

## Incapacity for work declaration form

Please return this document as soon as possible (within the time limit specified in the general terms and conditions), completed and signed, to [customercare@nn.be](mailto:customercare@nn.be) (**NN Insurance Belgium nv - Customer Care, for the attention of the advising physician**).

### Important to Check

- By checking this box, you expressly authorise NN Insurance Belgium nv ('NN'), Fonsnylaan 38, 1060 Brussels, in its capacity as data controller, to process any health-related data that you provide to us now or in the future. You hereby declare that you have read the attachment "Consent for processing your personal health data". Without your consent, NN cannot process your request to open a claim file in case of incapacity for work.

Please add the following attachments to your declaration.

- A clearly legible copy of the front and back of your identity card
- A clearly legible copy of the front and back of your bank card (your personal bank card and/or potentially the company bank card)
- Incapacity for work certificates stating the degree of incapacity for work and the start and end dates, issued by your attending physician
- The "medical certificate" form, completed and signed by your attending physician
- All medical reports relating to the condition or injuries suffered

### 1. Personal details

Group / Policy number:

Surname and first name:

Date of birth:  Sex:  M  F

Official address:

Telephone/mobile (\*):

Email (\*):

IBAN:  BIC code:

Occupation:

Social status:  Self-employed  White-collar worker  Blue-collar worker /  Manual labour  Administrative  Both

(\* ) Email address and telephone number are only used to communicate about the contractual documents and further management of the file.

### 2. Company details (to be completed if you have a company)

Company name:

Company VAT number:

Company IBAN:  BIC code:

### 3. Information regarding the incapacity for work

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Nature of the incapacity for work:  illness  accident  pregnancy

**If it concerns an accident, please fill in the following:**

Nature of the accident:  Private  Work  Sport  Traffic

Date of the accident:

Description of the location, causes and circumstances of the accident:

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#### Warning

**The insured person confirms the accuracy of the information contained in this declaration, even if he or she has not written it personally. He or she undertakes to provide NN Insurance Belgium nv with all additional information as soon as he or she has been informed of such information.**

**In accordance with Article 59 of the Law of 4 April 2014 on insurances, any intentional omission or incorrect communication, which misleads NN Insurance Belgium nv in assessing the risk elements, will lead to the nullity of the policy. In that case, the premiums that have fallen due up to the time when NN Insurance Belgium nv became aware of the intentional omission or incorrect communication are owed to NN Insurance Belgium nv.**

**The insured person hereby expressly authorises the physicians who have treated him or her in the past or will treat him or her in the future to provide the advising physician of NN Insurance Belgium nv.**

### 4. Date & signature

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Name of the insured person:

Date

Signature

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## Consent for processing your personal health data

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### (General Data Protection Regulation 27th of April 2016, applicable since 25th of May 2018)

The personal health data that you provide to us, now or in the future, will be treated by NN Insurance Belgium SA/NV (Avenue Fonsny 38, 1060 Brussels), the data controller.

For additional information regarding the protection of your personal data, you can contact our Data Protection Officer (DPO) as follows: Data Protection Officer (DPO), Avenue Fonsny/Fonsnylaan 38, 1060 Brussels, or at [dpo@nn.be](mailto:dpo@nn.be).

The personal health data of the undersigned person is processed for the following purposes. We require this personal data as part of the underwriting of your insurance policy and, in particular, in order to be able to determine and accept the risk to be covered. During the term of the policy, it is necessary to process this personal data for the purpose of administration and performance of the contract and for management of claims and payment of benefits under the policy, including, where appropriate, to third parties. Finally, this data is also required to prevent irregularities, including for the prevention and combating of fraud. It may also be processed for profiling purposes.

Your personal health data will be processed discreetly and exclusively by authorised persons within the data controlling entity: the medical department and legal department). For the above-mentioned purposes, your personal data may be provided to a medical advisor, a doctor, a reinsurance company, the Monitoring Agency (Bureau de suivi) or - in case of disability - our outsourcing partner). An up-to-date list of recipients of your personal data is available on request from our DPO.

You explicitly agree that your health data may be received by your financial adviser, who will transfer this to NN Insurance Belgium SA/NV.

Your data is usually processed within the European Union (EU). In some cases, personal data is processed outside the EU. However, to ensure that your personal data is kept secure, in these cases we take measures by signing agreements in which we make comparable arrangements regarding the security of personal data, just as we do within the EU.

We keep your personal data as long as required for the purposes mentioned above. NN Insurance Belgium SA/NV must also take into account the legal and regulatory periods for the keeping of personal data and/or (pre-) contractual documents, as well as the periods of limitation while taking into account the legal causes for the suspension and interruption of such periods of limitation.

You have the following rights with regard to your personal data:

- the right to access,
- the right to rectify,
- the right to limitation of processing, which is however exercised with regard to the right for NN Insurance Belgium SA/NV to keep or process your personal data for the recognition, exercise or defence of its data in legal proceedings,
- a right of portability, where the data processing is based on the execution of the contract or (pre-)contractual measures,
- the right to erasure, provided that the processing is based on the execution of the contract or (pre-)contractual measures, taking into account, however, the retention period obligations to which NN Insurance Belgium SA/NV is subject, or on the legitimate interest of NN Insurance Belgium SA/NV if there is no compelling legitimate reason for the processing. The right to erasure implies withdrawing your consent to the processing of your personal health data. Even though this consent may be withdrawn at any time, its withdrawal may mean that it will no longer be possible to continue to process the personal health data for the above-mentioned purposes, which could have consequences for the policy underwritten.
- the right to object to the processing of your personal health data for profiling purposes provided that there are no pressing lawful reasons for such processing.

You can exercise the above rights, free of charge in principle, by sending a signed and dated request together with a proof of identity to our DPO. Whether or not you can exercise your rights depends on the purpose of the processing and the legal base for the processing.

If you have a complaint about the way in which NN deals with your personal data, please contact us: Quality Care Center, Avenue Fonsny/Fonsnylaan 38, 1060 Brussels or [complaints@nn.be](mailto:complaints@nn.be).

You may also lodge a complaint via the Data Protection Authority (e-mail to [contact@apd-gba.be](mailto:contact@apd-gba.be) or via the website <https://www.dataprotectionauthority.be/citizen>).

The complete privacy statement is available on our website (<https://www.nn.be/en/privacy-statement>). This information is based on the General Data Protection Regulation of 27 April 2016, applicable since 25 May 2018.

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