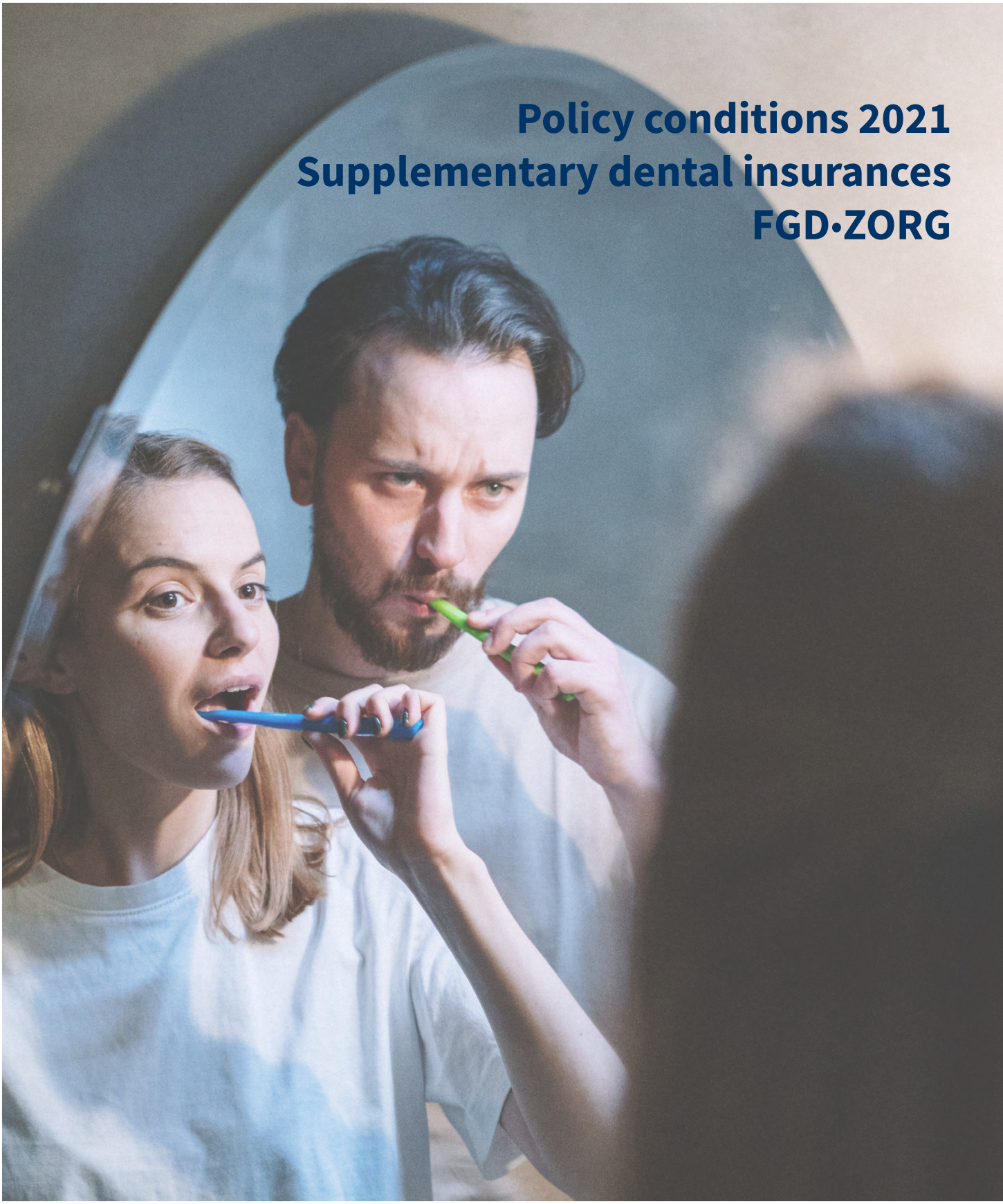
Policy conditions 2021
Supplementary dental insurances
FGD·ZORG



FGD·ZORG

P.O. Box 2010 • 8901 JA Leeuwarden • T 088 - 35 35 725
www.fgdzorg.nl • info@fgd-zorg.nl

Important information and service

If you have questions, or something you think we should know, we will be happy to offer our assistance!

