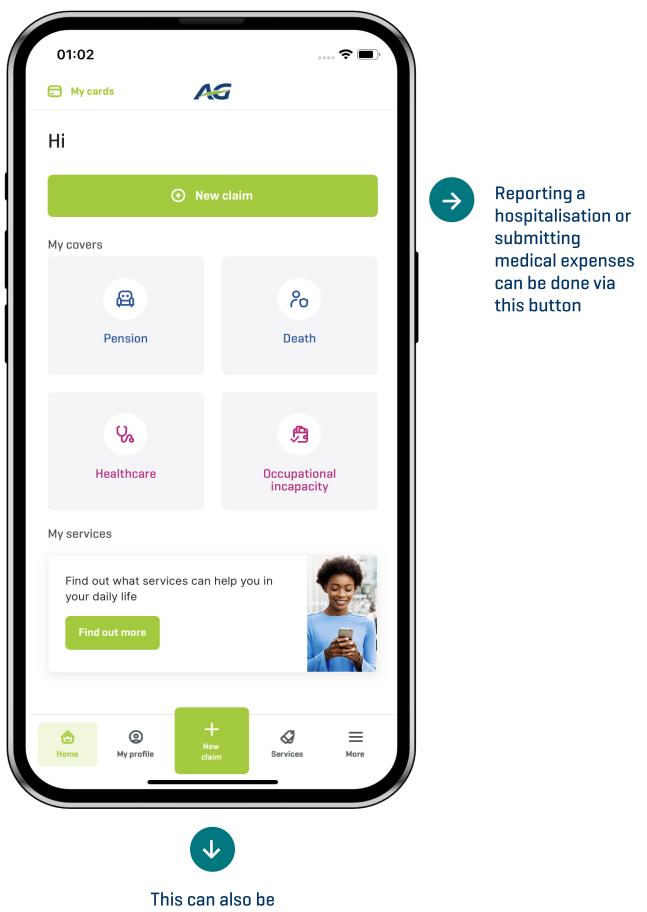
MyAG Employee Benefits

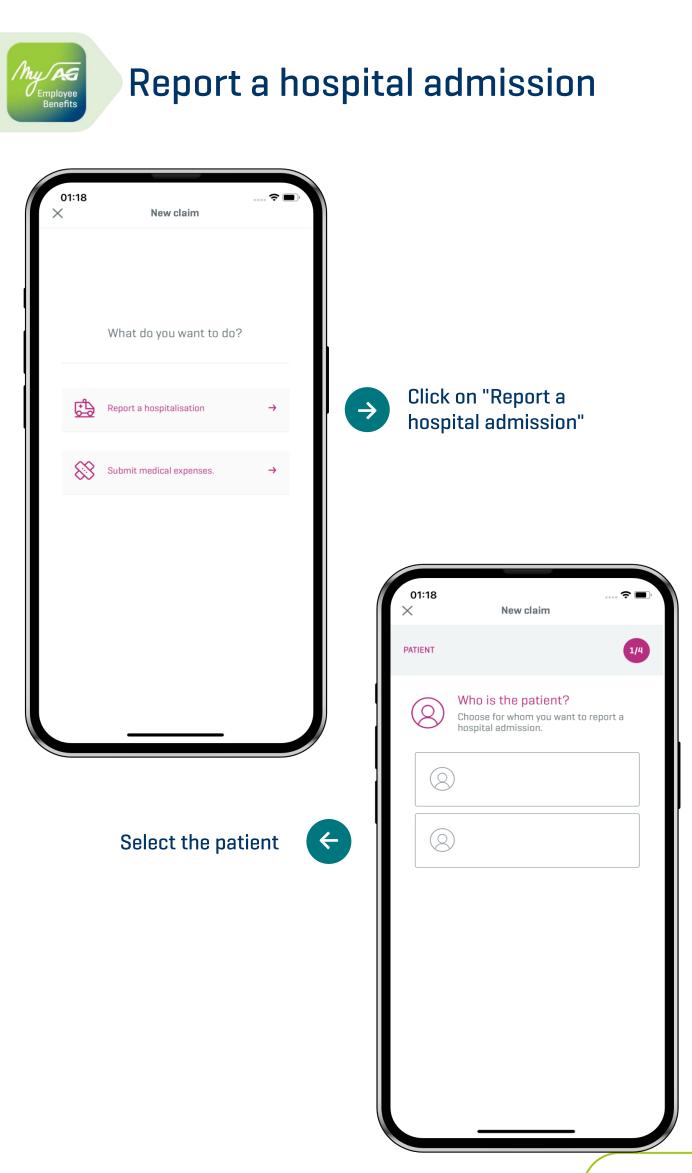
How do you use the MyAG Employee Benefits app? Report a hospital admission





