Change
to disability insurance

- Does your employer have a contract for disability insurance? Then you can use this form to make changes and corrections.
- Loyalis uses your personal data to process your application. Loyalis explains how it handles your data at loyalis.nl/privacy.
- Questions? Feel free to call **+31 45 645 91 90**.

PERSONAL INFORMATION

Birth name

Initials

Gender

◯ Male ◯ Female

By which name(s) would you like us to address you?

Street and house number*

* Including any suffix

Postal code

City/town

Country

Date of birth

dd mm yyyy

E-mail

Telephone

☐ I give Loyalis permission to communicate with me digitally in the future about my products.

Account or customer number*

* You can find this number on your certificate or policy.

Certificate or policy number*

* You can find this number on your certificate or policy.

Is the address you entered above known to us already? ◯ Yes ◯ No

Inkomen & Zekerheid

Loyalis
een merk van a.s.r.

CHANGE OF ADDRESS

Street and house number*

* Including any suffix

Postal code

City/town

Country

Date of change

dd mm yyyy

CHANGE OF ADDRESS (correspondence address)

Street and house number*

* Including any suffix

Postal code

City/town

Country

Date of change

dd mm yyyy

CHANGE OF EMPLOYER

Does your new employer have a contract for disability insurance?

- ◯ Yes, notify us of these changes within 6 months
- ◯ No, then call our Customer Service: +31 45 645 91 90

Old employer's name

Employer's number

Dismissal/resignation date

dd mm yyyy

New employer's name

Employer's number*

You can obtain this number from your Personnel Officer.

Hire date

dd mm yyyy

Street and house number*

* Including any suffix

Postal code

City/town

Country

Employee number*

You can obtain this number from your Personnel Officer.

Inkomen & Zekerheid

Loyalis
een merk van a.s.r.

CHANGE IN COVERAGE

Date of change

dd mm yyyy

The coverage I would like is:

- ◯ coverage for partial disability
- ◯ coverage for full disability
- ◯ complete coverage

  (coverage for both partial and full disability)

In order to assess your application properly, we would like to know more about your medical situation. We need additional information, therefore. We work with the ReMedicalGroup for our medical acceptance process. They request medical details from you if necessary.

TERMINATION OF INSURANCE (all coverage is terminated)

Date of termination

dd mm yyyy

Reason for termination:

- ◯ dismissal/resignation
- ◯ resignation in connection with retirement or early retirement
- ◯ other, specifically

SIGNATURE

The undersigned declares that he/she has completed this form truthfully.

Date

dd mm yyyy

City/town

Signature

Return to:
Loyalis Verzekeringen
Antwoordnummer 4041
6400 VC Heerlen
The Netherlands

Inkomen & Zekerheid

Loyalis
een merk van a.s.r.