

Authorisation form for care benefit application

If you take out Dutch healthcare insurance, you may apply for care benefit at the benefit department of the Dutch tax authorities [Belastingdienst/Toeslagen]. Care benefit is a compensation for the costs of basic healthcare insurance.

If you fill in your details below HollandZorg will pass these on to the Belastingdienst/Toeslagen for the application for care benefit. Belastingdienst/Toeslagen will determine whether you will receive the care benefit and the level of that benefit. The amount that you receive will be transferred exclusively to your account. In other words, the care benefit will not be deposited in your employer's account. If you are younger than 18, you will not pay healthcare insurance premium and you will not be entitled to care benefit. And your capital can not be higher than € 103.423.

By completing and signing this form, you declare that you do not receive care benefit. In addition, you declare that you will not receive care benefit via another temporary employment agency during the period that you are working for the temporary employment agency referred to in this form.

Name of temporary employment agency:	
---	--

Employee's details

Surname		Gender (m/f)	
First names in full			
BSN or Sofi number		Date of birth	

Estimated income in 2015

Total estimated annual income (including annual income from outside the Netherlands)	€
Bank account number held in your name with IBAN number and BIC code	
Account holder's address	

Disclaimer

HollandZorg is not responsible for allocating care benefit and does not accept liability. HollandZorg simply passes on the details to the Belastingdienst/Toeslagen. Incorrect or incomplete details may result in benefit not being granted or the recovery of excessive care benefit. The Belastingdienst/Toeslagen assesses and checks the details with the information it possesses and independently decides whether it will grant the care benefit on the basis of these details. Objections to the decision of the Belastingdienst/Toeslagen may be submitted only to the Belastingdienst/Toeslagen.

Signature

The undersigned declares that he/she has answered all the questions on this application form truthfully, accurately and in full. By signing this form, you authorise HollandZorg to handle the application for care benefit on your behalf.

Town/city	Date	Name and signature of temporary employment agency responsible person	Signature of employee
.....