done at the bottom of the screen









10:31 X Report a hospitalisation	•••• 4G 💭	
HOSPITALISATION	2/4	
In Belgium or a foreign country?		
Where will the patient be hospitalised?		
In Belgium	0	> Indicate the place of admiss
In a foreign country	I	and whether the patient is s abroad
Is the patient still in a foreign country?		
Yes, the patient is still in a foreign country	0	10:31 4G 🛛
No, the patient is back in Belgium	0	Hospitalised in a foreign country?
		Your hospitalisation insurance is valid worldwide for emergency unplanned admissions as well as scheduled inpatient stays provided that they have been pre-approved by your Sickness Fund.
< PREVIOUS	NEXT >	Call our assistance services provider and specify:
		• Your contract or card number:
		• The address where you're staying
		• A phone number where we can reach you
		Report your hospital admission (24/7)
e patient is still abroad,	F	+32 (0) 2 664 01 70
tact our assistance servic	es 😈	CLOSE
vider		



01:13 ×		hospitalisation	🕈 🔳	
HOSPIT	ALISATION		2/4	
) In Belgium	ı or a foreign	country?	
Where	will the patient be	hospitalised?		
In B	Belgium			
In a	a foreign country			
< PREV	10US		NEXT >	
		e reason admissio		¢

In this example, choose 'In Belgium'

01:18 ×	Report a hospitalisation	••••• 🗢 🗩,
HOSPITALISA	ΤΙΟΝ	2/4
	Reason for the hospital a	admission
Select the r	eason for the hospital admission	n.
Medical	examination	
Surgical	procedure or medical treatment	t 🔾
Emerger	ncy admission	
< PREVIOUS		NEXT >



Employee Benefits



Medical examination

01:19 ×	Report a hospitalisatio	🗢 🗩
HOSPITALISA	τιον	2/4
	Nedical examination	
which healt N.B.: the co related to th	u having this medical examin h condition? indition(s) that you select mu is medical examination. This ite the processing of your cle	st be directly is important as
Condition		
	CONDITION	
Condi	ion currently unknown	
< PREVIOUS		NEXT >

Look up the condition in the list or tick "The condition is still unknown"



Select the hospital

All medical tests performed to make a medical diagnosis and/or detect a disease (e.g. intestinal examination, ...)

01:25 ×	Report a hospitalisation	≎ ■
HOSPITALISA	TION	2/4
	Admission date	
	scheduled) admission date. has already been hospitalised, enter the adm	nission date.
DD/MM/	YYYY	
	of stay is required? More info	
	e admission	
Emerge	ncy admission with no overnight sta	ay 🔿
< PREVIOUS		NEXT >

Enter the (scheduled) date and select the type of stay

01:22 × Report a hospitalisation	
HOSPITALISATION	2/4
Room type	
Which room type do you choose?	
Multi-bed room (more than 2 patients)	
Double room (2 patients)	
Single room (or room for parent + child)	
< PREVIOUS	NEXT >

Select the chosen room type





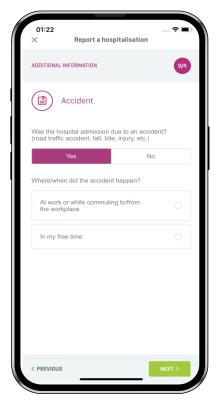
Medical examination

01:22 ×	Report a hos	spitalisation	🗢 🔳
ADDITIONA	L INFORMATION		3/4
	Accident		
Was the I (road traf	nospital admission fic accident, fall, bit	due to an accider e, injury, etc.)	nt?
	Yes	No	

Indicate whether the hospital admission is due to an accident

01:26 ×	Report a hospital	isation	? ■
ADDITIONAL	INFORMATION		3/4
	Accident		
Select the	type of accident		
School a related a	accident (at school or c activity)	luring a school-	
Sports a	accident		
Road tra	affic accident		
Other			
< PREVIOUS		NEX	T

Select the type of accident



Indicate where the accident happened (if an accident)

01:26 ×	Report a hospitalisation	🗢 🔳
ADDITIONAL IN	FORMATION	3/4
	ccident	
Date of accid	lent	
DD/MM/Y	YYY	
HH:MM	time of accident	
Select that the accide	t situation that best describes	~
< PREVIOUS		NEXT >

