VIVIUM

Modification form group insurance

Organiser: _____

E-mail organiser: _____

Affiliate's policy number(s): 5 | | | / _____

Affiliate's name: _____

Affiliate's National Register Number: _____

Civil status

☐ Married

☐ De facto cohabiting ☐ Legally registered cohabiting

Date | | | | | | | | |

Name and first name partner

| | | | | | | | |

VIVIUM

End of employment

Date of leaving the employment (= date until salary is paid):

Nature: ☐ *Normal resignation* ☐ *System of unemployment with company complement (SCC)*
☐ *Effective (early) commencement of the statutory pension*

– In the event of an effective (early) commencement of the statutory pension the payment of the supplementary pension is legally required.

– In the event of resignation or redundancy with immediate payment of salary, involving a settlement agreement with the employee stipulating that the contribution for the covers in case of survival and death must still be paid: please indicate the number of weeks and months the single premium needs to be charged.

months weeks

Does this also apply to the personal contribution? ☐ *Yes* ☐ *No*

Address of the affiliate:

Street *Number* *Box*

Postal code *Place of residence*

Change of address

New address:

Street *Number* *Box*

Postal code *Place of residence*

Postponement

☐ Wishes to postpone the maturity date

Remarks

General declarations

Data Protection

In connection with the management of your group insurance, P&V Verzekeringen CVBA/P&V Assurances SCRL, with its registered office at Koningstraat/Rue Royale 151, 1210 Brussels, will collect and process personal data in its capacity as controller. These data will be processed with the greatest discretion and only by persons who are authorised to do so.
The general terms and conditions of your group insurance provide more information regarding the General Data Protection Regulation (GDPR). P&V Verzekeringen CVBA/P&V Assurances SCRL's policy with respect to the protection of privacy can be consulted at www.vivium.be/privacy.

The undersigned confirms to have answered the above questions fully and truthfully and confirms to be aware of the fact that deliberate concealing or deliberately providing incorrect information which may mislead the insurer when assessing the risk, will render this insurance contract null and void.

Signature

Drawn up in on

Signature organiser,