

Explanation for the health declaration for a life insurance policy without disability coverage

General

If you want to take out a life insurance policy, the insurer will require information about your health. This can be done through a medical examination and/or a health declaration. This information pertains to the health declaration.

Why a health declaration?

The insurer requests information about your health. You¹ fill in your personal and medical information on the health declaration. You then send this directly to the medical department. The medical advisor or a staff member of the medical department will review your medical information. The medical advisor then provides advice to the insurer.

This advice pertains to the risks the insurer may face if you take out a policy. Do you have a higher likelihood of death than the average insured person? If so, this poses a higher risk to the insurer. In such a case, you may have to pay a higher premium or may not be eligible for coverage from this insurer.

The medical advisor's recommendation may be:

- Your risk is not elevated. You will receive the insurance without special conditions or a higher premium.
- Your risk is higher than average. The insurer will then decide whether you will need to pay a higher premium or whether restrictive conditions will apply.
- Your risk is too high. In this case, the medical advisor will recommend not granting you coverage.

The insurer ultimately decides on your application.

What happens if you do not submit the health declaration?

If you do not submit the health declaration, you will not be able to take out insurance, and the application process will end.

Filling in the health declaration

You must complete the health declaration yourself. Do not have it filled out by your intermediary, insurance advisor, or anyone else! It is essential that you answer all questions accurately and completely. This is your obligation, referred to as your "duty of disclosure." By fulfilling this obligation, you prevent:

- delays in processing your application;
- the insurer from terminating the policy in the future;
- the insurer from refusing to pay out upon your death;
- the insurer from reclaiming any payout already made;
- being registered in insurance fraud databases.

¹ Wherever we write 'you', we mean the insured person: the person whose life and/or health is insured

What Should You Report?

Report all your health complaints, even if you think they are or were unimportant. This includes complaints for which you have not yet consulted your general practitioner, medical specialist, caregiver, or healthcare provider (including alternative care providers). Even if you did consult a provider but no illness was detected or no diagnosis was made, you must still report the complaint. The medical advisor can only make a one-time risk assessment for the insurer before the policy is finalized, based on all available information. Therefore, it is crucial that they have all relevant information at that time. The medical advisor evaluates your health from a different perspective and for a different purpose (assessing the financial risk of insuring you) than a treating physician. For this reason, they need all the information.

Not every past complaint, illness, or condition means you will be denied insurance or charged a higher premium. Many complaints do not affect the outcome of the medical advice, and the medical advisor will disregard them. However, some complaints may be relevant to the medical advisor's assessment, prompting further investigation. Since it is difficult for you to determine what is or isn't important, you must disclose everything. The medical advisor will decide what is relevant and what is not.

What Is a Complaint?

A complaint is physical or mental discomfort or pain. The cause of the complaint may not always be clear, and there does not need to be a diagnosis. An example of a complaint is back pain.

What Is a Condition?

A condition is a deviation from a healthy physical or mental state. Often, a diagnosis has been made. An example of a condition is a broken leg.

What Is a Disease?

A disease is also a condition. While a disease is often thought of as a physical abnormality, mental abnormalities are also considered diseases. A disease can limit or impair an individual's functioning or lead to earlier death. An example of a disease is diabetes.

What Happens to Your Medical Information?

The insurer's medical advisor evaluates your medical information and stores it in a medical file, but never for longer than permitted by law and regulations. This information is not shared with other institutions, such as your health insurance provider, and they do not share their information about you with the medical advisor.

Who Can Access Your Medical Information?

Your health information is confidential. Only the medical advisor and the staff of the medical department can access it, as well as the medical advisor of a reinsurance company².

What Is and Is Not Permitted Regarding the Processing of Your Medical Information you can read in:

- The Code of Conduct for the Processing of Personal Data by Insurers
- The Insurance Medical Examination Protocol

You can find these publications at www.verzekeraars.nl/branche/zelfregulering.

Does the Medical Advisor Need Additional Medical Information?

Sometimes, the medical advisor requires additional medical information about your health, for instance, from your doctor. Your doctor may only provide this information to the medical advisor if you give explicit consent via an authorization. The medical advisor may also request that you undergo a medical examination. The insurer covers the cost of this examination. If you decline to undergo the examination, you will not be able to take out the insurance.

The Medical Advisor's Recommendation

What Does the Recommendation Entail?

The medical advisor assesses your health status and provides a medical recommendation to the insurer. In most cases, they will recommend accepting someone without restrictive conditions.

However, due to your health, you may represent an increased risk to the insurer. If so, you will receive written notice from the medical advisor explaining the basis of their recommendation.

