



Request to modify FPS group hospital plan

Group insurance [Healthcare]



Complete this form to make a modification to your FPS group hospital plan.

Ideally, complete this form online, as this will expedite the processing of your request.

Rather have a paper version? Complete this form in capital letters, as this will maximise legibility.

1) Personal details

Company

Company name: Group number:

Staff member details (policyholder)

Surname: First name:

Date of birth: / /

Street: N°: Box: Postal code: City:

E-mail address: Telephone number:

2) Removal of (an) insured(s)

Complete this section to remove an insured from your plan

- Death Name of the deceased: Date: / /
- Remove ex-spouse/partner Name of ex-spouse/partner: Date: / /
- Remove child* Name of child: Date: / /

**A child may remain enrolled in the following cases: s/he entitles the parent to collect a child benefit allowance OR is dependent for tax purposes OR resides with the staff member*

3) Additional enrolment(s)

Complete this section to add an insured to your plan

- Enrolment of (a) family member(s) Date: / /
- Married or living together at the same address* Date: / /
- Birth/adoption Date: / /

**If living together, attach proof of residence issued by the municipal authorities*

	Family member 1	Family member 2	Family member 3	Family member 4
Surname				
First name				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of birth / / / / / / / /
Marital/family status				
Relationship with staff member				

4) Other modification[s] _____

- Internal mobility policyholder (change in FPS):
From to as of: / /
- From now on, I would like to pay: quarterly annually: as of: / /
- End of child benefit allowance for: [naam kind] as of: / /
- Retirement of staff member: on: / /
- Other modification (please specify): as of: / /

5) Important _____

I the undersigned declare that:

- + I will immediately report any change in family composition to the social services department or HR department by completing a new «Request to modify FPS group hospital plan» form
- + I will keep a copy of this form for my records
- + I am aware of the general terms and conditions applicable to the FPS group hospital plan (FORCMS-AV-100);
- + I have taken note of the Information Document on the last page of this form.

Drawn up in on / /

Signature of the staff member or policyholder:

Signature of the insured (over the age of 18):

Return the completed form to your social services department or HR department.

Questions? Concerns?

We are happy to assist you with any questions you may have.

Call or e-mail us on:

- + 02 664 12 05 (8:00 am – 4:45 pm)
- + hospitalisatiefed@aginsurance.be

Information on the protection of privacy

AG Insurance and your employer attach exceptional importance to protecting personal data and process the data carefully in accordance with the provisions of the applicable privacy legislation and the provisions of the corporate-sponsored hospitalisation and health care insurance Federal Public Services (FORCMS-AV-100).

Purposes of processing

As controller(s), AG Insurance and/or the employer may process the obtained personal data for the following purposes:

- managing the corporate-sponsored hospitalisation and health care insurance Federal Public Services and establishing statistics on the basis of the performance of the contract (FORCMS-AV-100);
- complying with statutory and regulatory obligations, such as tax obligations and prevention of money-laundering, on the basis of a statutory or regulatory stipulation.

For fulfilment of these purposes, AG Insurance may also receive personal data from the data subject personally or from third parties. As and when necessary, these processing purposes can be based on the consent of the data subject.

Categories of processed personal data and potential recipients

AG Insurance may process the following categories of personal data: identification and contact data, financial data, personal characteristics, health data, occupation and employment, lifestyle, family composition, risk situations and risk behaviours, judicial data.

If such is necessary for the above purposes, and in accordance with privacy legislation, these personal data may be communicated by AG Insurance to other involved insurance companies, their representatives in Belgium, contact points in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation or an administrative or court decision, or if a legitimate interest exists.

It is possible that AG Insurance transfers personal data outside the European Economic Area (EEA) to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG Insurance will protect the data by increasing the IT security and by contractually requiring an intensified level of security from its international counterparts.

Health data

If for the purpose of describing a risk or handling a claim a data subject entrusts data about his/her health to AG Insurance, AG Insurance will watch over that the health data are processed for the defined purposes with the explicit consent of the data subject. At any time, the data subject may withdraw his/her consent for the processing of his/her health data. In these cases, the data subject acknowledges that AG Insurance will be unable to proceed with his/her request for service and/or to perform the contractual relationship.

Retention period for your personal data

Your personal data will be retained for as long as is necessary to achieve the purposes for which it was obtained, during the statutory limitation period or any other retention period imposed by the applicable laws and regulations.

Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data and the right to have his/her data erased. In these cases, it is possible that AG Insurance will be unable to perform the contractual relationship.

To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer (DPO) of AG Insurance, accompanied by a both-sides copy of his/her identity card.

The Data Protection Officer of AG Insurance is reachable at the following addresses:

By post: AG Insurance – Data Protection Officer
Emile Jacqmainlaan/Boulevard Emile Jacqmain 53, 1000 Brussels

Or by email: AG_DPO@aginsurance.be

Complaints may be submitted to the Data Protection Authority.