkbox"/> no <input type="checkbox"/> yes		

## LENGTHY ADMISSIONS AND USE OF MEDICINES

1. Have any of the persons to be insured ever been admitted to a hospital, sanatorium, convalescent home, psychiatric hospital or other nursing home?

no     yes, who \_\_\_\_\_ | which year \_\_\_\_\_ | period \_\_\_\_\_  
\_\_\_\_\_ | treated for \_\_\_\_\_

2. Have any of the persons to be insured ever taken a rest cure or followed a diet?

no     yes, who \_\_\_\_\_ | when (d-m-y) \_\_\_\_\_  
\_\_\_\_\_ | as treatment for \_\_\_\_\_

3. Do any of the persons to be insured use one or more medications?

no     yes, who \_\_\_\_\_ | which \_\_\_\_\_  
\_\_\_\_\_ | what for \_\_\_\_\_ | dose \_\_\_\_\_

## SPECIFIC ILLNESSES

Important! You also have to answer a question with 'yes' if you:

- Consulted a General Practitioner, social worker or doctor
- Have been admitted to a hospital, sanatorium, psychiatric hospital or other nursing home
- Have undergone surgery
- Still use medications or did use medications
- Receive medical treatment

1. Do any of the persons to be insured suffer from or have they ever suffered from neurological disorders, headaches, seizures, fits, dizzy spells, fainting?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

2. Do any of the persons to be insured suffer from or have they ever suffered from heart or vascular condition, tightness in the chest, heart palpitations, shortness of breath, high blood pressure?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

3. Do any of the persons to be insured suffer from or have they ever suffered from asthma, bronchitis, tuberculosis, pleurisy, lengthy coughing spells or other lung condition?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

4. Do any of the persons to be insured suffer from or have they ever suffered from stomach, intestinal, liver, gall bladder disorders?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

5. Do any of the persons to be insured suffer from or have they ever suffered from skin disorder, varicose veins, open leg wounds, thrombosis, embolism, haemorrhoids?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

6. Do any of the persons to be insured suffer from or have they ever suffered from kidney, urinary tract, bladder, genital disorders?

no     yes, who \_\_\_\_\_ | by (type of specialist or doctor) \_\_\_\_\_  
\_\_\_\_\_ | suffering/suffered from \_\_\_\_\_  
\_\_\_\_\_ | first treatment(s) on (d-m-y) \_\_\_\_\_ | last treatment(s) on (d-m-y) \_\_\_\_\_

7. Do any of the persons to be insured suffer from or have they ever suffered from muscular, limbs or joint disorders, rheumatism (acute or chronic), polio, repetitive strain injury?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

8. Do any of the persons to be insured suffer from or have they ever suffered from spinal column disorders, slipped disc and/or other back complaints, lumbago, sciatica, scoliosis, neck complaints?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

9. Do any of the persons to be insured suffer from or have they ever suffered from thyroid gland disorder, diabetes, high cholesterol, hormonal disorders?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

10. Do any of the persons to be insured suffer from or have they ever suffered from eye, throat, nose or ear disorders?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

11. Do any of the persons to be insured suffer from or have they ever suffered from benign or malignant tumors, haematological disorders, anaemia?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

12. Do any of the persons to be insured suffer from or have they ever suffered from hay fever or other allergic illness?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

13. Do any of the persons to be insured suffer from or have they ever suffered from nervous exhaustion, psychological disorders, mental health problems, overwork, neurosis, depression?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

14. Do any of the persons to be insured suffer from or have they ever suffered from any other illness, complaint or disorder not included in the list above?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	by (type of specialist or doctor)
suffering/suffered from		
first treatment(s) on (d-m-y)		last treatment(s) on (d-m-y)

#### BLOOD TESTS

Has the blood of any of the persons to be insured ever been tested for: hematological disorders, diabetes or renal diseases, cholesterol, hepatitis or sexually transmissible diseases such as syphilis or aids?

<input type="checkbox"/> no	<input type="checkbox"/> yes, who	when (d-m-y)
tested for		result

## AIDS/HIV

If one of the following five questions is answered affirmatively, the medical advisor may decide to order a further examination. In the explanation you can read under which conditions this applies.

1. Does any of the persons to be insured have AIDS?  no  yes, who
2. Have HIV antibodies been shown in the blood of any of the proposed insured or is any of the proposed insured seropositive?  
 no  yes, who
3. Has any of the persons to be insured received a blood transfusion abroad?  
 no  yes, on (d-m-y) | in (country)
4. Has/does any of the persons to be insured used/use drugs intravenously in the past five years?  
 no  yes  
Have you always used sterile material for this (needles and syringes)?  yes  no
5. Is any of the persons to be insured currently treated for a sexually transmissible disease or has such treatment been received in the past five years?  
 no  yes, who | which disease

## 4. QUESTIONS ABOUT YOUR FAMILY MEMBERS

Read the explanation to see which information you have to provide concerning hereditary examination.

