



# Claim for Reimbursement of Medical Expenses

## Group insurance (Health Care)



Send in your medical expenses to AG for a refund. You can do it **quickly and easily online**. Another option is to fill out this form and send it in along with your receipts by ordinary mail.

Submit your expenses online via [www.ag.be/hospi](http://www.ag.be/hospi).

OR

Please return to:  
AG  
Health Care Medical Dept  
Bd. E. Jacquain 53, 1000 Brussels

**CONFIDENTIAL**

**N.B.:** Were these medical expenses incurred in connection with an inpatient stay? Report the hospital admission to AG by filling out a claim form. You can send in the paper form or report the admission online via [www.ag.be/hospi](http://www.ag.be/hospi). It's also the go-to site to find out more about "What to do in case of hospitalisation?"

### What kind of proof of purchase should be sent in?

1. Original and itemised hospital bills (+ any attachments).
2. Invoice for emergency medical transport (submit this invoice to your Sickness Fund first).
3. Receipts for prescription medication (pharmacy receipts):
  - Ask your pharmacist for an itemised receipt for supplementary insurance purposes ("BVAC attestation"). This will contain the name of the patient and the doctor, the date the prescription was filled, a list of products purchased and the price.
  - **Tip:** have a My Healthcare Card (green card)? Then all you have to do is hand your card to the pharmacist for scanning and your pharmacy receipts will be forwarded to AG automatically.
  - **N.B.:** you'll first need to activate your card before you can use it at the pharmacy. For more information, go to [www.ag.be/mgb/card](http://www.ag.be/mgb/card)
4. For outpatient care expenses (e.g. doctors' appointments):
  - Ask your Sickness Fund to issue you an overview per patient of all services provided over a given time period.
5. For other medical-related treatments and services:
  - Invoices and/or fee notes.

### To be completed by the applicant [\* = required]

#### 1. Applicant information

Surname\*: ..... First Name\*: .....

Customer reference (plan or card number): ..... Date of birth\*: ..... / ..... / .....

Employer or sponsor name (if corporate or sector-sponsored coverage):  
.....

Street name\*: ..... House number\*: ..... Box: .....

Postal code\*: ..... City\*: .....

E-mail address: ..... Phone number\*: .....

#### 2. Contact details

The patient details provided above should be used for any further correspondence regarding the reimbursement of these medical costs.

Please keep me informed via the following contact details:

Surname\*: ..... First Name\*: .....

Street name\*: ..... House number\*: ..... Box: .....

Postal code\*: ..... City\*: .....

E-mail address: ..... Phone number\*: .....

I, undersigned, explicitly agree to the processing of my health data by AG and my authorized representatives for the purpose of describing the risk and/or handling the claim, including the establishment of statistics. AG is controller for the processing of these data and undertakes to comply with its obligations under the applicable privacy legislation.

I have been informed about my right to withdraw my consent for the processing of my health data at any time. I acknowledge that in this case AG will be unable to perform the contractual relationship.

I declare that I have taken note of the Information Document on the last page of this form.



Date & signature\*

..... / ..... / .....

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## Information about personal data protection

The personal data of the policyholder and/or the insured party [or parties] and [where applicable] of their legal representatives will be processed by AG SA/NV, with its registered office at Emile Jacqmainlaan/Boulevard Emile Jacqmain 53, 1000 Brussels, Belgium [hereafter 'AG'], in its capacity as the Controller of processing within the meaning of Regulation [EU] 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and in accordance with the Privacy Statement of AG published on its website at [www.ag.be](http://www.ag.be).

These personal data are processed for the purposes set forth in the Privacy Statement of AG, in particular with a view to:

- managing and providing insurance services, including managing customer relationships, for the purpose of performing the contract;
- fulfilling all duties imposed upon AG by administrative, regulatory and legal requirements, based on requirements such as an obligation to deduct fiscal or parafiscal charges;
- analysing data, establishing statistics, models and profiles, detecting and preventing misuse and fraud, compiling evidence, securing IT networks and systems of AG, ensuring the safety of goods and persons, optimising the processes [such as those for evaluating and accepting risks, internal procedures and so on], developing new products, prospecting and, in some cases, profiling and taking decisions based on a profile for the aforementioned purposes, in each instance consistent with the legitimate interests of AG.

In certain cases, these data may also be processed with the consent of the data subject.

If such is necessary for the above purposes and in accordance with privacy legislation, these personal data may be communicated by AG to other involved insurance companies, their representatives in Belgium, their contact persons in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation, an administrative or court decision or if a legitimate interest exists.

It is possible that AG transfers personal data outside the European Economic Area [EEA] to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG will protect the data by increasing IT security and by contractually requiring an intensified level of security from its international counterparts.

## Health data

If for the purpose of describing a risk or handling a claim a data subject entrusts data about his/her health to AG, AG will watch over that the health data are processed for the defined purposes with the explicit consent of the data subject. At any time, the data subject may withdraw his/her consent for the processing of his/her health data. In these cases, the data subject acknowledges that AG will be unable to proceed with his/her request for service and/or to perform the contractual relationship.

## Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data, and the right to have his/her data erased. In these cases, it is possible that AG will be unable to perform the contractual relationship.



To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer [DPO] of AG, accompanied by a both-sides copy of his/her identity card.

The Data Protection Officer of AG is reachable at the following addresses:

By post: AG – Data Protection Officer  
Emile Jacqmainlaan/ Boulevard Emile Jacqmain 53  
1000 Brussels, Belgium

By e-mail: [AG\\_DPO@aginsurance.be](mailto:AG_DPO@aginsurance.be)

Complaints may be submitted to the Data Protection Authority.

More information about how AG protects personal data and how data subjects can exercise their rights can be found in the AG Privacy Statement at [www.ag.be](http://www.ag.be).

