Affiliation form

Accident insurance

AIACE contract - nr. 719.757.143

Identity of the po	licyholder		Deadline to affiliate: before the 80 th birthday.		
(Maiden) name		First name			
Date of birth (d - m - y)		Gender \bigcirc M	○F		
Private address: Street					
Nr. Box					
Postal code		City			
Private email address					
Private telephone numb	oer				
I was employed by		Pension nr.			
I am eligible for	an allowance, as froman invalidity pension				
	() a retirement pension	i, as from (date)			
Basic pension	EUR	AIACE members	:hin nr*		
I wish to apply for this in		AIACL Members	, , , , , , , , , , , , , , , , , , ,		
_	er of an EU institution				
	r/spouse of a (retired) sta	aff member			
	nd submit your application: h		ct/?lang=en		
Do you wish to in	sure your spouse?				
(Maiden) name		First name			
Date of birth		Gender () M () F			
Chosen formula					
WITH excess	O formula A	○ formula B ○ f	ormula C		
WITHOUT excess	◯ formula A	○ formula B ○ f	ormula C		
Authorisation to deduct the premium Premium rate %					

I hereby authorise the Administration of the European Union to deduct each month the insurance

premium from my monthly pension or allowance and pay it to Cigna Eurprivileges.



See overleaf.

I already have a C	Cigna Eurprivileg	es product:			
I heard about this	insurance via				
(a colleag	gue 🔾 a sem	inar 🔘 Inte	rnet (another Cigna pr	oduct
Oother:					
Date	PI	ace			
Signature of the r	etired EU staff r	nember	Signatu	re of the partner/spo	ouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the keeper of the file, for the purpose of rendering due service to the insured parties, for the management of the insurance policies and the processing of claims. Solely to that end, the undersigned gives his/her specific and informed consent for the use of the medical data regarding his/her own person and/or the members of his/her family. The law bearing on the protection of individual privacy with regards to the use of personal information, dated December 8, 1992, provides the subject with the right of access to the data and to their correction as well as the right to consult the public records.

Designation of the beneficiaries of the death capital

Accident insurance

AIACE contract - nr. 719.757.143

To be filled in by the policyholder

I, under	signed	
(Maiden) name		First name
Private	address: Street	
Nr.	Box	
Postal c	code	City
insured	under the above mentioned poli	cy, hereby indicate the following person(s) to receive the capital
sum pay	yable on my death (if you nomina	te several beneficiaries, please mention the share you wish to
reserve	for each of them):	
Benefic	iary (name + address)	Share
Date		Place
Signatu	re of the retired EU staff membe	Signature of the partner/spouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the keeper of the file, for the purpose of rendering due service to the insured parties, for the management of the insurance policies and the processing of claims. Solely to that end, the undersigned gives his/her specific and informed consent for the use of the medical data regarding his/her own person and/or the members of his/her family. The law bearing on the protection of individual privacy with regards to the use of personal information, dated December 8, 1992, provides the subject with the right of access to the data and to their correction as well as the right to consult the public records.



Designation of the beneficiaries of the death capital

Accident insurance

AIACE contract - nr. 719.757.143

To be filled in by the (surviving) spouse

I, under	signed	
(Maiden) name		First name
Private	address: Street	
Nr.	Box	
Postal c	code	City
insured	under the above mentioned poli	cy, hereby indicate the following person(s) to receive the capital
sum pay	yable on my death (if you nomina	te several beneficiaries, please mention the share you wish to
reserve	for each of them):	
Benefic	iary (name + address)	Share
Date		Place
Signatu	re of the retired EU staff membe	Signature of the partner/spouse to be insured, if any

The personal data provided may be used by Cigna International Health Services BVBA, Plantin en Moretuslei 299, 2140 Antwerpen, Belgium, the keeper of the file, for the purpose of rendering due service to the insured parties, for the management of the insurance policies and the processing of claims. Solely to that end, the undersigned gives his/her specific and informed consent for the use of the medical data regarding his/her own person and/or the members of his/her family. The law bearing on the protection of individual privacy with regards to the use of personal information, dated December 8, 1992, provides the subject with the right of access to the data and to their correction as well as the right to consult the public records.