Do any of your relatives (including father, mother, brothers, sisters) have or did any of them have any of the following disorders?

heart and vascular diseases	<input type="checkbox"/> no <input type="checkbox"/> yes, person to be insured no.	from (age)	age at death
diabetes	<input type="checkbox"/> no <input type="checkbox"/> yes, person to be insured no.	from (age)	age at death
high blood pressure	<input type="checkbox"/> no <input type="checkbox"/> yes, person to be insured no.	from (age)	age at death
mental or nervous disorders	<input type="checkbox"/> no <input type="checkbox"/> yes, person to be insured no.	from (age)	age at death

## 5. PHYSICAL CONDITION

1. Do any of the persons to be insured suffer from a mental or physical disorder?  
 no  yes, who | what are the complaints
2. Have any of the persons to be insured ever (partially) interrupted work for more than two consecutive weeks for health reasons?  
 no  yes, who | for how long | when?
3. Have any of the persons to be insured ever been X-rayed?  
 no  yes, who | when? (m-y)  
| for what
4. Have any of the persons to be insured ever undergone surgery?  
 no  yes, who | what for?  
| by whom | when? (m-y)  
| Did the person(s) in question fully recover?  yes  no, i.e.
5. Have any of the persons to be insured ever changed occupations for health reasons?  
 no  yes, who | when? (m-y)  
| for what reasons
6. Have any of the persons to be insured ever been declared unfit for a contract of employment?  
 no  yes, who | for what reasons
7. Are all persons to be insured currently fully able to work? (if applicable)  
 yes  no, who isn't | why

## 6. GENERAL PRACTITIONER OF THE PERSONS TO BE INSURED

Who is/are the General Practitioner(s) of the persons to be insured?

name, address and place of General Practitioner(s)

## 7. ADDITIONAL QUESTIONS FOR WOMEN

A waiting period of 12 months applies for compensation of any pregnancy expenses.

1. Do any of the women to be insured suffer from menstrual disorders?  no  yes, i.e.

2. Do any of the women to be insured suffer from any gynaecological disorder(s)  no  yes, i.e.

3. Is any of the women to be insured pregnant?

no  yes, who  expected date of delivery (d-m-y)

How is the pregnancy going?

4. Have any of the women to be insured experienced complications in the past during pregnancy and/or delivery?

no  yes, which ones  when (d-m-y)



## 9. SIGNATURE

By signing this form, you declare you have taken cognizance of the explanation of the health declaration belonging to this form, that the aforementioned questions and enclosures have been answered by you correctly and truthfully, that you are aware of the fact that a inaccuracy or incompleteness of the health declaration can lead to a limitation or even cancellation of the right of payment (which can also mean that the insurance can be cancelled) and that you do not have an objection to the use of medical data for acceptance of the insurance applied for including the accompanying application form.

date (d-m-y)

place

signature of principal policy holder

### INTERMEDIARY

name and initials

intermediary number

Goudse Schadeverzekeringen N.V. has been registered as a non-life Insurer with the Autoriteit Financiële Markten (Authority Financial Markets; AFM). Gouda Insurance provides insurances and other financial products. Gouda Insurance is situated at: Bouwmeesterplein 1, 2801 BX Gouda, The Netherlands (Postal address: PO Box 9, 2800 MA Gouda, The Netherlands).

## EXPLANATION

Read this explanation carefully and in its entirety. Is there anything you do not understand? Please contact the insurer.

## MEDICAL DETAILS REQUIRED FOR YOUR INSURANCE

In order to be able to assess whether you qualify for Gouda Service Package or medical expenses, and if so on which conditions, you must also provide medical details in addition to the application form. You must enter the medical details required on the health declaration. On the basis of your answers in the health declaration and any additionally requested data, the insurer's medical advisor will advise the insurer. Depending on your health, the medical advisor can advise the insurer to charge a premium that is higher than usual and/or to set additional conditions. He can even issue a negative advice.

## MEDICAL DETAILS ARE CONFIDENTIAL

Your medical details and any other medical documents will be kept in a medical file in a separate archive. Medical details are confidential and are treated as such. That means that in principle, only the medical advisor has access to them. In certain cases it may be necessary for your medical details to be submitted to the medical advisor of a reinsurance company. Legislation stipulates what can and cannot be done with the medical details of an insured person. These stipulations are detailed in, among other things, the Code of Conduct 'Processing Personal Data Financial Institutions' and in the Protocol for Insurance Examinations. Insurers and medical advisors must observe these.

