

Dependant Enrolment Form

In order to initiate a first claim for an eligible dependant, please complete this declaration form and email us to activate your policy.

1 Employee & dependant information

Apple Employee details

First name

Surname

Date of birth / /

Dependant details

First name

Surname

Date of birth / /

Relation to Employee

Apple employee information

Allianz individual policy number*

*To be completed by members that have already submitted a claim or treatment guarantee request in the past and received an Allianz personal policy number.

Declaration

I, EMPLOYEE FIRST AND LAST NAME certify that I am an active Apple employee and currently enrolled in Apple's local medical insurance scheme.

As such, I certify that the above mentioned dependant is also currently enrolled as a dependant on Apple's local medical insurance scheme. I require Allianz Care to register them as a dependant under my Allianz personal policy number.

 Dependant's signature (or parent's signature if a minor)

Date / /

 Employee signature

Date / /

2 Notices

We care about your personal data protection

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on + 353 1 630 1301 to request a paper copy of our full Data Protection Notice. If you have any queries about how we use your personal data, you can always contact us by email at: AP.EU1DataPrivacyOfficer@allianz.com

If you have any queries, please contact us by email at: apple.help@e.allianz.com

Please return this form to apple.help@e.allianz.com