

# Registration form



Please check if the form is complete and sign it  
Scan and mail the form to [contact@helan.be](mailto:contact@helan.be)  
or send it to  
**Helan Independent health insurance fund, Service  
Center, Boomssesteenweg 5, 2610 Wilrijk**  
More information? [www.helan.be](http://www.helan.be)

Agency number: **VIVES BRUGGE 87017**

<b>Personal details</b> (as indicated on your identity card)	
Name: <b>AMALU SUNIYHA RAJAN</b>	First name: <b>AMALU</b>
Street: <b>AMBALAKAVALA</b>	Nr.: <b>RAJAKKAD</b> Box: <b>RAJAKKAD</b>
Postcode: <b>685566</b>	Commune: _____
Tel.: _____	gsm: <b>9072193358</b>
Date of birth: <b>0210912000</b>	Nationality: <b>INDIAN</b>
Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	E-mail: <b>amalusunijun06@gmail.com</b>
National number: _____	
Holder of a special identity card, issued by the Protocol Department <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Individuals who are staff members of diplomatic and consular missions accredited in Belgium and, as such, hold a special identity card issued by the Directorate for Protocol of the Ministry of Foreign Affairs, shall cease to be registered in their capacity as 'registered in the national register' as of 1 September 2013, as referred to in Article 32(1) sub-paragraph 15 of the Law on Compulsory Insurance for Medical Care and Benefits, consolidated on 14 July 1994.

<b>Status</b>	<b>Start date of employment: ..../..../.....*</b> to be filled in in case of recent employment
<input type="checkbox"/> Employee	<input type="checkbox"/> Beneficiary (health insurance fund)
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other

<b>Bank account for reimbursements</b>
These details are necessary to ensure speedy and correct reimbursements e.g. of your doctor's bill
IBAN: _____

<b>Payment means</b>	
<input type="checkbox"/> Via monthly debit	<input type="checkbox"/> Via annual transfer

<b>Replacement income for work incapacity and/or medical agreement and/or increased health insurance refund</b>	
<input type="checkbox"/> I am currently receiving a replacement income for work incapacity	<input type="checkbox"/> I currently have a medical agreement in force
<input type="checkbox"/> I receive an increased health insurance refund* your code of your status on your sticker ends in a 1	

<b>Identification sticker current health insurance fund</b>

**Details partner**Name & first name: \_\_\_\_\_ Gender:  M  F

National number or date of birth: \_\_\_\_\_

Partner is a dependent  Yes  No**Details dependent family members**Name & first name: \_\_\_\_\_ Gender:  M  FNational number (or date of birth): \_\_\_\_\_ Relationship<sup>2</sup>: \_\_\_\_\_ Family member with medical agreementName & first name: \_\_\_\_\_ Gender:  M  FNational number (or date of birth): \_\_\_\_\_ Relationship<sup>2</sup>: \_\_\_\_\_ Family member with medical agreementName & first name: \_\_\_\_\_ Gender:  M  FNational number (or date of birth): \_\_\_\_\_ Relationship<sup>2</sup>: \_\_\_\_\_ Family member with medical agreementName & first name: \_\_\_\_\_ Gender:  M  FNational number (or date of birth): \_\_\_\_\_ Relationship<sup>2</sup>: \_\_\_\_\_ Family member with medical agreementName & first name: \_\_\_\_\_ Gender:  M  FNational number (or date of birth): \_\_\_\_\_ Relationship<sup>2</sup>: \_\_\_\_\_ Family member with medical agreement<sup>2</sup> Fill in one of following options: spouse and living together/child/parent

Date: 22. / 07. / 2024

Signature:



I am aware that the signature of the present request for registration means that I am bound by the statutes of the insurance organisation

In compliance with European Regulation 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, we would inform you that the personal data referred to in this membership application form are collected under the Law of 6 August 1990 relating to the health insurance funds and the national associations of health insurance funds and, in particular, in connection with our order to participate in the implementation of compulsory insurance, the controller of which is the National Association of Independent Health Insurance Funds at Lenniksebaan 788A, 1070 Brussels. Helan Independent health insurance fund collects your personal data as part of its management of supplementary insurance (also under the Law of 6 August 1990) and is responsible for this matter. You have the right to consult your data free of charge, to correct incomplete or incorrect data, to revoke your consent, to restrict certain processing operations or to submit objections, to have irrelevant data erased, and to indicate that you do not wish to be the subject of an exclusively automated individual decision-making process. You also have the right to ask us to transfer certain data to another health insurance fund. For all additional information, please consult our privacy statements or contact our data protection officer via or by letter at the following address: Boomssesteenweg 5, 2610 Wilrijk