Our website
Comprehensive information about your health insurance is available at fgdzorg.nl. This is where you can find answers to frequently-asked questions, calculate your premium, submit invoices online, find healthcare providers and review and compare all reimbursements from A to Z.

Contact
You can contact us by phone, e-mail or regular mail. Our Service Desk is open on weekdays from 08:30 to 17:30. We can be reached on 088 353 57 25. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

Submitting care invoices
If you have received an invoice for care, you can digitally submit it for reimbursement through Mijn FGD•ZORG. First, log in securely and easily using iDIN. In order to use iDIN, you must first complete the one-time activation process. More information on logging in using iDIN can be found on our website. In the Mijn FGD•ZORG digital environment, you can also easily and conveniently edit your personal details, view your healthcare costs or make changes to your coverage package(s).

You can submit an invoice to us by regular mail as well. To do so, simply print out and fill in a declaration form and mail it, along with the original invoice, to the postal address below. The declaration form is available on our website.

Postal address
P.O. Box 2010
8901 JA Leeuwarden

Visiting address
Balthasar Bekkerwei 70
8914 BE Leeuwarden

Need approval for care?
To find out which healthcare requires our approval in advance, please refer to the policy terms & conditions. You will need to send a request for approval for the treatment in question to the address above, for the attention of Medisch Advies.

More information on requesting approval can be found on our website. The request forms are also available for download on our website.

Complaints
We do everything we can to provide FGD•ZORG clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information on complaints and disputes, please check page 12.

Find a healthcare provider
Healthcare providers have agreements in place with health insurance companies. Such providers are referred to as ‘contracted care providers’. They have signed contracts with the insurers that include agreements on things like quality of care. The healthcare providers with whom we have such agreements are listed in the CareFinder. Our CareFinder is available on our website.

Aevitaal
Health and vitality are incredibly important to us. This is why we are eager to help you stay healthy and fit as well. On the Aevitaal platform, you’ll find information on health, vitality, employability and resilience. Are you experiencing symptoms or having trouble sleeping, or would you like to adopt a healthier lifestyle or enhance your employability? Go to Aevitaal and sign up today!

Table of contents

1 Definitions of terms

In this insurance contract the following terms are understood to mean:

Additional Insurance Policy(s)
The insurances set out in these conditions of insurance.
Aevitae
The authorised agent to whom authorisation has been granted by the health insurance company, as meant in article 1.1 of the Financial Supervision Act, with regard to the implementation of health care insurances.
Basic health insurance / Health care insurance
The health insurance as laid down in the Dutch Health Care Insurance Act.
Calendar year
The period that runs from 1 January up to and including 31 December.
Centre for Special Dentistry
A university or centre considered as equivalent by the health care insurer providing dental treatment in special cases in which treatment requires a team approach and/or special expertise.
Consent (authorization)
A written consent for the purchase of certain care that is provided by or on behalf us or the insurer is provided to you, prior to the purchase of this certain care.
Dental surgeon
A dental specialist who is registered in the specialists' register for oral diseases and dental surgery of the Dutch Dental Association.
Dentist
A dentist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.
EU and EEA state
Includes the following countries other than the Netherlands in the European Union: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden. Under convention provisions, Switzerland is considered as equivalent to these countries.
The EEA states (states who are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.
Family
One adult or two married or permanently cohabiting persons and the unmarried own, step, foster or adoptive children under 30 years of age, who are entitled to child benefit, benefit under the Student Finance Act 2000 / Study Costs Allowances Act or deduction of extraordinary expenses under tax legislation.
Fraud
The intentional perpetration of or attempt to commit forgery of documents, deception, prejudice to creditors or rightful claimants and/or embezzlement through the realization and/or execution of a contract of general insurance, aimed at obtaining a payment, compensation or service to which no right exists or to obtain insurance coverage under false pretences.
Group health insurance contract
A collective agreement of health insurance (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering the affiliated participants the possibility of taking out health care insurance and any additional insurance cover under the conditions set out in this agreement.
Health care Insurer
The insurance company which has been authorized as such and provides (supplementary) insurance(s) within the meaning of the Health Care Insurance Act. Your health care policy states which company this concerns.
Health care provider
The health care provider or health care providing organization that provides health care.
Hospital
An institution for medical specialist health care for nursing, examination and treatment of illnesses, which is approved as such in accordance with the rules drawn up by law.
Independent treatment centre
An institution for medical specialist health care for examination and treatment that is approved as such in accordance with the rules drawn up by law.
Insured person
Everyone named as such in the policy document.

