

Waiver

WIA-insurances employee

Aegon Gezond Werkplan

Don't you want to participate in the arrangement your employer offers? Please fill out this form and give it signed to your employer.

Employer

Name employer _____

Domicile employer _____

Policynumber Gezond Werkplan _____

Commencing date arrangement _____ (ddmmjjjj)

Employee

Name and surname _____

Burgerservicenummer (BSN) _____

Date of birth _____ (ddmmjjjj)

Commencing date participation _____ (ddmmjjjj)

Insurances

My waiver is for the insurances:

IVA-Excedent

WGA-Excedent

WIA-Excedent

WGA-Aanvulling

WIA-35min

WIA-Bodem

Declaration

By signing this form the employee declares to:

- know that employer offers to participate in an arrangement;
- choose not to participate in this arrangement of employer;
- know not to be entitled to any benefits of this arrangement and never be able to hold employer or Aegon Schadeverzekering N.V. accountable for a lack of such benefits;
- know that when reconsidering the choice not to participate Aegon:
 - is entitled to request medical information before accepting the employee as a participant;
 - gives cover only as the first day of disability is after the date of acceptance of the employee by Aegon.

Signature

Date _____ (ddmmjjjj)

City _____

Signature employee _____