

Collective WIA-gap insurance in case of disability form

Mr/Ms/Mrs* **(strike through what is not applicable)*

Initials

Infix

Surname

Date of birth

Address

Post code, town

Country

Email or tel. no.

Employed at* TNT ERN / TNE Express Benelux / TNT Innight / TNT Head Office

Employed since

Citizen Service Number (BSN)

I. Are you currently, or have you been within the past five years, declared (partially) disabled by UWV? (The duration of disability is not relevant.) Please tick the correct answer:

Yes: You are not eligible to participate in this insurance policy. Please sign the form and send it to the address stated below.

No: Go to part II and indicate in the declaration below whether or not you wish to participate in the collective WIA-gap insurance. Please sign the form and send it to the address stated below.

II. I hereby declare (indicate what is applicable):

That I do wish to participate in the collective WIA-gap insurance from TNT Express with De Amersfoortse.

Or:

That I expressly do not wish to participate in the collective WIA-gap insurance from TNT Express with De Amersfoortse, as a result of which I am not entitled to any future claims on the basis of this collective income insurance in case of disability.

By signing, I hereby declare the following:

- I have read the content of the disability scheme being put in place;
- I am aware of the fact that once I have waived my rights, participation in the future is only possible by meeting the conditions set at that time;
- I realise that by not participating in this scheme, I can in no case derive any rights from this disability scheme;
- Participation or non-participation in this income insurance policy could have a major influence on the income level of the household.

Signature

Date:

Place:

TNT Express employee signature

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Please send this signed form to TNT p/a Antwoordnummer 1352, 1500 WC Zaandam or scan it and email it to TNT@collectieveregeling.nl