Insurer
The health insurance company which has been authorized as an insurance company, providing (supplementary) insurance(s) within the meaning of the Health Care Insurance Act.
Medical consultant
The physician who advises us in medical matters.
Medical specialist
A physician who is registered in the register maintained by the Medical Specialists Registration Committee of the Royal Dutch Medical Association.
Oral hygienist
An oral hygienist who has been trained in accordance with the oral hygienist's training requirements as listed in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree' and in the Health Care (Unsupervised Activities) Decree (Bulletin of Acts and Decrees 1997, 553)'.
Orthodontist
A dental specialist who is registered in the Specialists Register for Dentomaxillary orthopaedics maintained by the Dutch Dental Association.
Policyholder
The person who has entered into the insurance contract with us.
Policy schedule
The health insurance care policy (instrument) wherein the basic and supplementary insurances entered into between you (the policyholder) and the health insurance company are recorded.
Prosthodontist
A prostodontist who is trained in accordance with the so called 'Decree for training requirements and expertise for prosthodontists'.
Treaty country
Any state with which the Netherlands has concluded a social security treaty wherein an arrangement for the provision of medical care is included. These are defined as Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde Islands, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.
We/us
Aevitae B.V.
Wlz
The Long Term Care Act (Wet langdurige zorg).
Wmo
The Social Support Act (Wet maatschappelijke ondersteuning).
You/your
The person insured. This is stated to in the policy document. 'You (the policyholder)' means the person who has entered into the insurance with us.

2 General Terms and Conditions

Article 1 Insured party healthcare

1.1 Content and scope of the insured healthcare

Your additional insurance entitles you to (reimbursement of the cost of) healthcare as described in these insurance conditions.

1.1.1 Collective agreement of healthcare insurance

The provisions of the collective agreement shall prevail if and insofar as they differ from the provisions in these insurance conditions. If these provisions are no longer applicable to the insured party, the provisions of the individual agreement will apply.

1.2 Medical necessity

You are entitled to (reimbursement of the cost of) healthcare as described in these insurance conditions if you are reasonably in need of the type of healthcare with regards to content and scope; and if the type of healthcare is efficient and effective. The content and scope of the type of healthcare is partly determined by what the respective healthcare providers 'tend to offer'. The content and scope is also determined by the state of scientific knowledge and the practice. This has been established based on the Evidence Based Medicine (EBM) method. If the state of scientific knowledge and practice is lacking, the content and type of healthcare is determined by what counts as responsible and adequate healthcare within the respective field of expertise.

1.3 Who can provide healthcare?

Your healthcare provider has to meet certain conditions. For many healthcare providers these requirements are statutory and the medical titles are protected by law. This applies to GPs, medical specialists, dentists, physiotherapists and healthcare psychologists. For the healthcare providers to which these conditions are not established by statute or for which we have set additional conditions, you can find which requirements the healthcare provider has to meet in the respective healthcare Article.

For a number of types of healthcare there are healthcare providers that are contracted, authorised or acknowledged by us. In these cases you will not receive a reimbursement or you may receive a lower reimbursement if you make use of non-contracted, non-authorised or unacknowledged healthcare providers. This is indicated in the respective healthcare Articles. For the other types of healthcare you have a free choice in healthcare provider, provided that the other requirements in these insurance conditions have been met.

