



Occupational incapacity claim

Group insurance (Healthcare)



CONFIDENTIAL

Send this form to:
renteHC@aginsurance.be
 AG, Healthcare Department
 53 boulevard Emile Jacqmain, 1000 Brussels

To report an occupational incapacity, the insured must send this document together with the “medical certificate” form (completed by the attending physician) and the attestations of illness from the start date to AG, addressed to the advisory physician.

[Optional] Group number: and/or contract number/other reference:

To be completed in all cases

Employer:

Staff member

Surname and first name

Date of birth / /

Street address

Postcode and city

Personal e-mail address

Personal phone number

Profession

Bank account n°:

Name of account holder:

Don't forget to fill in your bank account number and to include a copy of your bank card.

When did the occupational incapacity start? / /

Reason for the occupational incapacity:

When did the first symptoms appear?

Does the insured have coverage through an insurance policy with AG or another company that provides the same covers? No Yes

If yes, name and address of company and policy n°:
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.....
.....

Did the staff member have occupational incapacity coverage with his/her previous employer? No Yes

If yes, please include the attestation showing the period of enrolment and the covers with the previous insurer.

To be completed in the event of hospitalisation

Hospitalisation period:

Nature of illness and/or injuries:
.....
.....



Any surgical procedure(s)

To be completed in the event of an accident

Type of accident: Non-Occupational Traffic Sports
 Occupational School Other:

Date and time of accident: on / / at o'clock morning afternoon

Description of the circumstances:

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As the data controller, AG collects and processes your personal data for the purposes stated in the General Terms and Conditions (or Pension Plan Regulations if sector-wide supplementary pension) and more specifically to provide the fringe benefits (supplementary pension and/or corporate-sponsored healthcare insurance) that you are entitled to via your employer or sector, entrusted to AG for administration and management. You can find more information on the processing of your personal data in the General Terms and Conditions (or Pension Plan Regulations if sector-wide supplementary pension) and in our Privacy Notice on www.ag.be.

Processing of special categories of personal data

- I, the undersigned, expressly consent to the processing of my personal health data by AG and my authorised representatives for the purposes of handling my claim, including for statistical purposes.
- I, the undersigned, expressly consent to the processing of my personal data on criminal convictions and minor offences by AG and my authorised representatives for the purposes of handling my claim.

AG is the data controller for the processing of this data and agrees to comply in full with the obligations arising from the applicable data protection legislation.

I have been informed of my right to withdraw my consent at any time. I acknowledge that in such a case, AG will be unable to fulfil the contractual relationship.

I confirm that the answers provided above are truthful and complete.

Drawn up in on / /

Signature of the insured:

