

Policy conditions 2026 Inzetbaar Module MKB



ævitæ

Postbus 2705 • 6401 DE Heerlen
www.aevitae.com • info@aevitae.com

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 aevitae.com. 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, regular mail or social media. Our Service Desk is open on weekdays from 08:30 to 17:30. For our contact options and current opening hours, please refer to aevitae.com/service-contact. 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.

Claiming healthcare costs

If you have received an invoice for healthcare costs, you can digitally submit a claim for reimbursement through [Mijn Aevitae](#). In your personal online account, you can also easily and conveniently update your personal details, view your healthcare costs or make changes to your additional insurance(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 [here](#).

Mailing address

Aevitae
P.O. Box 2705
6401 DE Heerlen

Visiting address

Aevitae
Nieuw Eyckholt 284
6419 DJ Heerlen

Need permission for care?

To find out which healthcare requires our permission in advance, please refer to the policy terms & conditions. You will need to send a request for permission for the treatment in question to the mailing address above, for the attention of Team Medical.

More information on requesting permission can be found on our [website](#). The request forms are also available for download [here](#).

Complaints

We do everything we can to provide Aevitae 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 visit aevitae.com/klachten.

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 [here](#).

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!



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I Definitions

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

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.

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.

Insured person

The person who has taken out the insurance agreement with us.

Insurer

The healthcare insurer that is authorised as an insurance company and offers insurances in accordance with the Healthcare Insurance Act.

Physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act. The term physiotherapist also means a remedial gymnast/masseur according to Section 108 of the Individual Health Care Professions Act.

Policyholder

The person who has entered into the insurance contract with us.

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.

II General terms and conditions

Welcome to Aevitae

Article 1 Insured health care

1.1 Combination product

This product is inextricably linked to having sickness absence insurance (or other income insurance if we have described it as such on the policy schedule) with Aevitae. When this insurance is terminated, the Inzetbaar insurance also automatically ends on the same date. This means that from that moment on you are no longer entitled to reimbursement from this insurance.

1.2 Content and scope of the insured health care

Your additional insurance entitles you to (compensation of the costs of) health care as described in these insurance policy terms and conditions.

1.3 Health care providers

In chapter 3 you will find an overview of the coverage per calendar year and the providers who offer this coverage. You will only receive compensation if you use the reimbursements and providers we have described herein. You must also adhere to the correct method of applying for these reimbursements.

1.4 Physiotherapy

Are you requesting physiotherapy? This is allowed for all physiotherapists who are registered as such as referred to in Article 3 of the BIG Act. A physiotherapist is also understood to mean a remedial gymnast masseur as referred to in Article 108 of the BIG Act.

1.5 Reimbursement of health care costs

The insured is entitled to reimbursement up to a maximum of the number of treatments and/or amounts as stated in

Chapter 2. If you wish to purchase additional treatments and/or additional services, this is your own responsibility account of the insured. You can always contact us for advice.

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The policyholder is never entitled to reimbursement, unless this is clearly evident from the reimbursement overview in Chapter 2.

1.6 Direct payment

We have the right to pay the costs of health care directly to the health care provider. As a result, you have no right to compensation.

1.7 Settlement of the costs

If we pay the health care provider directly and pay more than we are obliged to pay or the costs of the health care are to be met by yourself, then you, as the policy holder, owe us the costs of the health care. We will charge you for these costs at a later date. You will be obliged to pay these costs. We can settle these costs with compensation still owed to you.

If the insured does not comply with this, the policyholder must pay us the amounts due.

1.8 Derived rights

You are entitled to (compensation of the costs of) health care if the treatment or delivery takes place during the term of the supplementary insurance. If treatment takes place over the course of two calendar years and the health care provider is allowed to send one total invoice (diagnosis-treatment combination), then the costs will be reimbursed provided the treatment commenced within the term of the supplementary health insurance.

When these insurance policy terms and conditions refer to a (calendar) year, then the actual date of treatment or date of delivery stated by the health care provider determines the (calendar) year to which the costs involved should be attributed.

1.9 Exclusions

There is no right to health care or reimbursement of health care costs:

- that is not included in the coverage overview as referred to in Article X and/or exceeds the amounts or number of treatments stated therein.
- if the coverage of this insurance has been suspended and/or terminated. This may be the case, for example, if the premium due has not been paid (on time).