You can find an overview of the healthcare providers contracted and authorised by us and of the rates that we reimburse for non-contracted healthcare providers on our website or request these by phone. You can find acknowledged healthcare providers in the respective healthcare Article. We have made specific agreements with some suppliers and these are our preferred suppliers. Wherever there are preferred suppliers, this is indicated in the respective healthcare Article.

1.4 Reimbursement of the healthcare costs

You are entitled to reimbursement of the costs of healthcare up to the maximum applicable Wmg-rates in the Netherlands. If no Wmg-rates apply, the maximum costs reimbursed are tied to what is reasonably market price applicable in the Netherlands. If you make use of healthcare that is provided by a healthcare provider contracted by us, the costs of healthcare are reimbursed based on the rate agreed upon with the involved healthcare providers.

If you go to a healthcare provider who is not contracted by us, it may bet that you will receive no reimbursement or a lower reimbursement. You can find more on this in the respective healthcare Article or you can ask us.

If a budget applies to the respective healthcare, the total reimbursement will never exceed the maximum amount of the budget mentioned in the respective healthcare Article.

1.5 How do you claim a reimbursement?

Many healthcare providers send us invoices directly. If you have received an invoice yourself, you can submit it online through Mijn Aevitae.

You can also fill in a declaration form and send it to us together with the original invoice. We will not accept copies or formal notices. It is important that the name of the insured party, the treatment, the date of the treatment, the invoiced amount and the initials of the healthcare provider are stated on the invoice. The invoices have to be specified in such a way that we can see without further investigation what reimbursement we are bound to provide. You can submit invoices up to a maximum of three years after the beginning of the treatment.

Foreign invoices have to be drawn up in English, Spanish, French or German and have to provide extensive specification. When we deem necessary, we may request that you have an invoice translated by a certified translator. We do not reimburse the costs of the translation.

1.6 Direct payment

We reserve the right to pay the costs of healthcare directly to the healthcare provider. In this case your entitlement to reimbursement is void.

1.7 Settlement of costs

If we pay directly to the healthcare provider and reimburse more to you than we are bound to or the cost of healthcare should otherwise be paid by you, the insured person, you will owe the costs to us. We will charge you these amounts at a later stage. You are required to pay these amounts. We can deduct these amounts from amounts owed to you.

1.8 Referral, prescription or consent

For some types of healthcare you need a referral, prescription and/or prior written permission, showing that you are authorised for that healthcare. You can find this in the respective healthcare Article.

If a referral or prescription is required, you can request referral or prescription from the healthcare provider mentioned in the Article. Often this is the GP. If consent is required, you need our prior consent for the healthcare. This consent is also called authorisation.
Do you go to a healthcare provider with whom we have concluded a contract?
If the healthcare is provided by a contracted healthcare provider, they will assess for us whether you meet the conditions. For some healthcare it has been agreed that we assess the request ourselves. In this case, the healthcare provider sends us the request. If for privacy considerations you do not want your request handled by your healthcare provider, you can also submit your request directly to us.

Do you go to a healthcare provider with whom we do not have contract?
If you make use of healthcare by a non-contracted healthcare provider, then you must ask for our consent in advance.

1.9 Deriving rights

You are entitled to (reimbursement of the cost of) healthcare for the treatment that takes place during the term of the additional insurance. If a treatment takes place in two calendar years then the healthcare provider can charge one amount for this (Diagnosis treatment combination), these costs are reimbursed if the treatment has started within the term of the additional insurance.

If these insurance conditions refer to a (calendar) year, for the assessment as to which (calendar) year the declared costs have to be charged, the actual date of treatment or date of delivery provided by the healthcare provider is determining.

