

Corporate Benefit Plan Claim Form for Medical Expenses ect.

Policy No.:

Claim No.:

(Filled out by ERGO Forsikring)

The claim for compensation is regarding (please tick off the box)			
Escort/summoning	Curtailment	Life insurance/permanent disability (illness)	Ruined holiday
Illness/injury	Dental treatment	Personal accident	Patient transport
Name of your company:		Your job title:	
First name and surname:		Date of birth (CPR No.):	
Street address:		Phone - mobile:	Phone:
Postal code:	City/country:		Email:
Details of treatment			
When did the injury/illness occur?		Date of hospitalisation:	
Diagnosis/description of the illness:			
Have you previously been treated for the same illness?			
Yes No If yes, state the date on which you last received treatment:			
Treating doctor/dentist/hospital			
Name:		Telephone:	
Address:		Postal code/city:	
To be filled out if you had a personal accident or assault			
Where and when did the claim occur? Date: Time: Location (city and country):			
Description of what happened – as detailed as possible (please enclose further description):			
Were there any witnesses to the incident?			
Yes No Name(s) and address(es):			
Has the incident been reported to the police?			
Yes No If no, why not?			
To be filled out if you had curtailment			
What/who was the cause of the curtailment?			
How is/was the person related to you?			
Please attach documentation for the curtailment such as medical journal or death certificate along with original documentation for the expenses claimed.			
Alarm centre			
Has ERGO Forsikring's alarm centre been notified about the claim? Yes No If yes, case No.:			
Has ERGO Forsikring's service offices (Euro-Center) been notified about the claim? Yes No If yes, case No.:			
Travel details (to be filled out if the claim occurred during travel)			
Date of departure:		Date of return:	
Destination (city and country):		The purpose of your journey:	
		Airline company/travel agent:	

Credit card and insurance details			
What kind of credit card do you have (e.g. MasterCard, Eurocard, Globecard)?			
Is the credit card issued by a bank?	Danske Bank	Nordea	Other:
Card No.:		Is your claim reported to the credit card company?	Yes No
I do not have a credit card		Did you purchase your journey using your credit card?	Yes No
Other insurance			
In which insurance company has your company taken out industrial injuries insurance?			
Company:	Policy No.:	Is your claim reported to the insurance company?	Yes No
In which insurance company have you taken out personal accident/health insurance policy?			
Company:	Policy No.:	Is your claim reported to the insurance company?	Yes No
Compensation claimed			
Please enclose original documentation	Foreign currency	DKK	Is the compensation to be paid directly to the provider? (tick off)
Physician's fees:			
Medicine prescribed by a physician:			
Transport expenses			
Hospitalisation	Number of days:		
Extra hotel expenses	Number of days:		
Other extra expenses for illness/injury	Please specify:		
Expenses for escort/summoning	Please specify:		
Expenses for curtailment	Please specify:		
For how many days were you ill?			
Method of payment			
Bank reg. No. and account No.:		IBAN No.:	
Name and address of the bank:		Swift code:	
Signature etc.			
I hereby declare that the given information is true. I am aware that ERGO Forsikring's coverage can be reduced or waived according to law, if I state untrue information. I hereby give my consent to ERGO Forsikring to collect, use and keep my personal health information and to disclose this health information to authorised persons within the health care sector, hospitals and health care institutions, public authorities, insurance companies/pension funds, The Insurance Complaints Board, Labour Market Insurance etc. The consent/power of attorney only covers this claim.			
Remember that at any time, you can withdraw your consent by contacting ERGO Forsikring and stop any future use of your consent. Read more about your rights on our website at www.erv.dk under "Data Protection Policy".			

Please note, that withdrawing your consent may influence our capability to process your application and that we are bound by rules and legislation regarding storing and filing of your data from the time you conclude a valid insurance contract with us.

Signature of the Insured:

Date: / 20