The medical advisor's recommendation to the insurer's decision-maker may include:

- Do not offer insurance.
- Offer insurance with restrictive conditions or a higher premium.
- Offer insurance under normal terms.

What If You Disagree with the Medical Advisor's Recommendation?

If you disagree with the medical advisor's recommendation, you may request a review. Submit this request in writing, explaining your reasons.

If you believe the medical advisor based their recommendation on incorrect information—perhaps due to new health information or errors during the medical examination—you can also request a revision.

The medical advisor may ask for authorization to obtain additional information from your general practitioner or medical specialist.

² The insurer may also insure part of the risk it bears elsewhere. It does this at a reinsurance company.

Your Rights and Obligations

Your Personal Data

Are you applying for insurance? Then the medical advisor will store your medical information in a file. You have the right to read this medical file. This is called the right of access. You can also request a copy. This is called the right to a transcript. Do you want to have your medical file corrected because it contains errors? Then you can ask the insurer to do so. This is called the right to correction. You also have the right to deletion. You can ask the insurer to destroy your medical file. This last option only applies if the insurance has not yet been finalized. There are conditions for the right to correction and the right to deletion.

Do You Want to Know the Recommendation First?

You have the right to be the first to know the medical advisor's recommendation. This is called the "right of first knowledge." Do you want to use this option? Then you must indicate this in advance. Send a letter or email to the medical department of your insurer. Do you only want to hear the recommendation first if you cannot take out the requested insurance? Or if the insurance can only be offered with restrictive conditions? Then you must state this in your letter or email. This prevents unnecessary delays in processing your insurance application.

Would You Like to Decide Whether the Insurer Receives the Medical Advisor's Recommendation?

If you wish to hear the medical advisor's recommendation first, you may need to wait longer for your insurance policy. However, you can also prevent the medical advisor from sharing their recommendation with the insurer. This is called the "right to block" (blokkeringsrecht).

If you exercise this right, the insurer will terminate your application, as they cannot issue a policy without a medical recommendation.

You have rights...

- You have the right to view your medical file at the insurer. The medical advisor will explain their recommendation.
- You can choose to be the first to know the medical advisor's recommendation. Request this in advance via a letter or email.
- You can ask the medical advisor not to share their recommendation with the insurer. The insurer will then stop your application.
- If your application is denied, you can request a reassessment.

... and obligations

- You must fill out the health declaration yourself, accurately and completely.
- You must immediately inform the medical advisor of any changes to your health until your insurance is finalized.
- If the insured amount exceeds the inquiry threshold, you must answer questions about genetic testing if requested by the insurer. You can read more about this under "questions about genetics."

Changes and Cancellation

Changes in Your Health

After completing the health declaration, the medical advisor evaluates it and provides a recommendation to the insurer. If there are weeks between your application and receipt of the policy, your health may improve or worsen. If so, you must inform the medical advisor immediately. This is your duty of disclosure. Failing to report changes may have consequences, as outlined under "What Must You Disclose?"

Attention:

Have you received a policy, acceptance certificate, or final confirmation from the insurer? Then your insurance is finalized. Sometimes the insurer grants provisional acceptance. In that case, you are not yet fully insured. You must report any changes in your health until the insurance is finalized.

Questions About Your General Practitioner

The insurer will ask for the name of your general practitioner. This is to ensure any additional medical examination is conducted by a different doctor, as required by law.

Attention:

If the medical advisor requests information from your general practitioner, the practitioner can only provide this with your explicit consent via an authorization.

Questions About Past Alcohol Use

The questionnaire may ask if you consumed a high amount of alcohol for an extended period in the past (more than three months). By "an average of more than three drinks per day," the insurer means 22 or more alcoholic drinks per week, regardless of how consumption varied across days.

Questions About Genetics

Insurers are not allowed to examine or investigate someone without restrictions. The law specifies the limitations that apply. These limitations only apply to insurance policies below a certain amount: the inquiry threshold. You can find the current inquiry threshold at:

www.vanatotzekerheid.nl/begrippen/medische-keuring.

Insured Amount Above the Inquiry Threshold

In that case, certain questions and tests are not allowed, such as questions about hereditary diseases in your family or an HIV test.

A genetic test looks at whether you have a predisposition for a hereditary disease. Have you ever undergone genetic testing? But is the insured amount of your policy below the inquiry threshold? Then you do not need to disclose the results of this test. Nor do you need to disclose that you underwent the test or had preventive treatment or surgery due to a hereditary predisposition.

Are you insuring an amount above the inquiry threshold?

If you take out insurance above the inquiry threshold, insurers are allowed to ask questions about hereditary diseases in yourself or your family. They may also inquire about the results of previous genetic testing and any preventive measures you have taken (such as a preventive surgery).

What must you always disclose, even below the inquiry threshold?

If you have symptoms or signs of a hereditary disease, you must report this to the medical advisor.

Questions About Cancer

Have you had cancer and recovered from it? Then you do not always need to disclose that you had cancer.

When do you not need to disclose that you have had cancer?

Have you had cancer, and has your treating physician determined that the cancer is no longer detectable? Then, in some cases, you do not need to disclose on the health declaration that you had cancer. You are not required to disclose it if all of the following three conditions are met:

1. Is the insured amount below the inquiry threshold? The current inquiry threshold can be found at: www.vanatotzekerheid.nl/begrippen/medische-keuring.
2. When applying for a life insurance policy: does the policy end before you turn 71?
When applying for a funeral insurance policy: are you applying before you turn 61?
3. Did the treating physician determine 10 years or more ago that the cancer is no longer detectable? This is also called "complete remission." And has the cancer not returned?

Sometimes a shorter period than 10 years applies. You can read in the tables below when this is the case.

Type	Stage or TNM Classification	You received the diagnosis when you were 20 years old or younger	You received the diagnosis when you were 21 years old or older, but before turning 55
Thyroid Cancer Hürthle cell, follicular, and papillary cancer, including mixed forms	T1N0M0 or T2N0M0 or T3N0M0	3 years	3 years
	T1N1M0 or T2N1M0 or T3N1M0	5 years	6 years

Type	Stage or TNM Classification	You received the diagnosis when you were 20 years old or younger	You received the diagnosis when you were 21 years old or older
Thyroid cancer medullary tumors	T1N0M0	5 years	6 years
Melanoma	Stage 1A	5 years	5 years
	Stage 1B	5 years	6 years

Testicular cancer Seminal, tumor markers negative	Stage 1	5 years	5 years
	Stage 2A or stage 2B	5 years	6 years
	Stage 2C	5 years	8 years
Testicular cancer Non-seminoma, tumor markers negative	Stage 1 or stage 2A	5 years	6 years
	Stage 2B or stage 2C	5 years	8 years
Cervical cancer	FIGO stage 1A1	3 years	3 years
	FIGO stage 1A2	3 years	3 years
	FIGO stage 1B	5 years	6 years
Vaginal cancer	FIGO stage 1	5 years	8 years
Colon and rectal cancer Adenocarcinoma	T1N0M0 or T2N0M0	5 years	9 years
Stomach cancer	Stage 1A	5 years	8 years
Central nervous system (CNS) meningioma, if fully removed	Stage G1	5 years	5 years
Kidney cancer	Stage 1, grade 1 (T1N0M0G1)	5 years	8 years
	Stage 1, other	5 years	9 years
Hodgkin	Stage 1A	5 years	5 years
	Stage 1B	5 years	6 years
	Stage 2A	5 years	8 years
Breast cancer	T1aN0M0	5 years	7 years
	T1bN0M0	5 years	7 years
	T1cN0M0	5 years	9 years
All other types of cancer not mentioned above		5 years	10 years

If you cannot answer all questions with "yes," you must disclose that you have had cancer. Consult your general practitioner or medical specialist, especially if you are unsure whether your situation meets the conditions. Your doctor has all the necessary information and can assist you in completing the health declaration. If you do not complete the health declaration correctly and fail to disclose something that should have been reported, it may affect the insurance payout.

What happens if you provide medical information you are not required to disclose?

We ask many questions, and we understand that you want to provide as much information as possible. If you accidentally provide information that you are not required to disclose, the medical advisor of the insurer will not do anything with that information.

What must you always disclose?

If you have complaints, illnesses, or conditions resulting from cancer or its treatment—such as heart issues after chemotherapy—you must report this on the health declaration. You must disclose all current complaints, illnesses, or conditions you have.

Are you insuring an amount above the inquiry threshold?

If you take out insurance above the inquiry threshold, insurers are always allowed to ask questions about cancer. Therefore, if you have or have had cancer, you must always disclose this on the health declaration for insurance amounts above the threshold. The current inquiry threshold can be found at: www.vanatotzekerheid.nl/begrippen/medische-keuring.

Disclaimer: this document is translated from the original Dutch document that can be found on: https://www.dazure.nl/sites/dazure/files/VVV_GV_Toelichting_zonder%20AOV_2024_0.pdf

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