1.10 Exclusions

There is no entitlement to healthcare or reimbursement of the costs of healthcare:

1.10.1 related to diseases or disorders that existed prior to or at the conclusion of the insurance and with which the insured party was aware or could have been aware when he encountered symptoms and did not inform Aevitae of this in writing. This exclusion does not apply if the insurance was concluded without medical or dental selection;

1.10.2 of written statements, administration costs, costs of missed appointments or costs due to not untimely payment of invoices from healthcare providers;

1.10.3 caused by gross negligence or intent;

1.10.4 consisting of personal contributions or policy excess, payable based on any other insurance, unless these insurance conditions provide otherwise;

1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act 2017 (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;

1.10.6 for which there could be entitlement based on any other insurance, whether or not from an earlier date, or based on any other Act or provision if the insurance at Aevitae did not exist. In that case this insurance is only valid as a last resort. In that case only the damage exceeding the amount for which the insured party would be entitled elsewhere would be eligible for payment;

1.10.7 for which entitlement can be made or could be made based on the Healthcare Insurance Act if you are insured by statute as defined in that Act;

1.10.8 caused by or arising from an armed conflict, civil war, insurrection, civil commotion, riots or mutiny;

1.10.9 caused by, occurred or arisen from, nuclear reactions, regardless of how they arose. This exclusion does not apply for damage caused by radioactive nuclides that are outside a nuclear plant and are used or destined to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided that there is a valid licence issued by the government for the manufacture, use, storage and disposal of radioactive substances (under "nuclear plant" we mean a nuclear plant in the sense of the Liability Nuclear Accidents Act). The provision in the previous sentence does not apply to the extent that a third party is liable for the damage suffered based on the Dutch or foreign Act;

1.10.10 or reimbursement of damage that is the indirect result of acts or omissions by Aevitae.

1.11 Entitlement for (reimbursement of the costs of) healthcare and other services as a result of terrorist acts

Do you need healthcare as a result of one or more terrorist acts? Then the following rule applies. If the total damage declared in a year to damage, life or funeral insurers according to the Dutch Reinsurance company for Terrorist Damage (Nederlandse Herinsurancesmaatschappij voor Terrorismeschade N.V. (NHT) will be higher than the maximum amount that this company will annually reinsure, you are only entitled to a certain percentage of the costs or the value of the healthcare. The NHT determines this percentage. This applies to damage, life and funeral insurers (including healthcare insurers) for which the Act on Financial Supervision (Wet op het financieel toezicht) applies.

The exact definitions and provisions of aforementioned entitlement are included in the NHT Clause sheet for terrorist coverage.

Article 2 General provisions

2.1 Basis of the insurance

The insurance agreement is concluded based on the details you have provided on the application form or that you have sent us in writing.

2.2 Additional insurance

The insurance agreement applies to the additional insurance(s) stated on the policy sheet.
These insurance conditions are part of the insurance agreement and apply to additional insurance(s).

If you have concluded an employee related additional insurance based on the collective agreement between your employer and Aevitae, reimbursement from the employee related package takes precedence. In that case you are not entitled to (the reimbursement of the cost of) this healthcare based on this additional insurance.

2.3 Accompanying documents

In these insurance conditions we refer to documents. These are part of the conditions as far as applicable. It concerns the following documents:

- appendix 1 of the healthcare insurance decree;
- the Dutch Healthcare Insurance Regulations (Regeling zorginsurance);
- the clause sheet for terrorist coverage;
- overview of contracted healthcare providers.

You can find these documents on our website or request them by phone.

2.4 Fraud

Material checking and fraud research is conducted in accordance with what is determined necessary for the healthcare insurance or pursuant by the Healthcare Insurance Act.

If you commit fraud, your entitlement to (reimbursement of the cost of) healthcare will become void. You will also not be entitled to (reimbursement of the cost of) healthcare in which no fraud has been detected (called partial fraud). We will recover any paid reimbursements from you.

Fraud will lead to registration of your personal details and the personal details of the accomplice or co-perpetrator in our Incidents Registry (Incidentenregister). This Incidents Registry (Incidentenregister) is registered at the Dutch Data Protection Authority (Autoriteit persoonsgegevens (AP)) and is managed by the healthcare insurer.

We may also register your personal details and the personal details of the accomplice and co-perpetrator:

- at the Centre for Combating Insurance Fraud of the Association of Insurers (Centrum Bestrijding Verzekeringsfraude van het Verbond van Verzekeraars);

- in the internal and external signalling systems acknowledged among financial organisations, the internal referral register (interne verwijzingsregister (IVR)) and the external referral register (externe verwijzingsregister (EVR)).

