Affiliation form

Accident insurance

AIACE contract – nr. 719.757.143

Deadline to affiliate:
before the 80th 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

WITH excess	formula A	formula B	formula C
WITHOUT excess	formula A	formula B	formula C

Authorisation to deduct the premium

Premium rate | %

I hereby authorise the Administration of the European Union to deduct each month the insurance premium from my monthly pension or allowance and pay it to Cigna Eurprivileges.

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

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.

Designation of the beneficiaries of the death capital Accident insurance

AIACE contract – nr. 719.757.143

To be filled in by the policyholder

I, undersigned

(Maiden) name First name

Private address: Street

Nr. Box Postal code City

insured under the above mentioned policy, hereby indicate the following person(s) to receive the capital sum payable on my death (if you nominate several beneficiaries, please mention the share you wish to reserve for each of them):

Beneficiary (name + address) Share

Date Place

Signature of the retired EU staff member

Signature of the partner/spouse to be insured, if any

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Designation of the beneficiaries of the death capital Accident insurance

AIACE contract – nr. 719.757.143

To be filled in by the (surviving) spouse

I, undersigned

(Maiden) name First name

Private address: Street

Nr. Box Postal code City

insured under the above mentioned policy, hereby indicate the following person(s) to receive the capital sum payable on my death (if you nominate several beneficiaries, please mention the share you wish to reserve for each of them):

Beneficiary (name + address) Share

Date Place

Signature of the retired EU staff member

Signature of the partner/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.