

NOTES ON THE OBLIGATION TO DISCLOSE

As the applicant/prospective policyholder, you are obliged to ensure that you answer the questions in this application form as fully as possible. This also applies to facts and circumstances relating to a known third party at the time this insurance is inception whose interests are also included under the policy. Furthermore, when answering the questions, you should be guided not just by the facts known to you, but also by the facts known to the other parties having an interest in this insurance. Questions to which you assume the insurer already knows the answer must nonetheless be answered as fully as possible. You must report any facts and circumstances which become known to you after you have submitted this application, but before the insurer has notified you of its final decision regarding whether or not it will insure the risk for which you have requested cover, subsequently to the insurer if such facts and circumstances relate to the questions in the application form, two copies of which have been handed to you together with the conditions of insurance applying to the cover which you have requested. Any failure to satisfy, or fully satisfy, your obligation to disclose necessary information may result in your entitlement to benefit being restricted or even being lost. If you have deliberately misled the insurer, or if the insurer would never have accepted the insurance if it had been aware of the true nature of the situation, the insurer shall also be entitled to cancel the insurance.

Previous convictions

Have you or another person having an interest in this insurance had contact with the police or the law in the last eight years either as a suspect or in connection with the enforcement of a (punitive) measure or sentence in relation to: benefit which has been or will be illegally obtained, for example due to theft, embezzlement, deception, fraud, forgery or attempted forgery of documents; unlawful harm caused to others, for example due to destruction or damage, assault, extortion and blackmail or any crime or offence directed against personal freedom or against life, or any attempt to do so; violation of the Weapons and Ammunition Act (Wet wapens en munitie), the Opium Act (Opiumwet) or the Economic Offences Act (Wet economische delicten)? If you answer yes, please specify the offence concerned, whether this led to criminal proceedings, the outcome of such proceedings and whether a sentence or any (punitive) measure has been imposed. If no legal proceedings were brought, please state whether a settlement was reached with the Public Prosecution Service (Openbaar Ministerie), and, if such a settlement or deal was reached, what the conditions were for the deal. (You may send this information in confidence to the management board if you so wish.) By signing this application form, the applicant/prospective policyholder declares that he/she wishes to take out insurance under the cover set out in the attached conditions of insurance, and that he/she agrees that the related conditions of insurance, which form an integral part of the cover, shall apply to such cover.

Cover requested

- ☐ IPS Primary € 36,50 per month
- ☐ IPS Secondary € 25,00 per month
- ☐ IPS Basic € 16,00 per month

Do you wish your policy to cover you for winter sports and underwater sports activities as well? (premium € 5,00 per month) ☐ Yes ☐ No

Authorization standing order

The undersigned hereby authorizes W.B.D. Lippmann Groep B.V. to withdraw the due premium and costs from his/her bank account in the Netherlands with regard to this insurance and extensions of the insurance:

☐ Gironumber: _____

☐ Bank account number: _____

☐ Acceptgiro (bill)

Signature

Herewith declares the undersigned to know that this insurance doesn't discharge the insured person from the obligation to have a compulsory health insurance, if this is applicable to him/her.

The undersigned hereby authorises the medical advisor of W.B.D. Lippmann Groep B.V. to obtain any desired information from the attending physician(s). Said physician is also hereby authorized to provide any information relating to a claim.

The undersigned declares to have filled in all the questions accurately and according to the truth.

Date: Day: _____ Month: _____ 20 ____

Place: _____

Signature: _____

The insurance will become effective after the total amount due for premium and costs has been paid. Send this application form together with a copy of your registration card of your college or university (that is, if you are a student) within a fortnight prior to your departure to: W.B.D. Lippmann Groep B.V., PO Box 30706, 2500 GS The Hague, The Netherlands.

The personal details provided will be recorded in the customers databases of the WBD Lippmann Groep B.V. These registrations are subject to a privacy policy.

