

1. Employment agency details

Name of employment agency _____
Street _____ House number _____
Postal code _____ Town/city _____
Telephone number _____ Mobile telephone number _____
AGB-code _____ Group contract number _____

2. Policy holder details

Customer number _____ Payment reference* _____
Initials and last name _____ m f
Street _____ House number _____
Postal code _____ Town/city _____
Date of birth _____ Telephone number _____

Please provide the details of the person who incurred the healthcare costs below.

Customer number _____
Initials and last name _____ m f
Date of birth _____ Telephone number _____

In the space below, please give a brief description of the nature and severity of the illness or accident:

3. Please answer the following questions. This information is important for the reimbursement of the healthcare cost incurred.

In which country were the healthcare costs incurred? _____

Date of departure from the Netherlands _____ Date of return to the Netherlands _____

- Were you abroad because of your work? Yes No
- Were you abroad because of a work placement or study programme? Yes No
- Was a travel insurance policy with additional medical coverage taken out? Yes No
If so, with which organisation? _____ Policy number: _____ (please attach a copy of the policy document)

- Was the medical assistance urgent care? Yes No
- Were you hospitalised? Yes No
- Did you contact ANWB International Assistance? Yes No
If not, what was the reason? _____
- Did you know that you would have to undergo medical treatment abroad before your departure from the Netherlands? Yes No

If so, did you receive a referral from your physician for this treatment? Please attach a copy.

	Invoice from (name of physician, institution etc.)	Person who incurred the healthcare costs	Currency	Total invoice amount	Due to an accident**	
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Number of invoices:

3. For prompt and correct processing of this claim:

- Please attach the invoices in the same order as you have listed them on the form.
- Send original invoices only (unfortunately we cannot accept copies of invoices or payment reminders).
- We recommend that you keep copies for your own records.
- Include any referral letters and/or prescriptions from the physician.
- When claiming medicines and bandaging aids, include a copy of the prescription or proof of the consultation with a general practitioner/medical specialist.
- Please upload via the Employer Portal.
- Invoices must be in Dutch, French, German or English.
- Claim invoices as soon as possible, no later than 31 December of the calendar year following the third year after the one in which the treatment was carried out.
- Invoices for healthcare costs incurred abroad will not be paid directly by us to the institution abroad. You are responsible for payment of the invoices to the institution abroad.

ZEM is a brand operated by Zorg en Zekerheid.

The undersigned declares to have completed this form truthfully. By signing this form, the undersigned authorises O.W.M. Zorgverzekeraar Zorg en Zekerheid U.A. to recover the damages incurred from the travel insurer and grants the travel insurer permission to transfer the relevant reimbursement to the bank or giro account number of O.W.M. Zorg en Zekerheid U.A. The undersigned grants the Medical Adviser of Zorg en Zekerheid permission to access his/her medical record.

Place _____ Date

Signature

What to do with completed forms

Please send this application to Zorg en Zekerheid at Postbus 428, 2300 AK, Leiden.

Explanation

- * Payment reference (this reference will be stated on your claim payment)
- ** Due to an accident: tick the appropriate box to indicate whether the costs being claimed are the result of an accident that was caused by someone else. We will settle the claim with you according to the usual procedure and then send you a questionnaire if necessary.