Specify the date and approximate time

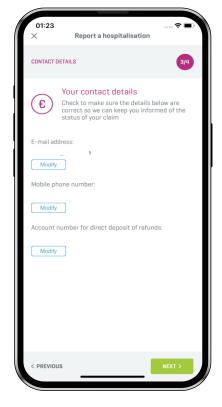




Medical examination

<form> V Report a hospitulisation ADDITIONAL INFORMATION CONTROMAL INFORMATION Control <!--</th--><th></th><th></th><th></th><th></th><th></th></form>					
VICUAL CREATE CRE		Report a l	hospitalisation	, ≎	-
CREATION THE ACCIDENT CREATION THE ACCID	ADDITION	AL INFORMATION			14
CREVIOUS CREVIOUS CRE		Accident			
<text><section-header></section-header></text>	Describe	the circumstanc	es surrounding	the acciden	t
<text><section-header><section-header></section-header></section-header></text>	Describ	be the accident	t		
<section-header></section-header>	(200 charac	ters left)			
Subserve de la cacidada de la cacida	< PREVIO	JS		NEXT >	
X Report a hospitalisation CONFIRMATION Image: Construction of the cons	C	rcum	istanc	es	
 Confirm your claim admake any corrections before you send it in. Duble-check your claim and make any corrections before you send it in. Patient Hospitalisation Monify Location Monify </th <th>C</th> <th>rcum</th> <th>istanc</th> <th>es</th> <th></th>	C	rcum	istanc	es	
Couble-check your claim and make any corrections before you send it in. Patient Hospitalisation Modify Location In Belgium Reason Benergecy admission Transfer to a room Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23	circum of the a	istanc accide	es ent	
Hospitalisation Modify Location In Belgium Reason Emergency admission Transfer to a room Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 ×	of the a	istanc accide	es ent	
Modify Location In Belgium Reason Emergency admission Transfer to a room Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 × CONFIRM/	Report a l Confirm your Double-check yo	hospitalisation r Claim detail	ces ent	
In Belgium Reason Emergency admission Transfer to a room Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 × CONFIRM/	Report a l Confirm your Double-check yc corrections befo	hospitalisation r Claim detail	ces ent	
Emergency admission Transfer to a room Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 × CONFIRM/ Patient Hospita	Report a l Report a l Confirm your Double-check yo corrections befor t	hospitalisation r Claim detail	ces ent	
Yes Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 × CONFIRM/ Patient Hospiti Modify Location	Report a l Confirm your Double-check yo corrections before t	hospitalisation r Claim detail	ces ent	
Condition(s) (Scheduled) hospital date 06/07/2023 Hospital	01:23 × CONFIRM/ Patient Hospiti Modify Location In Belgiu Reason	Report a l Report a l Confirm your Double-check yc corrections befor t	hospitalisation r Claim detail	ces ent	
06/07/2023 Hospital	01:23 × CONFIRM/ Patient Hospiti Modify Location In Belgiu Reason Emerger Transfer	Report a l Report a l TION Confirm your Double-check yo corrections before t allisation	hospitalisation r Claim detail	ces ent	14
	O1:23 × CONFIRM/ O1:23 × CONFIRM/ Patient Modify Location In Belgiu Reason Emergen Transfer Yes	Report a l Report a l CONFIRM YOUR CONFIRM Y	hospitalisation r Claim detail	ces ent	
	01:23 × CONFIRM/ Patient Modify Location In Belgiu Reason Emergen Transfer Yes Condition (Schedul 06/07/20	Report a l Report a l Confirm your Double-check yo corrections befor t allisation allisation to a room t(s)	hospitalisation r Claim detai uur claim and m rre you send it in	ces ent	

Check the claim. If everything is OK, click "Send"



Check your details Is everything OK? If so, click "Next".

01:24 ×	🗢 🔳
SUBMITTED	aja
Υοι	ur claim has been submitted
	What happens now?
	will be contacted within 2 working
days via	email address
	telephone c
	Questions?
	tions about the terms and conditions of your
contract	(covers, deductible, etc.)? Need to make
	changes to your claim?
	CONTACT US
	CLOSE

Your claim has been sent





Surgical procedure or medical treatment

14:22 ×	Report a hospitalisation	.11 4G 💽
HOSPITALI	SATION	2/4
	Reason for the hospital admission	
Select the	e reason for the hospital admis	sion.
Medica	al examination	
Surgic	al procedure or medical treatm	nent 🥑
Emerg	ency admission	
< PREVIO	us	NEXT >

Select the reason for the admission (in this case, surgical procedure or medical treatment)

01:25 ×	Report a hospitalisation	🗢 🔳
HOSPITALISATIC)N	2/4
Ad	Imission date	
	neduled) admission date. already been hospitalised, enter	the admission date.
DD/MM/YY	ΥY	
What type of s	stay is required? More info	
Overnight-	stay admission	
Day-case a	admission	
Emergency	y admission with no overnig	ght stay
< PREVIOUS		NEXT >

Enter the (scheduled) date and select the type of stay

Treatment of a condition through surgery of therapy (e.g. knee surgery, treatment for depression, ...)

01:20 ×	Report a hospitalisation	? 🔳
HOSPITALISA	TION	2/4
	Surgical procedure or nedical treatment	
which healt	reason for this hospital admiss h condition?	
related to th	ndition(s) that you select must iis hospital admission. This is i a the processing of your claim.	
Condition	n[s]	
+ ADD A	CONDITION	
< PREVIOUS		NEXT >

Look up the condition in the list and click "Next"



Select the hospital





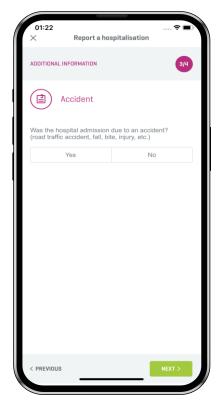
Surgical procedure or medical treatment

01:22 ×	Report a hospitalisation	🕈 🗩
HOSPITALISA	τιον	2/4
F	Room type	
Which room	n type do you choose?	
Multi-bee	d room (more than 2 patients)) ()
Double r	room (2 patients)	
Single ro	oom (or room for parent + chil	d) 🔿
< previous		NEXT >

Select your room type

01:27 ×	Report a hospitalis	🗢 🔳
ADDITIONAL	INFORMATION	3/4
	Date of diagnosis	
Do you kno first sympto	ow the exact date on whic oms of the illness?	ch you noticed the
	Yes	No
	you notice the first sympto	oms of the illness?
Betwee	n 1 and 2 years ago	
Betwee	n 2 and 5 years ago	
More th	an 5 years ago	
< PREVIOUS		NEXT >

If not an accident, answer the questions regarding the diagnosis



Indicate whether the hospital admission is due to an accident



Enter the date of diagnosis (if known)





Surgical procedure or medical treatment

01:27 ×	Report a hos	spitalisation	† D
ADDITIONA	AL INFORMATION		3/4
	Other insuran	ice coverage	
Can the p another i	patient claim hospit nsurance policy?	alisation coverag	e through
	Yes	No	
< PREVIOU	S		NEXT >

If you have coverage via another insurance policy, you can specify this here

01:24 ×	🕈 💻
SUBMITTED	4/4
Υοι	ur claim has been submitted
	What happens now?
days via	will be contacted within 2 working email address telephone c
	Questio
	tions about the terms and conditions of your
contract	(covers, deductible, etc.)? Need to make changes to your claim?
	CONTACT US
	CLOSE

Check and confirm your details and click "Send".





Emergency admission

01:20 ×	Report a hospitalisation	🗢 🔳
HOSPITALISA	TION	2/4
	Reason for the hospital ac	Imission
Select the r	reason for the hospital admission.	
Medical	examination	
Surgical	procedure or medical treatment	
Emerger	ncy admission	0
< PREVIOUS		NEXT >

Select the reason for the admission (in this case, an emergency admission)

01:21 ×	Report a hospitalisation	🗢 🔳
HOSPITALIS	ATION	2/4
	Emergency admission	
which heal N.B.: the c related to t	e reason for this emergency admis Ith condition? condition(s) that you select must bi this hospital admission. This is imp ite the processing of your claim.	e directly
	on currently selected	
	A CONDITION	
< PREVIOUS	3	NEXT >

Specify the reason for the emergency admission Idmission to a hospital emergency department or an urgent or life-threatening condition*

\times	Report a hospitalisation	🗢 🔳
HOSPITALIS	ATION	2/4
	Emergency admission	
Has the pa	atient been transferred to a hosp	ital room?
Yes		0
	patient remained in the ncy room.	0
< PREVIOUS	3	NEXT >