IPS: COMPLETE, WORLD WIDE COVERAGE AGAINST A LOW PREMIUM

- ☺ IPS has a world wide coverage
- ☺ You can arrange the IPS insurance for a short or long period
- ☺ You can easily extend your IPS insurance from abroad by Internet, by phone/fax or your family/friends can do it on your behalf
- ☺ IPS does not know any deductible
- ☺ Wintersport and watersport activities can also be insured against a low additional premium
- ☺ Refund of the premium is possible by an unexpected earlier return to your home country
- ☺ The premium offered already includes the insurance premium tax due
- ☺ IPS offers exactly the cover you need

INSURANCE PASSPORT FOR STUDENTS

Laan van Nieuw Oost-Indië 123

P.O. Box 30706

2500 GS The Hague, The Netherlands

Phone: +31 (0)70 - 302 85 98

Fax: +31 (0)70 - 361 76 10

e-mail: info@ips-lippmann.com

www.ips-lippmann.com

Please attention:
new visiting
address!



EXTENT OF COVER

(All amounts mentioned are maxima)

Category 1 Medical Expenses*	euro
– Medical costs due to illness or accident	cost price
– Emergency dental expenses	400,-

Category 2 Extraordinary costs	
– Telecommunication expenses	150,-
– Repatriation expenses	cost price
– Costs of transport of ill/injured persons	cost price
– Costs of transport relatives in connection with illness or accident	7.000,-

Category 3 Legal Aid	
– Legal aid to obtain regress in case of physical injury	5.000,-
– Legal assistance abroad	5.000,-

Category 4 Accidents	
– Death	10.000,-
– Due to motorbike accident	5.000,-
– Permanent disability	75.000,-

Category 5 Liability	
– Maximum insured amount per event	1.250.000,-
– Damage to property at foreign address	10.000,-

Category 6 Baggage cover and householdgoods	
– Total baggage during travel	1.500,-
– Total householdgoods during your stay	5.000,-
Sublimits specified:	
– photo/film/video, computer equipment	550,-
– jewellery	150,-
– watches	150,-
– (sun)glasses and contact lenses	150,-
– travel documents	cost price

*With IPS Secondary you will get coverage for medical expenses exclusively if you also have a valid compulsory health insurance or an EU Health Insurance Card.

*IPS Basic does not offer cover for expenses in Category 1.

06/305.1
01.10.2009



A GLOBAL STANDARD

EXPERIENCE THE WORLD WITH IPS!

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IPS, INSURANCE PASSPORT FOR STUDENTS

Frontiers are fading, in every sense. This offers the opportunity to study, take part in exchange programs or work experience worldwide. IPS, the Insurance Passport for Students, offers a complete cross-border insurance policy for your stay abroad, anywhere in the world.



WHO CAN BE COVERED BY THE IPS...?

The Insurance Passport for Students covers students, teachers and researchers going abroad to study or for exchange programs, work experience, etc. Partners and children can also be covered by IPS.

WHAT DOES THE IPS COVER...?

The IPS insurance policy offers extensive coverage for urgent medical and dental treatment, special expenses and assistance, accidents, liability, legal assistance and loss of baggage.

WHEN AM I COVERED...?

The cover is valid within the dates specified on your policy.

VISITS TO YOUR HOME COUNTRY OR VACATIONS

By a temporary visit during the insurance period to your home country or a vacation with a maximum of four consecutive weeks, you will also be insured by your IPS insurance for urgent medical/dental treatment.

COVERAGE

The insured amounts mentioned on the extent of cover are valid per year. With an extension coverage will be again valid up till the maximum insured amounts in a new insurance year.

GUARANTEE CARD?

Policy documents and the guarantee card will be sent to you upon receipt of the premium due. With this guarantee card you will have access to the IPS global network so that where you might be, you can call the special help line service, day or night.

THE POSSIBLE COVERS...

If you have no obligation to apply for a compulsory health insurance and if you are not covered by an EU Health Insurance Card, you can apply for IPS Primary. If you are staying abroad with a valid compulsory health insurance or EU Health Insurance Card, you can choose between IPS Secondary and IPS Basic: IPS Secondary offers a secondary cover for medical and dental expenses, IPS Basic offers all IPS benefits except for cover for medical and dental expenses.

PREMIUM

The monthly premium depends on the cover chosen. The premium for IPS Primary is € 36,50 per month, IPS Secondary € 25,00, IPS Basic € 16,00. The administrative costs are € 3,50 per application/renewal. The amount for the total duration of the insurance has to be paid outright.

WINTER AND UNDERWATERSPORT ACTIVITIES

Winter and watersports activities can easily be included against an additional premium of € 5,00 per month.

