

# Affiliation form

## Hospitalisation insurance

AIACE contract – nr. BCVR – 8673

### Identity of the policyholder

Deadline to affiliate:  
before the 67<sup>th</sup> birthday.

(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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For my spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 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.

See overleaf.

I already have a Cigna Eurprivileges product:

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I heard about this insurance via

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- a colleague     a seminar     Internet     another Cigna product
- other:
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Date

Place

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Signature of the retired EU staff member

Signature of the spouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the keeper of the file, for the purpose of rendering due service to the insured parties, for the management of the insurance policies and the processing of claims. Solely to that end, the undersigned gives his/her specific and informed consent for the use of the medical data regarding his/her own person and/or the members of his/her family. The law bearing on the protection of individual privacy with regards to the use of personal information, dated December 8, 1992, provides the subject with the right of access to the data and to their correction as well as the right to consult the public records.