



Organiser:	Relation no:   5         /				
E-mail organiser:					
Data of employee to be affiliated	Name and first name	☐ De facto coh		Number Box	
Family composition	Name and first name		Sex M F	Date of birth	
Partner			м F		
Children (dependent)					
Professional data	Commencement date of employment  Level of employment    Full-time	usis to illness, accident, pre		<u>,                                     </u>	
	☐ Yes ☐ No  If yes, percentage ☐ \( \sum_{\cup \cup \cup \cup \cup \cup \cup \cup \cup				



Remarks				
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General declarations	Data Protection In connection with the management of your group insurance, P&V Verzekeringen CVBA/P&V Assurances SCRL, with its registered office at Koningstraat/Rue Royale 151, 1210 Brussels, will collect and process personal data in its capacity as controller. These data will be processed with the greatest discretion and only by persons who are authorised to do so. The general terms and conditions of your group insurance provide more information regarding the General Data Protection Regulation (GDPR). P&V Verzekeringen CVBA/P&V Assurances SCRL's policy with respect to the protection of privacy can be consulted at <a href="https://www.vivium.be/privacy">www.vivium.be/privacy</a> .  The undersigned confirms to have answered the above questions fully and truthfully and confirms to be aware of the fact that deliberate concealing or deliberately providing incorrect information which may mislead the insurer when assessing the risk, will render this insurance contract null and void.			
Signature	Drawn up in	on		
o.g.m.u.c				
	Signature organiser,			