



Claim form Healthcare Insurance

You can use this declaration form for your health insurance claims. Please fill in all the requested details and make a copy for your own administration. You can download a new form on www.aonstudentinsurance.com.

Insured

Name _____

Address _____

Postal code/City/Country _____

Telephone number _____

E-mail _____

Programme/institute _____

End of study _____

Certificate number _____

Bank account

You must fill out this information for every claim.

Dutch bank account nr. _____ in the name of _____

Additional information

Do you have any other insurance that may be covering the medical costs as currently claimed?

Yes No

If so, please give us the name of the insurance company and your policy number.

Insurance company _____

Policy number _____

Accident

Are the costs related to an accident?

Yes No

If a third party was involved please fill in their details here:

Name _____

Address _____

Telephone number _____

E-mail _____

Any further remarks

For additional comments, remarks, questions, etc. please send an e-mail to students@aon.nl.

Claims

Please fill in the other side to complete your claim.

Claims

Please enclose the **original** invoices and note: only original, specified invoices will be accepted. No reimbursement will take place on the basis of reminders, copies, duplicates or unspecified invoices.

	Claim doctor/pharmacy/hospital	Reference/invoice number if not mentioned, leave open	Date of treatment dd-mm-yyyy	Amount mention currency, if other than EUR	Payment should be made to doctor/pharmacy/hospital or myself
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

In case of treatment by a medical specialist a written referral from your family doctor is required. In order to get an authorization for admission into a hospital a statement from your specialist with a medical diagnosis is required.

Signing

Date _____ Signature _____

Return address

Please send this form to Aon Hewitt, Expatriate Services, P.O. Box 1005, 3000 BA Rotterdam, The Netherlands. Or scan this form as well as the **original** invoices and send these to students@aon.nl. **Important:** You will need to keep the original receipts for one year after submission of the claim as Aon may ask you to send the original invoices.

