

Affiliation form

Hospitalisation insurance

AIACE contract – nr. BCVR – 8673

Deadline to affiliate:
before the 69th birthday.

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, as from (date) _____
 an invalidity pension, as from (date) _____
 a retirement pension, as from (date) _____

Basic pension _____ EUR _____ AIACE membership nr.* _____

*Visit the AIACE website and submit your application: <http://aiace-europa.eu/contact/?lang=en>

Do you wish to insure your spouse?

(Maiden) name _____ First name _____
 Date of birth _____ Gender M F

Chosen formula

	Hospitalisation insurance WITHOUT accident cover		Hospitalisation insurance WITH accident cover	
	100 EUR deductible*	No deductible	100 EUR deductible*	No deductible
For myself				
For my spouse				

* Once a year, the first 100 EUR of eligible medical expenses are at the charge of the insured person.

Payment mode

By direct debit By bank transfer

If you wish to pay by direct debit, please also send us the SEPA direct debit form by post, duly completed and signed.

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 spouse to be insured, if any

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 Healthcare's Data Protection Notice ([https:// www.cignahealthbenefits.com/en/privacy](https://www.cignahealthbenefits.com/en/privacy)). If I provide Cigna Healthcare with personal information relating to others, I will make them aware of Cigna Healthcare's Data Protection Notice.