Change of option

Subscriber's contact details

I, the undersigned,

Surname* : .....
** Or paste a mutual insurance vignette*

First name* : .....

National ID number* : .....
(if unavailable, enter date of birth):

Street: .....

Number: ..... Box: ..... Zip code: .....

City: .....

Country: .....

Telephone: .....

Email: .....

As a subscriber, I request a change to my hospital insurance.

Contract number : .....

I subscribe to (please check the box of your choice):

Hospitalisation : ☐ Neutra Base ☐ Neutra Optimum ☐ Neutra+ ☐ Neutra Confort ☐ Neutra Top

From .....

Beneficiaries concerned

The person(s) named:

National Registry	Last name	First name

☐ I declare that I have read the privacy policy and give my consent to SMA Neutra to process my personal data.

Done at ..... , on ..... **Signature of the policyholder**

Société Mutualiste d'Assurances Neutra

Rue de Joie 5 - 4000 Liège
Tel : 04.254.54.90

N° entreprise : 0472.020.311
Agréé par l'OCM : n°250/2

info@neutrassur.be
https://www.neutrahospi.be

Personal data processed by SMA Neutra is processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the SMA Data Protection Officer by telephone on 04.254.58.91, by email at protection_donnees@neutrassur.be or by post at Rue de Joie 5, 4000 Liège. SMA Neutra's Personal Data Protection Statement can be consulted on its website at https://www.neutrahospi.be/.

Information and needs analysis form for hospital and/or dental insurance (Non-Life)

Using the questions below, we will carry out a needs analysis in order to offer you the SMA Neutra insurance product that best suits your requirements. Please answer these questions fully and honestly in order to reduce the risk of over-insurance, under-insurance or inadequate insurance coverage. You acknowledge that we will not be able to analyze your needs or provide detailed advice if you do not answer or only answer some of the questions.

Do you and/or the insured person(s) mentioned above already have insurance ?

- ☐ No
- ☐ Yes, dental insurance covering :
  - ☐ The policyholder ☐ The insured person(s)
- ☐ Yes, hospital insurance covering :
  - ☐ The policyholder ☐ The insured person(s)

I undertake to send the insurance certificate(s) issued by my former insurer to SMA Neutra.

You wish to be insured for :

1. Hospitalization :

Would you like reimbursement of your pre- and post-hospitalization expenses and expenses related to a serious illness ?

- ☐ No, I'd rather:
  - ☐ Reimbursement of up to €1,000 per calendar year and€100 for day hospitalization
  - ☐ Reimbursement of up to €3,000 per calendar year and€200 for day hospitalization
- ☐ Yes
  - ☐ A 2-bed room or a shared room with no deductible, reimbursement of up to €50 per day of hospitalization and up to 1 times the legal fee for additional fees
  - ☐ The option of a private room with a deductible of €125, reimbursement of €150 per day of hospitalization and a maximum of three times the legal fee for additional fees
  - ☐ The option of a private room with a deductible of €100, reimbursement of €250 per day of hospitalization and a maximum of four times the legal fee for additional fees

2. Dental care (Dentalis insurance) :

☐ You would like to receive reimbursements for preventive and curative care, orthodontics, periodontology, prosthetics, and implants.

You have been advised

(To be completed by the advisor)

Advisor's first and last name : .....

Based on the above information, we recommend that you subscribe to the following product(s) :

Hospitalization: ☐ Neutra Base ☐ Neutra Optimum ☐ Neutra+ ☐ Neutra Confort ☐ Neutra Top

Dental: ☐ Dentalis

For the following reasons : .....

.....

.....

(To be completed by the subscriber)

I expressly acknowledge that I have accurately declared all known circumstances that may influence the advice provided by SMA Neutra.

☐ I decide to follow this advice and wish to subscribe to the recommended product(s).

☐ I knowingly opt for the following coverage(s), despite the advice given :

Hospitalization: ☐ Neutra Base ☐ Neutra Optimum ☐ Neutra+ ☐ Neutra Confort ☐ Neutra Top

Dental: ☐ Dentalis

For the following reasons : .....

.....

.....

You have not been advised

☐ I have not sought advice and acknowledge that I have been properly informed through the information made available to me, in particular through the information brochures and the SMA Neutra website. I wish to subscribe to the following product(s) :

Hospitalization: ☐ Neutra Base ☐ Neutra Optimum ☐ Neutra+ ☐ Neutra Confort ☐ Neutra Top

Dental: ☐ Dentalis

By signing this document, the subscriber declares that they have received the following documents and understood their content :

- pre-contractual information sheet;
- information document on the chosen insurance product.

