

## **Individual continuation of group disability insurance Provision of information by the employer to the employee**

You participate in a group disability insurance offered by your employer.

The Verwilghen Act (bis), which is applicable to this type of insurance, requires every employer to inform its participating employees about the options available upon the loss of the right to participate in the group disability insurance due to retirement, time credit, career break, dismissal or bankruptcy.

Within the scope of this obligation to inform, we would like to inform you about these options, and ask you to read this document carefully and sign it.

### **Transfer to an individual disability insurance**

The aim of the Act is to offer better protection to insured individuals. Once an individual becomes insured, according to the Act he may not lose the benefit of the insurance without due cause.

If, when your participation in the disability insurance ends, you have been insured under disability insurance for two consecutive years, with the current insurer or with another insurer, and you continue to perform paid work, you have the option of switching from the group disability insurance to a similar, individual insurance.

**This means that in this case, you can continue the insurance without medical formalities or waiting periods.**

The security insured under the individual disability insurance is similar to that of the group disability insurance. The premium for the individual disability contract is calculated on the basis of the age (= rate) when the contract was concluded.

Continuing the insurance on an individual basis is subject to strict deadlines. You must inform the insurer of your request to continue the insurance within 30 days after you receive this letter. The insurer will contact you and send you an offer within 15 days. You will then have 30 days to decide whether or not to accept the offer.

However, the new Verwilghen Act (bis) makes it possible to extend the 30-day term to inform the insurance company of your continuation application by 30 days. In order to do this, you should write a letter or e-mail to the insurance company saying you wish to use this option to extend.

It is very important that you comply with the aforementioned periods. If these periods are exceeded, your eligibility to continue the insurance on an individual basis will expire.

To request an individual continuation proposal, please send an e-mail to [continuation@vanbreda.be](mailto:continuation@vanbreda.be). Please also provide the following information:

- First and last name
- Date of birth
- Address
- Name of your (former) employer
- Name of the insurer with whom the collective insurance is/was in force
- Date of cessation of affiliation to the collective insurance

**Loss of participation**

You are no longer covered under the group disability insurance as from the date on which you are no longer effectively working for your employer as a result of the termination or suspension of the employment contract. In this case, as from \_\_/\_\_/\_\_\_\_.

**Employer information**

Name of the employer: \_\_\_\_\_

The date on which the employee is informed of the entitlement to continue a group policy on an individual basis: \_\_\_\_\_

**Details of the insured employee**

Full name of the insured employee: \_\_\_\_\_

Done in \_\_\_\_\_, on \_\_/\_\_/\_\_\_\_

Employer's signature,

Employee's signature,