

# Notification of recovery

## In connection with your disability insurance

- You can use this form to report your recovery if you have disability insurance.
- Loyalis uses your personal data to process your application. Loyalis explains how it handles your data at [loyalis.nl/privacy](https://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

Country

Date of birth

dd mm yyyy

E-mail

Telephone (during the day)

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

Account or customer number\*

Policynumber\*

\* You can find this number on your policy.

\* You can find this number on your policy.

Is the address you entered above known to us already?

Yes

No

### YOUR EMPLOYER

Employer name

Street and house number\*

\* Including any suffix

Postal code

City

Employer's number\*

\* You can find this number on your certificate or policy. If your employer has a collective contract with Loyalis and pays the full insurance premium for you, you do not need to fill in this number.

## RECOVERY NOTIFICATION

Date of recovery

dd mm yyyy

## SIGNATURE

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

Date

dd mm yyyy

City

Signature

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