



Wlz insurance position

Please note that this form is meant for 1 person. If your partner also wants to know whether he or she is insured under the Wlz scheme, your partner needs to fill in a form separately.

1 Personal details

surname (at birth)

forenames

date of birth

male

female

street and number

postcode and town/city

burgerservicenummer

daytime telephone number

2 Postal address

Only complete this section if you wish to receive post from the SVB at a different address than your home address.

street and number

postcode and town/city

3 Domestic situation

By "partner" we mean the person with whom you share a household.

What is your current domestic situation

I am married / am in an officially registered domestic partnership

name of partner

I am unmarried and I am living with

name of partner

I live alone

other (please specify)

4 Your employment

Please name the country/countries where you work.

Are you working	yes, in paid employment in since <i>Enclose documentary evidence, for instance an employer's statement or a payslip.</i> yes, as a self-employed person in since <i>Enclose documentary evidence of your activities as a self-employed person (e.g. copies of your registration with the Chamber of Commerce, contracts, tenders or proposals, invoices, turnover tax assessments).</i> no
Are you active in the military	yes, since no
Do you work for an organization under international law	yes, name of organization since <i>Enclose documentary evidence, for instance an employer's statement or a payslip.</i> no

5 Study

Do you stay in the Netherlands for study purposes only	yes, since no
Do you work in the Netherlands in addition to your studies	yes, since no

6 Your health insurance

Do you have health insurance with a Dutch health insurance company	yes, name of health insurance company no, because
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7 Employment of your partner

Only complete this section if you have a partner. Name the country/countries where your partner works. By "partner" we mean the person with whom you share a household.

Is your partner working

yes, in paid employment in

since

Enclose documentary evidence, for instance an employer's statement or a payslip.

yes, as a self-employed person in

since

Enclose documentary evidence of your activities as a self-employed person (e.g. copies of your registration with the Chamber of Commerce, contracts, tenders or proposals, invoices, turnover tax assessments).

no

Does your partner work for an organization under international law

yes, name of organization

since

Enclose documentary evidence, for instance an employer's statement or a payslip.

no

8 Health insurance of your partner

Does your partner have health insurance with a Dutch health insurance company

Yes, name of health insurance company

no, because

Are you co-insured under your partner's non-Dutch health insurance policy

yes, since

Enclose a copy of your proof of registration.

no

9 Signature

date

I declare that the information on this form is true and complete

signature

Send this form and enclosures to SVB Amstelveen,
Postbus 357, 1180 AJ Amstelveen, the Netherlands