A copy of this document is sent to the subscriber.

Done at ..... , on .....

Signature of the policyholder
(Preceded by 'read and approved')

In accordance with legislation on the protection of personal data, SMA Neutra collects the information in this questionnaire in order to analyse your requirements and needs and to manage the data necessary for the performance of the contract. If this data is not provided, SMA Neutra will not be able to conclude the contract with the policyholder. This data will not be disclosed to third parties, except in cases provided for by law. Your data will be deleted after any legal proceedings have been concluded, unless a legal provision requires earlier destruction. You have the right to access, rectify or delete data concerning you, as well as the right to restrict processing, object to processing or transfer your data. To exercise these rights, you must send a written and signed request accompanied by a copy of your identity card to: SMA Neutra, Rue de Joie 5, 4000 Liège, or to protection_donnees@neutrassur.be. You can obtain further information on this subject from our Data Protection Officer by contacting him by e-mail: protection_donnees@neutrassur.be or by telephone on 04.254.58.91. You can lodge a complaint with the Privacy Commission, Rue de la Presse, No. 35, 1000 Brussels (02/274.48.00 - https://www.privacycommission.be).

Pre-contractual information

This information is provided to you in accordance with the 'Assurmifid' rules of conduct.

Information about SMA Neutra

Rue de joie 5, 4000 - Liège
Company number: 0472.020.311
Tel: 04/254.54.90
E-mail: info@neutrassur.be ; dentalis@neutrassur.be
Website: www.neutrassur.be
Mutual insurance company, approved by the Office for the Control of Mutual Insurance Companies and National Unions of Mutual Insurance Companies (OCM), whose headquarters are located at Avenue de l'Astronomie, 1, 1210 Brussels, https://www.ocm-cdz.be , under number 250/2.

We exclusively market our hospital and dental insurance products.

Communication channels

We can be reached by phone, email, or mail. You can also visit one of our member mutual insurance agencies.

Languages of communication

Depending on the customer's choice, communication can be in French, Dutch, or German.

Conflict of interest policy

In accordance with legal provisions, a conflict of interest management policy is in place. A summary of this policy can be found on the SMA Neutra website https://www.neutrassur.be. Further information on this policy can be obtained on request in writing or by email.

By signing this document, the subscriber acknowledges that they have read and understood the terms and conditions set out below. This document is drawn up in two original copies, each party acknowledging that they have received the copy intended for them.

Done at ....., the .....

For SMA Neutra :

Signature of the subscriber
(Preceded by 'Read and approved')

General terms and conditions of our services

Our services and insurance policies
We exclusively provide insurance products in class 2, and incidentally in class 18.

Communication via our website
We use our website to communicate general information to our policyholders. The use of a website to inform a policyholder is considered appropriate in the context in which business is conducted if it can be proven that the policyholder has regular access to the internet. The provision by the policyholder of an email address as a means of communication for the purposes of conducting business with us constitutes proof of such regular access.

Complaint handling
If you have a complaint about the management of your contract, you can contact us by post (Rue de Joie 5, 4000 Liège), by email (gestion-des-plaintes@neutrassur.be) or via our website (www.neutrassur.be).
If you are not satisfied with the response to your complaint, you can contact the Insurance Ombudsman Service, whose headquarters are located at Square de Meeûs 35, 1000 Brussels - Tel: 02/547.58.71 - Fax: 02/547.59.75 (info@ombudsman-insurance.be or https://www.ombudsman-insurance.be/).

Provision of advice
We provide advice based on your individual situation in order to offer you the product that best meets your requirements and needs. This advice is not based on an impartial analysis of the products available on the market.

Personal data protection
We ensure compliance with the requirements of Regulation (EU) 2016/679 of April 27, 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. SMA Neutra's Personal Data Protection Statement can be consulted on its website at www.neutrassur.be. Its data protection officer can be contacted by telephone on 04/254.58.91, by email at protection_donnees@neutrassur.be and by post at Rue de Joie 5, 4000 Liège.

Related costs and fees
From January 1, 2018, before the contract is concluded and at each contract renewal date, details of the costs and fees related to the insurance intermediation service will be sent to you.

Applicable law
These terms and conditions are governed by and interpreted in accordance with Belgian law.