Both the code of conduct and the protocol can be requested from the Dutch Association of Insurers, telephone +31 (0)70 3338777 or via the website: [www.verzekeraars.nl](http://www.verzekeraars.nl).

## IF YOUR STATE OF HEALTH CHANGES: REPORT UNTIL FINAL ACCEPTANCE

From the moment you complete the health declaration, it takes some time for the insurer to let you know whether it has accepted/refused your application. During that period your state of health can change (improve or deteriorate). You must notify the insurer's medical advisor of that change. The reasons for this are twofold: First, the change to your state of health may affect the assessment of your application. If your health deteriorates, the medical advisor must take this into account when advising the insurer. The second reason for reporting a change to your state of health is perhaps even more important: if you do not report this, you are not fulfilling your legal obligation to disclose. You may risk not receiving payment and/or a premium waiver when it matters. In that case, you have been paying premiums for nothing. As soon as the insurer has notified you of the fact that it has definitely accepted you, your obligation to report any changes to your state of health lapses. Final acceptance is demonstrated by a policy document, proof of acceptance or a final cover confirmation letter which will be sent to you. Note: the insurer can also notify you of the fact that it has provisionally accepted you. In that case too you are obliged to report any changes to your state of health.

## ADVICE FROM MEDICAL ADVISOR AND OBJECTION

You are entitled to be the first party to hear the advice of the medical advisor. However, you must ask for this in advance. You can do this by enclosing a note with the health declaration, which is addressed to the medical advisor and states that you wish to be the first one to receive the advice. You can then ask the medical advisor not to notify the insurer of his advice. For instance when it says that the premium must be increased and/or stricter conditions must be set. Obviously, no insurance can be taken out in that case. In other words: no insurance without advice.

When sending the (completed and signed) health declaration, the insurer assumes you do not object to your details being processed. If you do object, you should not send in the health declaration. But again: no insurance without details.

## MORE INFORMATION

### HIV test

In order to be able to formulate a sound advice, the medical advisor may wish to know more about your health than provided by you in the health declaration, such as additional information about your doctor(s) in attendance. An additional medical examination or an HIV test may also be part of this. This will only happen with your consent.

The medical advisor may request an HIV test if you have answered 'yes' to one (or more) of the last three questions under HIV/AIDS (see page 5) on the health declaration. According to the HIV code of conduct, you only need to undergo an HIV test if you:

- Underwent a blood transfusion in a country other than the following: the EU countries, Norway, Iceland, Liechtenstein, Switzerland, the US, Canada, Japan, Australia and New Zealand; or
  - Use(d) intravenous drugs and do or did not use(d) sterile materials at all times; or
  - Were treated for anal gonorrhoea during the past five years.
- If you answered 'no' to all questions relating to Aids and HIV under HIV/AIDS on the health declaration, or if an HIV test shows you are not HIV-positive, the insurer can now accept the insurance without any problems.

### HIV CODE OF CONDUCT

The HIV test is subject to a number of conditions laid down in the HIV code of conduct. You can request this via the website of the Dutch Association of Insurers: [www.verzekeraars.nl](http://www.verzekeraars.nl).

### HEREDITARY COMPLAINTS

The health declaration does not specifically inquire about hereditary studies in respect of yourself or your family. Yet, a number of questions are asked under question 4 (see page 5) inquiring after any diseases which run in your family. You are obliged to disclose certain information about the results of hereditary studies relating to you:

- If you have been diagnosed with a hereditary disease and the disease has manifested itself;
- If on the basis of a genetic diagnosis you receive preventive treatment (or did so in the past). This could include preventive treatment against breast cancer following a hereditary study.

You can give this information under the relevant question, under 'specific diseases' (see pages 4 and 5).

Note: when you are asked to disclose any additional medical information, you do not need to do so if you do not want to. Neither do you need to undergo any (additional) examinations, if you do not want to. However, in this instance too the insurer may reject your application.

### INSURANCE EXCEEDING SUMS INSURED

If a person wishes to take out insurance with higher sums insured, i.e. based on additional qualifying questions, he can be asked for more information, e.g. to undergo a medical examination or, with his consent, provide additional information from your doctor in attendance. A blood test and an HIV test can also be requested.

In respect of insurance based on additional qualifying questions (see the context Qualifying Questions) you are obliged to disclose certain hereditary information. If you have been subject to hereditary studies as a result of conditions within your family or if you and/or any members of your family have been diagnosed with hereditary diseases, you must disclose the results of the study or the presence of the condition. This must be done regardless of the relevant condition having manifested itself with you and/or among your family; you have to disclose it either way.

You must also give this information under the relevant question, under specific diseases (see pages 4 and 5).