REFUND OF THE PAID PREMIUM

When you return to your home country earlier than is specified on your insurance certificate, a refund can be granted on the remaining whole months after deduction of 25% costs and insofar as the payment is not less than € 25,00. It is necessary you can show proof (for instance a copy of the return ticket) and the reason for your earlier return. Lippmann can give a refund from the moment the original guarantee card is received from you.

IPS ON THE INTERNET

Visit the IPS website for the complete policy wording, also you have the possibility to apply for your IPS. You can also apply via your institution in the Netherlands or via the attached application form. Our internet address: www.ips-lippmann.com

FURTHER QUESTIONS...?

The IPS department is available to answer all your questions. Just call us +31 (0)70 3028598.

Write us:

W.B.D. Lippmann Groep B.V.
Laan van Nieuw Oost-Indië 123, PO Box 30706,
2500 GS The Hague, The Netherlands.
Fax: +31 (0)70.361.76.10



Lippmann
groep b.v.



APPLICATION FORM FOR AN IPS INSURANCE

Please use block letters and fill in this form completely



Personal Details insured

Surname: _____

Initials: _____

Sex: ☐ M ☐ F

Date of birth Day: _____ Month: _____ 19 ____

Nationality: _____

Address in destination country

Address: _____

Postal Code/Place: _____

Country of origin: _____

Telephone number: _____

E-mail address: _____

Name of institution where you are registered or employed

You are: ☐ student ☐ member of teaching staff
☐ researcher ☐ other staff / au pair

Your registration or employee number _____

Address in your home country

Insurance period

Date of departure / starting date

Day: _____ Month: _____ 20 ____

Termination date / Date of return

Day: _____ Month: _____ 20 ____

Are you currently receiving medical treatment or have you had any medical treatment in the last six months:

☐ Yes ☐ No

If so, for which disease were or are you treated?

Please note that pre-existing conditions are not covered.

OTHER STATEMENTS

Have you ever been refused insurance cover, has your insurance ever been cancelled or have special conditions ever been attached to insurance cover for you? ☐ no ☐ yes*
Is there anything else you wish to state which may be relevant when assessing this application (such as a criminal conviction in the last 8 years of the applicant or the other persons who will be included under this policy)? This includes offences which have brought you into contact with the police or the criminal justice system (such as questioning, prosecution, a decision not to prosecute or fixed penalties). ☐ no ☐ yes*
* if you have answered 'yes', please give details

Date: _____ Day: _____ Month: _____ 20 ____

Place: _____

Policyholder's Signature: _____

Unless provisional cover has been granted, the following shall apply: if W.B.D.Lippmann Groep B.V. does not announce within 14 days of receiving the application that it does not accept such application on the proposed inception date, or that it accepts the application but under other conditions, the cover will be effective from the proposed inception date in the application. W.B.D.Lippmann Groep B.V. will use the personal details and any other details provided upon the application for an insurance or financial service in order to accept contracts of insurance and to manage the relationships arising therefrom, including the prevention and combating of fraud. The Code of Conduct for the Processing of Personal Data by the Insurance Industry (gedragscode Verwerking Persoonsgegevens Verzekeringsbedrijf) shall apply. You can consult or request a copy of the full text of this Code of Conduct on the website of the Dutch Association of Insurers (Verbond van Verzekeraars): www.verzekeraars.nl. In the interests of ensuring a responsible acceptance policy, W.B.D.Lippmann Groep B.V. may request the insurance industry's Central Information System Association (Stichting CIS) in Zeist to provide any details that may be held on you there. The purpose of this is to control risks and to combat fraud. The privacy regulations of the Stichting CIS shall apply. These are available at: www.stichtingcis.nl. Any dispute and/or complaint arising from a contract of insurance inception on the basis of this application and the details stated therein can be referred to:

- the management board of W.B.D. Lippmann Groep B.V. PO Box 30706, 2500 GS The Hague, The Netherlands.
- the Dutch Insurance Industry Complaints Authority (Stichting Klachteninstituut Verzekeringen), P.O. Box 93560, 2509 AN The Hague
- the competent court in the Netherlands, to be nominated by the insured or interested party.

Any contract of insurance that will be accepted shall be governed by and construed in accordance with Dutch law.

Do not forget to read the notes on the obligation to disclose before signing this application form! PTO