There is also no right to compensation in the following situations:

Detention

There is no right to health care or reimbursement of health care costs if the insured person:

- is in prison or in pre-trial detention; or
- is placed under a hospital order (tbs).

Molestation

There is no right to health care or reimbursement of health care costs if the insured person has become incapacitated for work by molestation. By molestation we mean:

- an armed conflict: countries are at war with each other;
- a civil war: residents of one country wage war against each other;
- an uprising: residents of a country violently resist the government of that country;
- domestic disturbances: groups of people use violence in different places in a country;
- riot: a group of people in one place violently resists the government;
- mutiny: a group of soldiers violently resists their commanders.

The legal description of these six forms of molestation can be found in appendix 1. Do we rely on this exclusion? Then we use the legal description.

1.10 Nuclear reaction

There is no right to health care or reimbursement of health care costs if the insured person has become incapacitated for work by nuclear reaction. It does not matter how that reaction arose. We do pay a compensation, supplement or benefit if the insured person has become incapacitated for work due to radioactive substances. The condition is that these substances:

- are outside the nuclear installation according to their destination;
- and used outside the nuclear installation.

Furthermore, they must be intended for and/or used by:

- the industry;
- trade;
- agriculture;
- a medical purpose;
- science;
- an educational purpose;
- security, but not military security.

In addition, there must be a government permit to make, use, store and dispose of radioactive materials.

The Nuclear Accident Liability Act states what we mean by a nuclear installation. That law was published in the Staatsblad 1979-225. We also mean a nuclear installation on board a ship.

Terrorism

Has the insured become incapacitated as a result of terrorism? Then the amount of the compensation becomes supplement or payment determined by the 'Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.' (NHT). (Dutch Reinsurance Company for Terrorism Damages). The conditions for this compensation, supplement or benefit are stated in the Terrorism Coverage clause sheet. This clause sheet can be found in appendix 2.

Sanctions Act 1977

There is no cover if we are not allowed to provide you and/or the insured person with a benefit, supplement or compensation under the Sanctions Act 1977. Under the Sanctions Act 1977, we are not allowed to do business or provide benefits to persons or organizations that have been placed on a sanctions list based on (inter)national agreements and regulations..

Article 2 General conditions

2.1 Basis of the health insurance

The health insurance agreement is agreed based on the information which you have specified on the application form or which you have given to us in writing.

2.2 Supplementary insurance

The health insurance agreement is applicable to the supplementary insurance stated on the policy summary sheet. These health insurance policy terms and conditions are part of the health insurance agreement and are applicable to the supplementary insurance.

If you have employee-related supplementary insurance based on the collective agreement agreed between your employer and Aevitae, then the compensation from the employee-related package is applicable to you. In that case, you are not entitled to (compensation of the costs of) this health care based on this supplementary insurance.

2.3 Fraud

2.3.1 What do we mean by fraud?

We see fraud as 'the purposeful detriment of an insurer to the advantage of the fraudster or a third person'. The fraudster then misrepresents facts in order to, for example, take out insurance or receive a (higher) benefit than he is entitled to. Consider, for example:

- not honestly providing information to the insurer, for example when applying for insurance;
- not being honest about what happened;
- changing amounts on invoices to be claimed;
- claiming more than the actual damage;
- submitting a rejected claim again, with a different story.

We can also report the fraud to the police, the judiciary and/or FIOD-ECD.

2.3.2 What do we do if we suspect fraud?

If we suspect fraud, we will initiate an investigation. If fraud occurs, we take the following measures:

- You will no longer receive any compensation or benefits and we will reclaim the amounts already paid out and costs incurred. In addition, we no longer provide services;

- We cancel your insurance (package). We also terminate other insurance policies that you have taken out with us and with the risk bearers stated on the policy schedule, even if you have not committed fraud;
- In the future, you will not be able to take out other insurance policies with us or with the risk bearers stated on the policy schedule;
- We inform the 'Centrum Bestrijding Verzekeringsfraude' (Center for Combating Insurance Fraud) of the 'Verbond van Verzekeraars' (Dutch Association of Insurers) that you have been included in the incident register;
- We report it to the police;
- We report the fraud to the Central Information System Foundation (CIS), a foundation that stores insurance data for insurance companies. The CIS keeps an incident register. Other insurers in the Netherlands consult this register.

You can read our complete fraud policy at www.aevitae.com.

2.4 Protection of personal information

We take your privacy very seriously. Your personal data is necessary for taking out and carrying out insurance policies are included in our personal registration. Personal data is also used for the prevention and combating fraud. The 'Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars' (Code of Conduct for the Processing of Personal Data by Health Insurers) applies to registration.

You can view this code of conduct on our website or request it by telephone.

From the commencement date of the supplementary insurance, we may:

- request and provide information to third parties (such as healthcare providers and suppliers) if we deem this necessary to be able to fulfill obligations under the supplementary insurance(s);
- include your citizen service number (BSN) in the administration. Healthcare providers are legally obliged to provide your BSN use in any form of communication. We will use your BSN in communication with your healthcare providers. We take into account the privacy legislation.

2.5 Announcements

You will be considered to have received all announcements sent to the last address known to us. We always use the address given in the municipal personal records database.

2.6 Right of withdrawal period

When taking out a supplementary health insurance policy, you, as the policy holder, have the right to withdraw from the policy any time during the first 14 days. You can terminate the supplementary insurance policy in writing within 14 days after entering into the agreement or within 14 days after you have received the health care policy, whichever is the latter. The health care insurance policy will then be considered as not having been taken out.

2.7 Dutch law

The supplementary insurance Inzetbaar is governed by Dutch law.

Article 3 Payments

3.1 When do you pay the premium

The policyholder owes premium. This must pay the premium no later than the premium due date.

3.2 What happens if you do not pay the premium on time or in full?

3.2.1 With the first premium

Does the policy holder not pay the first insurance premium on time or in full? Then you will have no cover on the commencement date of your insurance. If the insured becomes incapacitated for work, you or he is not entitled to compensation or benefits. Coverage does not begin until we have received the first premium.

3.2.2 With the subsequent premiums

Does the policyholder fail to pay the next insurance premium on time or in full? We will then send the policyholder a reminder. The policy holder will then receive a reminder.

If the policyholder does not pay the premium and costs on time even after the reminder, this will have consequences for the insurance coverage. The coverage can then be suspended or even terminated completely.

3.3 Settlement

You may not settle any outstanding amounts of money against money which we owe you.

3.4 Non-timely payment

- 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.
- 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.
- We may charge the following fees in the event of overdue payment:
 - statutory interest from the day following the due date of the original invoice;
 - debt collection fees from the day following the due date of the original invoice. This is 14 days after receipt of the reminder. For the amount of the collection fees, we refer to the Reimbursement for Extrajudicial Collection Costs Decree (BIK).
- If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.
- We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.
- If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

Article 4 Other obligations

You are obliged:

- To cooperate with our medical consultant or employees who are charged with the task of ensuring that all the information necessary to fulfil the supplementary insurance is obtained.
- To inform us of facts which (may) result in the possibility of recovering costs from (possibly) liable third parties and to provide us with the necessary information in connection to this. You may not agree any arrangement with a third party without our prior, written approval. You must refrain from actions which may harm our interests.
- To inform us as soon as possible of facts and circumstances which are important for correctly fulfilling the supplementary insurance. This includes the starting and end dates of a period of detention, a divorce or separation, moving home, a birth, adoption or a change of bank account. We accept no responsibility in the case of omission from your side.

If you do not fulfil your obligations and our interests are damaged as a result, we may suspend your right to (compensation of the costs for) health care.

Article 5 Alterations to the premium and the terms and conditions

5.1 Alterations to the premium and the terms and conditions

We have the right to alter the premium, as well as the terms and conditions, of the supplementary insurance at any time. We will inform you, as the policy holder, of this in writing. Any alterations will be implemented on a date to be determined by us.

5.2 Right of termination

If we alter the premium and/or the terms and conditions of the supplementary insurance in a way which is disadvantageous to you, you are entitled to terminate the insurance agreement up to a month after you have been informed of the alteration with effect from the day that the alteration takes effect. You do not have this right of termination if an alteration to the insurance terms and conditions is a direct result of legal measures, legal regulations or legal stipulations.

Article 6 Commencement, duration and termination of the supplementary insurance

6.1 Commencement and duration

The insurance starts on the date we agree with the policyholder and ends on the date on which we or the policyholder cancel this insurance.

6.2 Acceptance for supplementary insurance

You can only take out additional (dental) insurance as a supplement to the basic health insurance you have taken out with us. Taking out supplementary (dental) insurance without basic health insurance is not possible unless separate agreements have been made with your employer that relate to an employee package.

6.3 Termination by law

The supplementary insurance is terminated by law on the day following the day on which:

- The health care insurer is no longer allowed to offer or provide insurance as a result of an alteration or withdrawal of its license to act as an insurance company.
- The person covered by the insurance policy passes away.
- The health care insurer stops offering and providing the supplementary insurance.

You, as insurance policy holder, are obliged to inform us as quickly as possible of the death of a person covered by the insurance policy or of any other facts and conditions concerning the person covered by the insurance policy which have led to or could lead to the end of the supplementary insurance. We will send you proof of termination as quickly as possible once we have determined that the supplementary insurance is terminated or will be terminated.

If the supplementary insurance ends because we stop offering the supplementary insurance concerned, we will inform you, as the insurance policy holder, of this no later than three months before the supplementary insurance ends.

6.4 Termination due to cancellation of Income Insurance with Aevitae

The insurance always ends on the date on which the sickness absence insurance, or any other insurance to which this insurance is linked, is terminated. The reason for this is that this insurance is inextricably linked to having sickness absence insurance with Aevitae (or other coverage that we have agreed with the policy holder).

6.4.1 What is the duration of this insurance?

This insurance has a standard contract term of three years. Is the start date of the insurance January 1? Then the three-year term starts immediately. Is the starting date later than January 1? The three-year term will then commence on the following January 1. After three years, we extend the insurance for one year each time.

We may also have agreed a different contract expiry date with the policyholder. The policyholder reads the contract expiry date on the policy schedule.

6.4.2 Times when the insurance policy may be terminated

The policy holder cannot cancel the insurance during the first contract period of three years. The policy holder can do this from the first contract expiry date. We must have received the cancellation no later than one month before the contract expiry date. After the first contract expiry date, the policy holder can cancel this insurance on a daily basis.

Then we will cancel this:

- one month after we have received the cancellation; or
- as of the later date specified by the policy holder.

The insured person can indicate that he or she no longer makes use of this insurance. Coverage will then be terminated for that person, but not for the policy. We would like to receive a written request for termination from the insured.

6.5 Termination, annulment or suspension of the supplementary insurance

We can terminate, annul or suspend the supplementary insurance in writing:

- on account of non-timely payment of money owed as stated in article 3.5;
- if fraud has been committed (see article 2.3);
- if you have deliberately not provided us with information, have deliberately provided us with incomplete information or have deliberately provided us with incorrect information which is (or can be) disadvantageous to us;
- if you have acted with the purpose to mislead us or if we would not have provided supplementary insurance if we had known the real state of affairs. In these cases, we can terminate the supplementary insurance within two months of discovery with immediate effect. In these cases, we are not obliged to pay any compensation or can opt to reduce the compensation. We can settle any money to be reclaimed with outstanding payments for compensation.

6.6 When can we cancel the insurance?

We may decide not to renew the insurance at the contract expiry date. We can also cancel the insurance if:

- you did not provide us with all or the correct information about your situation when submitting your application. And if we had not taken out the insurance package if we had had that information;
- you do not comply with the obligations under this insurance;
- you have committed fraud or deliberately misled us. You can read more about fraud in Article 2;
- you do not pay the premium in full, do not pay on time or refuse to pay after we have sent you a reminder. You can read more about paying premiums in Article 3;
- the risk of your company changes. You can read more about changes within your company in section 6.1;
- we are not allowed to have a business relationship with you under the Sanctions Act 1977. Under the Sanctions Act 1977, we are not allowed to do business or provide benefits to persons or organizations that have been placed on a sanctions list based on (inter)national agreements and regulations.
- if we ask you not to provide information about the persons mentioned in paragraph 1.2, or provide us with incorrect or incomplete information;
- you are involved in (the preparation of) a crime;
- you do not (no longer) have the required permits or registrations required to carry out your business activities.

Please note: In the above list, by 'you' we mean both the policy holder and the insured.

Article 7 Complaints

7.1 Complaints as a policy holder

Do you, as a policy holder, have a complaint about the implementation of your insurance or about the services provided? Then you can take the following steps:

7.1.1 You contact your insurance advisor or your contact person at Aevitae

First ask your insurance advisor or contact person at Aevitae for advice. If necessary, this will be done in consultation with us a suitable solution.

7.1.2 You submit a complaint to Aevitae's complaints management.

Did the consultation with your insurance advisor and/or those directly involved at Aevitae not produce a satisfactory result? Then you can file a complaint with:

Aevitae B.V.
F.a.o. Complaints Management
Postbus 2705
6401 DE Heerlen

You can also submit your complaint through an online form. You can find this on our website: www.aevitae.com.

7.2 Complaints as an insured person

You can rest assured that we will arrange everything regarding your supplementary insurance properly. However, it may not happen everything is to your liking. We are open to your complaints and suggestions. You can send your complaint to: Complaints Management, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaints Management department acts on behalf of the management.

You will receive a reaction to your complaint within 15 days. If you are not satisfied with the decision or if you are in If you have not received a response for 15 days, you can submit your complaint or dispute to the Complaints and Disputes Foundation Health Insurance (SKGZ), PO Box 291, 3700 AG Zeist, www.skgz.nl. Instead of going to the SKGZ, you can file your complaint also submit 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). We would like to point out that the arbitrator in Malta will only hear cases if you have a final decision has received a decision from us on your complaint. You can also submit the dispute to the competent court.

III Reimbursements

Article 1 Physiotherapy

1.1 Physiotherapy and remedial therapy (Cesar/Mensendieck)

Description

We reimburse the costs of:

- physiotherapy by a (pediatric) physical therapist, pelvic floor physical therapist, psychosomatic physical therapist, or geriatric physical therapist;
- remedial therapy by a (pediatric) remedial therapist or psychosomatic remedial therapist;
- manual physiotherapy by a manual physical therapist;
- edema therapy by a physical therapist or skin therapist.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- A separate intake counts as a treatment.
- The healthcare provider meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- We reimburse a maximum amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- If the healthcare provider does not have a contract, the reimbursement may be lower than with a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the [Lijst maximale Reimbursementen niet-gecontracteerde zorgverleners](#).
- The amount of the reimbursement depends on which basic health insurance is listed on the policy. If there is no basic health insurance listed on the policy, the terms and conditions of our in kind policy apply.

Exclusion

We do not reimburse the costs of pregnancy gymnastics, sports massage, occupational and recreational therapy, or forms of fitness with the goal of improving fitness through training.

Reimbursement

- Inzetbaar Module MKB A maximum of 9 treatments per calendar year.

1.2 Fysio Zelfcheck (Physio Self-check) app

Description

Fysio Zelfcheck is an app developed by and from physiotherapists. The Fysio Zelfcheck offers accessible exercises, information and tips with which you can actively work on solving your complaints. It is suitable if you suffer from mild musculoskeletal complaints, such as painful shoulders, lower back pain or complaints during/after exercise.

You will have full access to the Fysio Zelfcheck via Mijn Aevitae. Via Mijn Aevitae you will go to a registration page of the Fysio Zelfcheck app. You can download the Fysio Zelfcheck via the app store (IOS and Android). For more information, please refer to fysiozelfcheck.nl.

About Fysio Zelfcheck

In many people, common, mild musculoskeletal complaints reduce or disappear within a few weeks with rest and simple exercises. The Fysio Zelfcheck can help in these situations. Users of the Fysio Zelfcheck start by completing a questionnaire. These are questionnaires that comply with the current guidelines of the profession. Based on this, the user is presented with information, tips and a series of exercises. The user can get started with the exercises with various instructional videos and vlogs from, often specialist physiotherapists. If the questionnaire shows that additional help is needed, you will be advised to make an appointment with a (specialized) physiotherapist or general practitioner.

Reimbursement

- Inzetbaar Module MKB 100%

Article 2 Sleep course/program

Description

We reimburse the costs of:

- the online course 'Somnio Compact' that offers professional advice and practical solutions to sleep better, or
- the 6-month Somnox sleep program with a smart tool, organized by Somnox. You will not receive any reimbursement for the rental or purchase of the Somnox after the 6-month program.

Note

You can register via www.somnio.nl/aanmelden or via <https://somnox.com/nl/aevitae>. You pay the care provider yourself and claim your costs via Mijn Aevitae.

Reimbursement

- Inzetbaar Module MKB Once per calendar year OR the Somnio Compact course OR the Somnox sleep program. You will not receive any reimbursement for the rental or purchase of the Somnox after the 6-month program.

Article 3 Dietician

Description

We reimburse the costs of the 'Gezond Afvallen' (Healthy Weight Loss) program at MyDailyLifestyle.

Note

You can register by sending the completed MyDailyLifestyle application form to vitaaldeclaraties@aevitae.com. The application form can be found at www.aevitae.com/cadeautje. MyDailyLifestyle submits the claim directly to us.

Reimbursement

- Inzetbaar Module MKB The program 'Gezond Afvallen' once per calendar year.

Article 4 Menopause consultant

Description

We reimburse the costs of consultations for women. These consultations have to do with or are aimed at the menopause.

Conditions for reimbursement

The consultations are given by a consultant who is registered and affiliated with the BV Care for Women or affiliated with another professional group recognized by us, or an institution that specializes in menopause consultations.

Note

You pay the care provider yourself and claim the costs via My Aevitae.

Reimbursement

- Inzetbaar Module MKB A maximum of € 175, once for the duration of the insurance.

Article 5 Informal care replacement

Description

We reimburse the costs of temporary replacement of informal care in the absence of the informal caregiver for a consecutive period of days. The replacement informal care can be requested by the person providing informal care.

Informal care is defined as the unpaid and long-term (at least 8 hours per week for at least 3 months) care provided to a chronically ill or disabled individual within one's immediate social environment.

Conditions for reimbursement

- We have granted prior authorization. Afterward, please request care from the care provider at least 8 weeks in advance.
- The care giver is affiliated with an informal care network. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- Care is provided for a consecutive period of days due to the absence (vacation, hospitalization, leave, or illness) of the informal caregiver.

- Only the insured informal caregiver is eligible for reimbursement.
- If there are multiple informal caregivers for one individual in need of care, reimbursement will be granted to one informal caregiver.

Exclusions

We do not reimburse:

- The costs of household support, such as cleaning.
- The travel expenses of the substitute family caregiver.

Reimbursement

- Inzetbaar Module MKB A maximum of €150 per day up to € 1,500 per calendar year.

Article 6 Informal care broker

Description

We reimburse the costs of an informal care consultant for professional support of the informal caregiver. An informal care consultant, in consultation with the informal caregiver, takes over organizational tasks related to care, well-being, or finances to prevent the informal caregiver from becoming overloaded. The informal care consultant can be engaged by the person providing informal care. The informal care consultant can be found through BMZM (www.bmzm.nl).

Condition for reimbursement

The informal caregiver is insured for this reimbursement.

Note

You pay the care provider yourself and claim the costs via My Aevitae.

Reimbursement

- Inzetbaar Module MKB A maximum of € 200 per calendar year.

Article 7 Preventive budget coaching

Description

We reimburse the costs of preventive budget coaching. The budget coach offers guidance and support in getting the financial administration in order to help prevent financial problems.

Condition for reimbursement

The coaching is offered by Gimd or MyDaily Lifestyle.

Note

You can register by sending the completed Gimd or MyDailyLifestyle application form to vitaaldeclaraties@aevitae.com. The application forms can be found at www.aevitae.com/cadeautje. Gimd and MyDailyLifestyle submit the claim directly to us.

Reimbursement

- Inzetbaar Module MKB 1 course (e-mail/telephone/online) of preventive budget coaching per calendar year with Gimd or MyDailyLifestyle.

Article 8 Corporate social work

Description

We reimburse the costs of corporate social work where students are taught how to deal with problems and/or help is offered to solve these, for example:

- psychosocial assistance;
- consultations;
- reporting problems and abuses;
- providing information and advice;
- guidance and advice on labor relations.

Conditions for reimbursement

- The corporate social work is provided by Gimd.
- Corporate social work takes place upon referral from the manager or HR department.

Note

You can register by sending the completed Gimd application form to vitaaldeclaraties@aevitae.com. Gimd submits the claim directly to us.

Reimbursement

- Inzetbaar Module MKB The 5-conversation model at Gimd, once per calendar year.

Article 9 Taxi for commuting

Description

We reimburse the costs of taxi transport between the home or residence of the insured and the work location, insofar as this is the case transport by public transport or private car is not possible due to medical reasons..

By

A taxi company of your choice.

Condition for Reimbursement

Taxi transport is prescribed by the company doctor, who declares that transport by public transport or private transport car is not possible due to a serious mobility limitation.

Note

The claim for this reimbursement can only be submitted to us by the employer. The claim must clearly state the name of the insured employee and his policy number. The claim is submitted to vitaaldeclaraties@aevitae.com.

Reimbursement

- Inzetbaar Module MKB A maximum of € 250 per calendar year.

Article 10 Trauma counseling and care

Description

We reimburse the costs of trauma guidance and care by Gimd immediately after a shocking work-related event, with the aim of processing the event and preventing long-term complaints.

Condition for reimbursement

Trauma guidance and care is provided by Gimd and can only be requested by the employer.

Note

Gimd submits the claim directly to us.

Reimbursement

- Inzetbaar Module MKB A maximum of € 3,000 per employer per calendar year.

Appendix 1 Legal description of definitions of molestation

Armed conflict

Armed conflict is defined as any case in which states or other organized parties fight each other, or at least one against the other, using military force.

Armed conflict also includes the armed actions of a United Nations peacekeeping force.

Civil war

Civil war is defined as a more or less organized violent struggle between residents of the same state, involving a significant portion of the residents of that state.

Revolt

Rebellion is defined as organized violent resistance within a state, directed against public authorities.

Domestic disturbances

Domestic disturbances are defined as more or less organized violent acts, occurring in various places within a state.

Riot

A riot is defined as a more or less organized local violent movement directed against public authorities

Mutiny

Mutiny is defined as a more or less organized violent movement by members of any armed force, directed against the authority under which they are placed.

Appendix 2 Terrorism coverage clause

This clause always applies and is not stated separately on the policy. These are the policy conditions of the Dutch Reinsurance Company for Terrorism Damages N.V. (NHT) for the insurance of terrorism risk.

1 Definitions

In this clause sheet and the provisions based on it, unless otherwise stated, the following definitions apply:

1.1 Terrorism

Violent acts and/or behavior - committed outside the context of one of the six forms of molestation referred to in Article 3:38 of the Financial Supervision Act - in the form of an attack or a series of related attacks in time and purpose attacks as a result of which injury and/or damage to health, whether or not resulting in death, and/or damage to property or otherwise affecting economic interests, where it is likely that this attack or series - whether or not in any organizational context - is planned and/or carried out with the aim of achieving certain political and/or religious and/or ideological goals.

1.2 Malicious contamination

Spreading germs and/or substances that result from their (in)direct physical, biological, radioactive or chemical impact can cause injury and/or damage to health, whether or not resulting in death, to people or animals and/or can cause damage to property or otherwise affect economic interests, where it is likely that it (do) spread - whether or not in any organizational context - is planned and/or carried out with the intention of achieving certain political and/or religious and/or ideological goals.

1.3 Preventive measures

Measures taken by the government and/or by insured parties and/or third parties to avert the immediate threat of terrorism and/or malicious contamination or - if this danger has materialized - to limit its consequences.

1.4 Dutch Reinsurance Company for Terrorism Damages N.V. (NHT)

A reinsurance company established by the Association of Insurers, under which payment obligations under insurance contracts, which for insurers admitted in the Netherlands may arise directly or indirectly from the realization of the risks described in Articles 1.1, 1.2 and 1.3, can be reinsured.

1.5 Insurance agreements

1.5.1 Non-life insurance agreements insofar as they relate to risks located in the Netherlands in accordance with the provisions of Article 1:1 under 'state where the risk is located' of the Financial Supervision Act.

1.5.2 Life insurance contracts to the extent concluded with a policyholder with habitual residence in the Netherlands, or, if the

policyholder is a legal entity, with the branch of the legal entity to which the insurance relates, established in the Netherlands.

- 1.5.3 Agreements for funeral insurance in kind to the extent concluded with a policyholder with a normal residence in the Netherlands, or, if the policyholder is a legal entity, with the branch of the legal entity to which the insurance relates, established in the Netherlands.

1.6 Insurers admitted in the Netherlands:

Life, in-kind, funeral and non-life insurers who are authorized to conduct insurance business in the Netherlands under the Financial Supervision Act.

2 Limitation of the coverage for terrorism risk

- 2.1 If and insofar as, taking into account the descriptions given in Articles 1.1, 1.2 and 1.3, and within the limits of the applicable policy conditions, cover exists for the consequences of an event that is (directly or indirectly) related to:

- terrorism, malicious contamination or preventive measures;
- actions or behavior in preparation for terrorism, malicious contamination or preventive measures, hereinafter collectively referred to as 'the terrorism risk',

the insurer's obligation to pay out in respect of any claim for compensation and/or benefit submitted to it is limited to the amount of the payment that the insurer receives in respect of that claim under the reinsurance for terrorism risk with the NHT, in the case of an insurance policy with capital accumulation increased by the amount of the capital accumulation already realized under the insurance in question.

For life insurance, the amount of the realized capital accumulation is set at the premium reserve to be maintained under the Financial Supervision Act with regard to the insurance in question.

- 2.2 The NHT provides reinsurance coverage for the aforementioned claims up to a maximum of EUR 1 billion per calendar year. The aforementioned amount can be adjusted from year to year and applies to all insurers affiliated with the NHT together. Any adjustment will be announced in three national newspapers.

- 2.3 Notwithstanding the provisions of the previous paragraphs of this article, this applies to insurance policies relating to:

- damage to immovable property and/or its contents;
 - consequential damage from damage to immovable property and/or its contents,
- that a maximum of 75 million euros will be paid out per policyholder per insured location per year under this agreement, for all participating insurers as referred to in Article 1 together, regardless of the number of policies issued.

For the purposes of this paragraph, an insured location is defined as: all objects insured by the policyholder at the risk address, as well as all objects insured by the policyholder located outside the risk address, the use and/or destination of which is related to the business activities at the risk address. In any case, all objects insured by the policyholder that are less than 50 meters away from each other and at least one of which is located at the risk address will be regarded as such.

For the purposes of this paragraph, legal entities and companies that are affiliated in a group, as referred to in Article 2:24b of the Civil Code, all group companies are considered together as a policyholder, regardless of which group company(s) belonging to the group) the policy(ies) has (have) been taken out.

3 NHT payment protocol

- 3.1 The insurer's reinsurance with the NHT is subject to the Claims Settlement Protocol (hereinafter referred to as the Protocol). On the basis of the provisions laid down in this Protocol, the NHT is entitled, among other things, to postpone payment of compensation or the insured amount until the moment at which it can determine whether and to what extent it has sufficient financial resources to settle all claims for which it reinsurer provides cover, to be paid in full. To the extent that the NHT does not appear to have sufficient financial resources, it is entitled to make a partial payment to the insurer in accordance with the aforementioned provisions.

- 3.2 The NHT is, with due observance of the provisions of provision 7 of the Claims Settlement Protocol, authorized to decide whether an event in connection with which a claim for payment is made should be regarded as a consequence of the realization of the terrorism risk. A decision by the NHT to this effect and taken in accordance with the aforementioned provision is binding towards the insurer, the policyholder, the insured and those entitled to benefits.

- 3.3 Only after the NHT has informed the insurer what amount, whether or not by way of advance, will be paid to it in respect of a claim for payment, can the insured or the person entitled to payment claim the payment referred to in Article 3.1 against the insurer.

Pursuant to provision 17 of the Protocol, reinsurance coverage with the NHT is only effective for claims for compensation and/or benefits that are reported within two years after the NHT has determined that a particular event or circumstance has materialized as a realization of the terrorism risk in the meaning of this Clause Sheet is considered.



Met de kracht van aandacht.

More information?

For any questions about the information in these policy conditions,
you can contact the experienced staff at our Service Desk.

For our contact options and current opening hours, please visit

aevitae.com/service-contact

You can find answers to frequently asked questions at

aevitae.com/veelgestelde-vragen

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