

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 (NN Insurance Belgium NV - Customer Care, for the attention of the advising physician).

Please add the following attachments to your declaration.

- Incapacity for work certificates stating the degree of incapacity for work and the start and end dates, issued by the attending physician
- In the event of birth: please inform us of the date of delivery as well as the surname and first name of the child. (Optional copy of the birth certificate)

1. Details of the employer

Contact person:	<input type="text"/>
Email address of the contact person:	<input type="text"/>
Company name:	<input type="text"/>
Company address:	<input type="text"/>
Phone number:	<input type="text"/>

2. Details of the insured person

Group / Policy number:	<input type="text"/>	
Surname and first name:	<input type="text"/>	
Date of birth:	<input type="text"/>	Sex: <input type="radio"/> M <input type="radio"/> F

3. Information regarding the incapacity for work

Nature of the incapacity for work: illness occupational accident private accident pregnancy

Start date of the incapacity for work:

Has work been resumed? Yes No

If so, from what date? at %

Has there been a relapse? Yes No

If so, from what date?

Has the insured left employment? Yes No

If so, from what date?

Is there a paid severance period? Yes No

If so, for what period? up to and including

3. Date & signature

Name of the employer

Date

Employer's signature and
stamp

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The policyholder 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 SA/NV with all additional information as soon as he or she has been informed of such information.

NN Insurance Belgium SA/NV, a mortgage credit lender authorised by the FSMA and an insurance company authorised by the NBB under number 2550 for the Branches 1a, 2, 21, 22, 23, 25, 26.

Registered office: Avenue Fonsny/Fonsnylaan 38, B-1060 Brussels - Brussels RLP - VAT BE 0890.270.057 - BIC: BBRUBEBB - IBAN: BE28 3100 7627 4220.

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