Specify whether the patient was transferred to a hospital room

01:21 ×	Report a hospitalisation	🕈 🔳
HOSPITALI	SATION	2/4
	Admission date	
Enter the	date of the emergency admission.	
DD/M	///////	
< PREVIOU	au	NEXT >

Enter the date of the emergency admission

12 * Not every emergency admission is a hospitalization, e.g. casting a broken foot is often an outpatient treatment

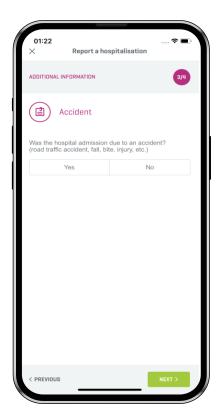




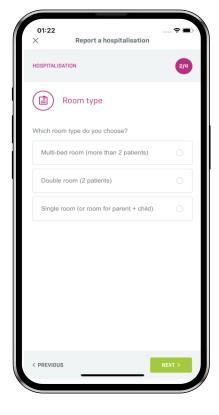
Emergency admission

01:21 ×	Report a hospitalisation	? ■
HOSPITALISAT	ION	2/4
н	ospital	
Select the he	ospital	
Name, pos	stcode or municipality	×
< previous		NEXT >

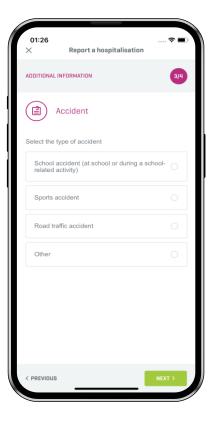
Select the hospital



Specify whether the hospital admission is due to an accident as well as where the accident happened



Enter the selected room type



Select the type of accident





Emergency admission

01:26		🕈 🔳
\times	Report a hospitalisation	
ADDITIONAL	. INFORMATION	3/4
	Accident	
Date of ac	cident	
DD/MM	/YYYY	
Approxima	ate time of accident	
HH:MM	M	
	ne accident happen? that situation that best describes	^
Fall from	m ladder	
Fall, sli	pped, stumbled	
Bitten b	py insect (wasp,)	
Bitten b	by own pet	
	by someone else's pet	
	(cooking, appliance, fire, cigarette	9,)
	during DIY activities at home	
Injurod	during LIIV activities for compone-	0100
< PREVIOUS	s	NEXT >

Enter the date, approximate time and cause of the accident N:26

Report a hospitalisation

ADDITIONAL INFORMATION

Off

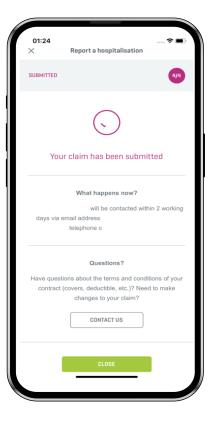
Accident

Describe the circumstances surrounding the accident

Describe the accident

COD characters left)

Describe the circumstances of the accident





Check and confirm your details and click "Send"

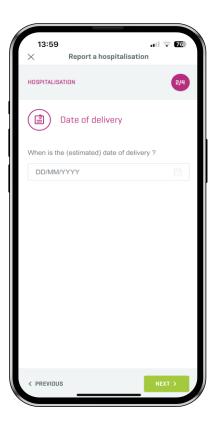




Report a hospital admission Childbirth

13:58 X Report a hospitalisation	⊋ 76
HOSPITALISATION	2/4
Reason for the hospital admission	
Select the reason for the hospital admission	
Medical examination	
Surgical procedure or medical treatment	
Childbirth	
Pregnancy-related complications	
Emergency admission	
< PREVIOUS	ext >

"Childbirth" and "Deliveryrelated complications" will only be visible only if the patient is female



Enter the (expected) due date



Specify where the baby will be delivered



Select the hospital





01:22 ×	Report a hospitalisation	
HOSPITALI	SATION	2/4
	Room type	
Which roo	om type do you choose?	
Multi-b	eed room (more than 2 patients)	0
Double	e room (2 patients)	0
Single	room (or room for parent + child)	0
	_	
< PREVIOU	IS	NEXT >

Select your room type

Check and confirm your

details and click "Send".

