

To be filled in by the employer

Duty of information from employer to employee in accordance with article 208 of the law of 4 April 2014 on insurance.

This document should be handed to the relevant employee at the latest within 30 days after losing the benefit of the occupation-related incapacity for work insurance.

Employer's details

Employer's name _____
Policy number _____

Employee's details

Name and first name _____

Relevant dates

Date when the employee is notified of the entitlement to individual continuation of the occupation-related incapacity for work insurance: ___ / ___ / ___

The affiliation to the aforementioned occupation-related incapacity for work insurance was / will be terminated on: ___ / ___ / ___

Information intended for the employee

You are entitled to individually continue, entirely or partly, the occupation-related incapacity for work insurance when you lose this benefit without having to undergo an additional medical examination, and without filling in a new medical questionnaire.

The only condition is that you have been affiliated uninterruptedly for the past 2 years.

If you want to use this entitlement to individual continuation, please send the enclosed application form (see back) within 30 days following receipt of this letter:

Employee Benefits
Desguinlei 92
B – 2018 Antwerp (also for contracts managed in Brussels)
Tel.: 03/244.66.77
Fax: 03/244.44.02
E-mail: sceb-antwerpen@vivium.be

You are entitled to extend the above term by 30 days, provided you notify VIVIUM in writing or electronically.

Done in duplicate in _____ on ___ / ___ / ___

Employer's signature,

Employee's signature,

To be filled in by the employee

Your data

Name and first name _____
Street & number / box _____
Postal code & city _____
E-mail address _____
Date of birth ___ / ___ / ___
New profession _____
Please provide an accurate description of your occupation:

New social security status wage-earner self-employed liberal profession

Application of individual continuation

I would like to individually continue the occupation-related incapacity for work insurance specified on the back without new medical formalities for an annual pension of EUR _____ (maximum the last insured annuity in the group insurance).

Have you been uninterruptedly insured with one or more insurers during the 2 years preceding the loss of this occupation-related cover? yes no

Please return this application within 30 days after having been notified by your employer of the entitlement to individual continuation to:

Employee Benefits
Desguinlei 92
B – 2018 Antwerp (also for contracts managed in Brussels)
Tel.: 03/244.66.77
Fax: 03/244.44.02
E-mail: sceb-antwerpen@vivium.be

You are entitled to extend the above term by 30 days, provided you notify VIVIUM in writing or electronically. This term will expire in any case 105 days after losing the benefit.

Done in _____, on ___ / ___ / _____

Signature: