

Access to the employer portal / correspondence

Affiliated company

Company

Delivery address, if not identical with the company address

(only one delivery address can be stored for each company)

Company

attn.

Address

P.O. Box

ZIP, town

Employer portal

(The following persons are a contact person for NoventusCollect and will receive access to the employer portal)

| | | |
|--------------------------------|-------------|-----------|
| Name, Surname | Full access | read only |
| Street (Place of residence) | | |
| ZIP, town (Place of residence) | | |
| Company | | |
| Function | | |
| Date of birth | | |
| Social security Number * | | |
| E-mail | | |

| | | |
|--------------------------------|-------------|-----------|
| Name, Surname | Full access | read only |
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| Company | | |
| Function | | |
| Date of birth | | |
| Social security Number * | | |
| E-mail | | |

* if applicabile

Periodicity of invoicing

Companies with 1-4 insured persons receive the invoice quarterly in arrears, i.e. at the beginning of a quarter for the past quarter. For companies with 5 or more insured persons, invoicing is monthly in arrears. If you are a small company and would still like to receive a monthly invoice, please let us know.

Place, date

Company Signature(s) _____