

This document must be completed by the employer and by the personnel member.  
Any missing information (e.g. National Registration No.) will delay data processing.

**1 Employer's data**

To be filled in by the employers

Employer's name: \_\_\_\_\_  
Plan number: \_\_\_\_\_  
Contract number (communicated by the insurer): \_\_\_\_\_

**2 Personnel member's data**

TO BE FILLED IN BY THE PERSONNEL MEMBER:

Last name<sup>1</sup>: \_\_\_\_\_  
First name<sup>1</sup>: \_\_\_\_\_  
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Gender<sup>2</sup>:  male  female  
National registration number / SIS card number (upper right): \_\_\_\_\_  
Official language<sup>2</sup>:  FR  NL  EN  
Nationality: \_\_\_\_\_

Family situation<sup>2</sup>:

- married / legally cohabiting  single/divorced  widow(er)  
 cohabiting  separated  legally separated

Last name and first name of spouse or cohabiting partner: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last and first names of children<sup>1 2</sup>:

1. \_\_\_\_\_  M  F Date of birth: \_\_\_\_\_  dependent child<sup>3</sup>  
2. \_\_\_\_\_  M  F Date of birth: \_\_\_\_\_  dependent child<sup>3</sup>  
3. \_\_\_\_\_  M  F Date of birth: \_\_\_\_\_  dependent child<sup>3</sup>  
4. \_\_\_\_\_  M  F Date of birth: \_\_\_\_\_  dependent child<sup>3</sup>

Professional e-mail: \_\_\_\_\_ Private e-mail: \_\_\_\_\_

Official address:

Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

TO BE FILLED IN BY THE EMPLOYER<sup>2</sup>:

Social status:  independent  employee  
Contract type:  fixed term  indefinite period

Date d'entrée en service : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

category to which the above-mentioned staff member should be connected to :

Percentage working time: \_\_\_\_\_ %

Date of entry into the above category: \_\_\_\_\_ Reference number: \_\_\_\_\_

Monthly salary on full-time basis<sup>3</sup>: Amount \_\_\_\_\_ EUR

<sup>1</sup> Please enter in capitals.  
<sup>2</sup> Tick appropriate box(es).  
<sup>3</sup> Following the provisions of the group insurance regulations.

Personnel member's data :

Last name : \_\_\_\_\_ First name: \_\_\_\_\_

Plan number: \_\_\_\_\_

### 3 Options

To be filled in by the personnel member:

Please make your choices between the hereafter proposed coverages in accordance with the plan rules:

- 1) Only risk coverages provided for in the plan rules will be taken into account.
- 2) We will not take into account your choice for a coverage if the plan rules do not provide this possibility.
- 3) The "default" choice as defined in the plan rules will be applied if you make no or an invalid choice.

#### 3.1 Death coverage<sup>6</sup>

the standard formula.

The standard formula is described in the plan rules.

- I determine myself the level of the risk coverage<sup>7</sup>.

The selected lump sum death benefit is equal to:

the annual salary multiplied by:  0  1  2  3  4  5

increased, per child, by the annual salary multiplied by:  0  0,5  1

#### 3.2 Supplementary lump sum accidental death benefit<sup>6</sup>

- I opt for the standard formula.

The standard formula is described in the plan rules.

- I determine myself the level of the risk coverage<sup>7</sup>.

The selected lump sum accidental death benefit is equal to:

the annual salary multiplied by:  0  1  2  3  4  5

increased, per child, by the annual salary multiplied by:  0  0,5  1

#### 3.3 Disability benefit<sup>6</sup>

- I opt for the standard formula.

The standard formula is described in the plan rules.

- I determine myself the level of the risk coverage<sup>7</sup>.

The selected disability annuity is calculated based on the formula:

either  10 % S1 + 70 % S2 (and 70 % S3 in the event of occupational accident)

15 % S1 + 75 % S2 (and 75 % S3 in the event of occupational accident)

20 % S1 + 80 % S2 (and 80 % S3 in the event of occupational accident)

where S1 = 12 times monthly salary limited to the statutory ceiling illness and disability insurance

S2 = part of the annual salary exceeding S1

S3 = part of the annual salary exceeding the statutory ceiling occupational accident

or  70% S - IDI (and 70 % in the event of occupational accident)

75 % S - IDI (and 75 % in the event of occupational accident)

80 % S - IDI (and 80 % in the event of occupational accident)

where S = the annual salary

S3 = part of the annual salary exceeding the statutory ceiling occupational accident

IDI = statutory illness and disability insurance

The annuity is indexed by\*  0%  0,5%  1%  1,5%  2%  3%

\* these choices are limited to the possibilities foreseen in the pension regulation.

- no annuity

<sup>6</sup> Please tick appropriate box(es)

<sup>7</sup> Please select only a formula that is permitted in your plan rules.

Personnel member's data :

Last name : \_\_\_\_\_ First name: \_\_\_\_\_

Plan number: \_\_\_\_\_

### 3.4 Savings<sup>8</sup>

I opt for the “default” investment fund.

The “default” investment fund is described in the plan rules.

I myself determine the distribution of my investments<sup>9</sup>:

Rainbow White	..... %
Rainbow Violet	..... %
Rainbow Blue	..... %
Rainbow Indigo	..... %
Rainbow Green	..... %
Rainbow Orange	..... %
Rainbow Red	..... %
	_____
	100 %

### 4 Beneficiaries in case of death

Should you wish to designate beneficiaries other than those provided for in the regulations, we would ask you to use the special “Designation/Modification of Beneficiary(-ies)” form.

*The personnel member hereby expressly and irrevocably authorises the employer, who accepts, to communicate to the insurer his personal choices under “Options” on his behalf and for his account. Such communication can be done in any way, including electronic mail.*

*Collection and use of data are in conformity with the provisions of the Belgian law on the protection of privacy. AG Insurance, in charge of the data processing, may process such data gathered about the persons for the management of its insurance services and products, including their promotion, the management of the accounts, the drawing-up of statistics, and reserves the right to communicate the data to third parties when there exists a legal, contractual or legitimate interest thereto. You may take cognizance of such data and if necessary have them corrected, as well as oppose free of charge to processing of the same for purposes of direct marketing: if you want to exercise this right of opposition tick this box :*

*Very important: the employer certifies the data relating to the family situation and the full address to be accurate.*

Location: \_\_\_\_\_

Date: \_\_\_\_\_

For the employer,

For personnel member,

<sup>8</sup> Please tick appropriate box.

<sup>9</sup> Please select only funds permitted in your plan rules.