We may also report the fraud to the police, to justices and/or the Dutch Fiscal Information and Investigation Service Anti-Fraud Agency (FIOD-ECD).

Fraud with regard to insurance may result in your additional insurance and any current (damage) insurance at Aevitae or the healthcare insurer being terminated. During a period of eight years, you will not be able to take out any additional insurance or other damage insurance from Aevitae or the healthcare insurer.

We may recover the necessary research costs from you.

2.5 Protection of personal details

We take your privacy seriously. Your personal details are required in order to take out and for us to provide your insurance and are included in our person's registration. Personal details can also be used to prevent and combat fraud. The registration is subject to the Dutch Code of Conduct for Processing of Personal Details by Healthcare Insurers (Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars). You can read this code of conduct on our website or request it by phone. From the effective date of the additional insurance we are entitled to:

- request and give information (such as healthcare providers and suppliers) to third parties if we deem this necessary to meet the obligations from any additional insurance(s);
- include your Dutch Social Security Number (burgerservicenummer (BSN)) in our administration. Healthcare providers are required by law to use your BSN in any form of communication. In communications with your healthcare providers we will use your BSN.

In doing so, we will respect the Dutch privacy legislation.

2.6 Communications

Communications made to the last address known to us are deemed to have reached you. We always use the address registered in the Dutch Municipal Database (Gemeentelijke Basisadministratie).

2.7 Cooling-off period

When taking out any additional insurance as the insured person you have a cooling-off period of fourteen days. You can cancel the additional insurance in writing within fourteen days after concluding the agreement or, if this is later, within fourteen days after you have received the healthcare policy. Due to this, the insurance agreement is deemed not to have been finalised.

2.8 Dutch law

Any additional insurance is subject to Dutch law.

Article 3 Payments

3.1 Premium charges

The insured person has to pay a premium. Until the moment of death of an insured party, the premium is payable up to the date of death.
In case of amendment of any additional insurance we recalculate the premium starting from the date of amendment.

3.2 Collective agreement premium discount

3.2.1 The premiums and conditions as agreed in the collective agreement are applicable from the day you can participate in the collective agreement.

3.2.2 From the day you can no longer participate in the collective agreement, the premium discount and conditions as agreed in the collective agreement become void. From this day, any additional insurance is continued on an individual basis.

3.2.3 You can only participate in one collective agreement at a time.

3.3 Payment of premiums, (statutory) policy excesses, statutory contributions and costs

3.3.1 You are obligated to pay the premium and (foreign) statutory contribution for all insured parties every month in advance, unless agreed otherwise. If you pay the premium annually in advance, you will receive a term payment discount on the payable premium. The height of the discount is stated on the policy sheet.

3.3.2 We can charge € 1.50 per giro for giro payments.

3.3.3 You can authorise us direct debits for the premium payment, the (statutory) policy excess, personal contributions and other costs. To authorise a direct debit for the premium on the one hand and fro the (statutory) policy excess, personal contributions and other costs on the other hand, two separate authorisations are required.

3.4 Settlement

You are not allowed to deduct the payable amounts from an amount payable by us.

3.5 Failure to pay on time

3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of 14 days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.

3.5.2. In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.

3.5.3 We may charge you administration costs, (extra)judicial fees and legal interest.

3.5.4 If you have been summoned for late payment of premiums, statutory contributions, personal contributions or costs, we are not obliged to separately summon you again for late payment of the next invoice.

3.5.5 We are entitled to deduct arrears in premiums and costs from any costs declared for healthcare or other receivable amounts from us.

3.5.6 If we terminate any additional insurance due to late payments of the payable premium, we are entitled not to conclude any insurance agreement with you during a period of five years.

Article 4 Other obligations

You are obliged to:

- ask the practitioner to make the reason of admission known to our medical advisor;
- grant your cooperation to our medical advisor or employees that are in charge of checks to obtain all necessary information required to provide any additional insurance;
- inform us about any facts that may lead to costs being able to be declared on (possible) liable third parties and provide us with the necessary information in that respect. You are not allowed to make any arrangements with a third party without our prior written agreement. You have to refrain from acts that may harm our interests;
- to notify us of any facts and circumstances required for the correct provision of any additional insurance that are of importance. This includes the beginning and end of detention, divorce, separation, moving house, birth, adoption or change of bank or giro number. We cannot be held liable for your failure to do so.