01:27			🕆 🗖
\times	Report a hos	spitalisation	
ADDITIONA	L INFORMATION		3/4
	Other insuran	ce coverage	
Can the p another in	atient claim hospit	alisation coverage	through
	Yes	No	
< PREVIOU	S		NEXT >

If you have coverage via another insurance policy, you can specify this here

01:24 ×	🕈 🗩
SUBMITTED	4/4
Υοι	ur claim has been submitted
days via	What happens now? will be contacted within 2 working email address telephone c
	Questions? tions about the terms and conditions of your (covers, deductible, etc.)? Need to make changes to your claim? CONTACT US
	CLOSE

 \leftarrow

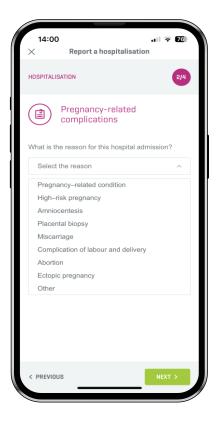




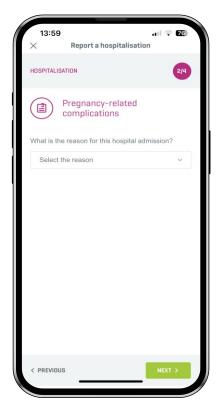
Pregnancy-related complications

13:59 ×	 Report a hospitalisation	76
HOSPITALISA	TION	2/4
	Reason for the nospital admission	
Select the r	reason for the hospital admission	1.
Medical	examination	
Surgical	procedure or medical treatment	
Childbirt	h	
Pregnan	ncy-related complications	0
Emerger	ncy admission	
< PREVIOUS	N	EXT >

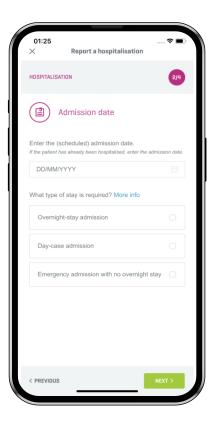
Select the reason for admission (in this case, pregnancy-related complications)



Select the reason for the hospital stay



Select the reason for the hospital stay



Specify the admission date and type of stay





Pregnancy-related complications

01:21 ×	Report a hospitalisation	
HOSPITALISA	TION	2/4
	Hospital	
Select the I	hospital	
Name, p	ostcode or municipality	×
< PREVIOUS		NEXT >

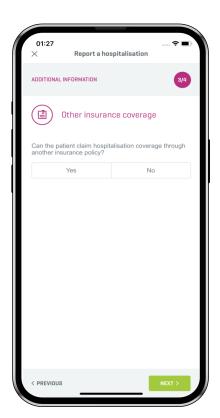
Select the hospital



Enter the (expected) due date



Select the room type



If you have coverage via another insurance policy, you can specify this here





Pregnancy-related complications

01:24 ×	🗢 🔳
SUBMITTED	414
Υοι	ur claim has been submitted
	What happens now?
days via	will be contacted within 2 working email address telephone o
	Questions?
	tions about the terms and conditions of your (covers, deductible, etc.)? Need to make changes to your claim?
	CONTACT US
	CLOSE

Check and confirm your details and click "Send".



Questions?

mployee Benefits

My covers My covers My covers My covers My covers Healthcare Occupational incapacities	c c c c
RetirementCDeathCHealthcare	
Contraction Death	
🖓 Healthcare	C
🚇 Occupational incanaci	
	ty 🕑
🧭 My services	
Settings	
My profile	
App Settings	
C Privacy	
Contraction Contra	

You can find our FAQ here. Can't find the answer to your question? Contact us via the "Send us your question" button

÷



Click on Help and Contact (at the bottom of this screen)

01:47	🗢 🔳
(24)	Hospitalisation abroad
	Contact us 24/7
	+32 (0)2 664 01 70
G	Need an assistance service during and
(24)	after your hospital stay? (child minder, transport)
	Request this within 30 days of your admission:
	+32 (0)2 664 44 10
Frequent	tly asked questions
Frequent	tly asked questions
Where car	n I find all the information about
	n I find all the information about
Where car my covera Where car	n I find all the information about ges? n I find all the information about a
Where car my covera Where car	n I find all the information about v
Where car my covera Where car	n I find all the information about ges? n I find all the information about a
Where car my covera Where car hospitalisa	n I find all the information about ges? n I find all the information about a
Where car my covera Where car hospitalisa	n I find all the information about ges? I find all the information about a ation and about submitting medical expenses?
Where car my covera Where car hospitalisa Didn't f	I find all the information about ges? I find all the information about a ation and about submitting medical expenses? ind the answer to your question? us your question
Where car my covera Where car hospitalisa	I find all the information about ges? I find all the information about a ation and about submitting medical expenses?

