



Individual choice of risk cover form
 Vivium Excellent Benefits – Vivium Team Benefits
 Classic group insurance with choice (cafeteria)

Organiser (employer)
 Affiliate
 Affiliate's policy number: **530**-.....-

Indicate your choice of risk cover below.

The options chosen may only be those described in your pension rules!

Death benefit cover (coefficient of the salary (S) (e.g., 1 x S) and/or an amount in EUR):

<input type="checkbox"/>	Organiser's option	x S	EUR
<input type="checkbox"/>	No death benefit		
<input type="checkbox"/>	Other choice	x S	EUR

Incapacity for work cover (percentage of the salary (S) and/or an amount in EUR):

<input type="checkbox"/>	Organiser's option	% S - contribution	EUR	- contribution
<input type="checkbox"/>	No Incapacity for work			
<input type="checkbox"/>	Other choice	% S - contribution	EUR	- contribution

Physical accident cover (coefficient of the salary (S) and/or an amount in EUR):

<input type="checkbox"/>	Organiser's option	x S	EUR
<input type="checkbox"/>	No physical accident lump sum benefit		
<input type="checkbox"/>	Other choice	x S	EUR

The changes will be implemented on the first of the month following the date of receipt of this request.

If the employer's contributions are insufficient to finance the desired choice, the cover already insured will continue to apply and you will be informed of this in writing.

Drawn up in _____ on ____/____/____

Signature of affiliate

Send the completed and signed form stating your choices to your employer or directly to:

Antwerp

Vivium, Employee Benefits, HP 0080, Desguinlei 92, 2018 Antwerp
sceb-antwerpen@vivium.be

Brussels

Vivium, Employee Benefits, HP T08, Rue Royale/Koningsstraat 151, 1210 Brussels
sceb-brussels@vivium.be