If you do not meet your obligations and our interests are harmed as a result of this, we can suspend your entitlement to (reimbursement of the cost of) healthcare.

Article 5 Change of premium and conditions

5.1 Change of premium and conditions

We reserve the right to change the conditions and premium of any additional insurance at any time. We will inform you, as the insured person, about this in writing. Such a change will occur on a date to be determined by us.

5.2 Right of termination

If we change the conditions and/or premium of the additional insurance to your disadvantage, you have the right to terminate the insurance agreement up to one month after you have been informed of the change, with effect from the day the change applies to you. You do not enjoy this right of termination if an amendment to the insurance conditions is a direct result of legal measures, regulations or provisions.

Article 6 Start, duration and termination of the additional insurance

6.1 Start and duration

The insurance agreement commences on the day for which the healthcare insurance of the insurer commences or on January 1 of a calendar year. If you apply for healthcare insurance with us, you grant us permission to terminate your old healthcare insurance with a Dutch healthcare insurer. This permission also applies to any additional insurance. If the additional insurance(s) should not be terminated, you have to indicate this on the application form.

The additional insurance is concluded for the calendar year in which the additional insurance comes into effect. At the end of this period, any additional insurance is tacitly extended for the period of one calendar year.

6.2 Acceptance for the additional insurance

6.2.1 Healthcare insurance

You can take out any additional insurance as an addition to a healthcare insurance from the healthcare insurer, but you are not obliged to do so. A medical examination may be required for additional insurance. Moreover, an age limit may apply.

6.2.2 Family coverage

All insured parties of 18 years and older that are stated on the policy can take out additional insurance of choice. Children younger than 18 years of age cannot be insured more extensively than the highest insured adult party on the agreement.

6.2.3 Changing additional insurance

You can change your additional insurance. The provisions in 6.2.2. apply. The insured person has to inform us about the change no later than December 31. The change will take effect as of January 1 of the following calendar year.
For healthcare where reimbursement terms of more than one calendar year apply, these terms continue in case of a change in additional insurance with the same insurer.

6.3 By operation of law

6.3.1 Additional insurance terminates by operation of law with effect from the day following the day on which:

- the healthcare insurer is no longer allowed to offer or provide insurances due to an amendment or revocation of their licence to as an insurance company;
- the insured party deceases;
- the healthcare insurer ceases to offer and provide the additional insurance.

You as the insured person are obliged to inform us as soon as possible about the death of an insured party or other facts and circumstances with respect to the insured party that have led or may lead to the end of additional insurance. If we establish that the additional insurance has ended or will end, we will send you a proof of termination as soon as possible.

If the additional insurance terminates because we stop offering this additional insurance, we will inform you as the insured person no later than three months before the additional insurance ends.

6.4 When can you terminate your insurance?

6.4.1 Annually

The insured person can terminate the additional insurance in writing on January 1 of each year provided that we have received your termination no later than December 31 of the preceding year.

6.4.2 Interim

The insured person can terminate the additional insurance in writing:

- in case of a change of premium and/or change of conditions as stated in Article 5.2;
- simultaneously with terminating the healthcare insurance of insurer.

6.4.3 To terminate the additional insurance as meant in Article 6.4.1. and 6.4.2. you can also make use of the Dutch healthcare insurers cancellation service.

6.5 When can we cancel, terminate or suspend the additional insurance?

We can cancel, terminate or suspend the additional insurance:

- due to late payment of the payable amounts, as stated in Article 3.5;
- in case of fraud (see Article 2.4);
- if you have wilfully not provided, or not fully provided, information or provided incorrect information or documents that are or may be to our disadvantage;
- have acted with the intent to mislead us or if we would not have concluded an additional insurance had we been aware of the state of affairs. In these cases we can terminate the additional insurance within two months following discovery and with immediate effect. In these cases we are not obliged to pay benefits or we can reduce the benefits. We are entitled to deduct the resulting exposures with other benefits.

