

Please provide as many details as possible in this form. This way, we will be able to process your request faster.

## 1. Employment agency details

Employment agency's name \_\_\_\_\_

Street \_\_\_\_\_ House number \_\_\_\_\_

Postcode \_\_\_\_\_ Town/city \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile telephone number \_\_\_\_\_

AGB-code \_\_\_\_\_ Group scheme contract number \_\_\_\_\_

For prompt and correct processing of your claim(s), we ask that you:

1. complete this form in full in block capitals;
2. upload this form to the Employer Portal together with the original invoice(s);
3. make a copy of the original invoice(s) for your own records.

	Invoice from (name of physician, institution etc.)	Treated person's name Customer number	Total invoice amount	Due to an accident*	
				Yes	No
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total amount of all invoices:					

(\* ) Delete as appropriate

### Explanation of 'Due to an accident':

You can use this to indicate whether the claimed costs were incurred due to an accident. This will allow us to assess whether the medical costs can be recouped from the other party (insurance company). Your claim will be processed in the usual way.

Date of the accident:   -   -

Town/city: \_\_\_\_\_ Date:   -   -

Applicant's signature: \_\_\_\_\_