



## 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](http://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.**

Name bank \_\_\_\_\_

Place of business & country \_\_\_\_\_

Bank account no. \_\_\_\_\_

Swift code bank/BIC \_\_\_\_\_

IBAN code \_\_\_\_\_

National Bankcode/Routingnumber/ABA (if applicable) \_\_\_\_\_

### 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](mailto: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](mailto: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.