Article 7 Complaints and disputes

7.1 Do you have a complaint? Please submit your complaint to the complaints management department.

7.1.1 You can be assured that we arrange everything pertaining to your additional insurance properly. Still it may occur that not everything is satisfactory. We are open to your complaints and suggestions. You can submit your complaint to the complaints management department, P.O. Box , 8901 JA Leeuwarden. This can also be done by email to klachtenmanagement@aevitae.com. The Complains management department acts on behalf of the management.

7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten en Geschyillen (SKGZ)), P.O. Box 291, 3700 AG Zeist, www.skgz.nl. Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbiter for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@financialarbiter.org.mt). Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.

7.2 Complaints about our forms

7.2.1 Are you of the opinion that a certain form is unnecessary or complicated? You can submit your complaint to the complaints management department, P.O. Box 2010, 8901 JA Leeuwarden. This can also be done by email to klachtenmanagement@aevitae.com.

7.2.2 Within 30 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 30 days, you can submit your complaint or dispute to the Dutch Healthcare Authority for the attention of the Informatielijn/het Meldpunt, P.O. Box 3017, 3502 GA Utrecht, email: informatielijn@nza.nl. On the website of the Dutch Healthcare Authority (Nederlandse Zorgautoriteit), www.nza.nl, how you can submit a complaint is shown.

Article 8 Healthcare and waiting list mediation

You are entitled to mediation for healthcare if there is an unacceptably long waiting list for treatment by a healthcare provider that should provide this healthcare according to your additional insurance. For this healthcare mediation you can make an appeal to our Medical Warranties department. You can also make an appeal to this department should you have general questions about the healthcare, such as looking for a healthcare provider with a certain expertise or help in finding the right approach to healthcare. Together we can look into the options.

3 Coverage

Supplementary dental insurances FGD•ZORG

Dental care for insured persons aged 18 or older
Are you 18 or older? And do you have the supplementary dental insurance FGD-ZORG € 250, € 500 of € 750? In that case we reimburse the costs of dental treatment by a dentist, a dental surgeon, an oral hygienist or a clinical dental technician.

We reimburse 100% of the costs of dental treatments.

Please note! We only reimburse the costs of dental care if the maximum reimbursement provided by your chosen supplementary dental Insurance has not yet been reached.

What we do not reimburse (under this article)
We do not reimburse the costs of:
a dental check-up reports and dental statements (C70, C75 and C76);
b missed appointments (C90);
c non-restorative caries (cavity) treatment in baby teeth (M05);
d fluoride treatment (M40);
e external bleaching of teeth and molars (E97, E98 and E00);
f a mandibular advancement splint (MAS: a brace used to prevent snoring), and the related diagnostic and follow-up care (G71, G72 and G73);
g orthodontic care;
h subscriptions;
i general anaesthetic;
j a complicated extraction by a dental surgeon. (This is reimbursed under the basic insurance.)
k partially completed work.
l autotransplants (J39);
m a therapeutic injection with Botox (G44).

Maximum reimbursements
The maximum total reimbursement depends on your package. The reimbursements provided by the different packages are listed below.

Supplementary dental insurance FGD-Zorg € 250
- We reimburse 100% of the costs of dental treatments.
- The maximum total reimbursement is € 250.00 per person per calendar year.

Supplementary dental insurance FGD-Zorg € 500
- We reimburse 100% of the costs of dental treatments.
- The maximum total reimbursement is € 500.00 per person per calendar year.

Supplementary dental insurance FGD-Zorg € 750
- We reimburse 100% of the costs of dental treatments.
- The maximum total reimbursement is € 750.00 per person per calendar year.

FGD·ZORG

Need more info?
Our experienced customer service employees are happy to help! You can reach our customer service on working days from 08.30 until 17.30 on telephone number 088-35 35 725.

You will find useful information and the answers to frequently asked questions on our website www.fgdzorg.nl.

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