Coordination of Social Security Systems

DA1

Entitlement to Health care cover under insurance against Accidents at work and Occupational Diseases

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This document is for insured persons who move to, reside or stay in a EU State other than the State of insurance against Accidents at Work and Occupational Diseases (AWOD). You must present this document to the healthcare/AWOD institution in the State of residence or stay to gain entitlement to health care benefits. You may be entitled to a supplementary reimbursement according to national reimbursement rates of the place of stay.
Your health care institution will advise you on this. For a list of health care institutions, see http://ec.europa.eu/social-security-directory/

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number in the competent Member State

1.2 Surname

1.3 Forenames

1.4 Surname at birth (**)

1.5 Date of birth

1.6 Status

☐ 1.6.1 Employee ☐ 1.6.2 Self-employed person ☐ 1.6.3 Unemployed

1.7 Address in the State of residence/stay

1.7.1 Street, N° 1.7.3 Post code

1.7.2 Town 1.7.4 Country code

2. THE HOLDER MAY RECEIVE BENEFITS IN KIND

☐ 2.1.1 for accident at work ☐ 2.1.2 for occupational disease

2.2 Expected period of treatment

☐ 2.2.1 for a period laid down in the provisions of the legislation of his State of residence

☐ 2.2.2 start date end date

☐ 2.2.3 for a maximum of three months ☐ 2.2.4 for an unlimited period

(*) Regulations (EC) No 883/2004, article 36, and 987/2009, article 33.
(**) Information given to the institution by the holder when this is not known by the institution.

DA1

Entitlement to Health care cover under insurance against Accidents at work and Occupational Diseases

3. THE HOLDER HAS A RIGHT TO HEALTH CARE ON GROUNDS OF

☐ 3.1 The accident at work sustained 3.1.1 on (date)

3.1.2 which had the following consequences

☐ 3.2 The occupational disease diagnosed 3.2.1 on (date)

3.2.2 which had the following consequences

☐ 3.3 The authorisation which we have granted to the person concerned to retain the rights to benefits in kind in ● (State) where he is going

☐ 3.3.1 to take up residence ☐ 3.3.2 to receive medical treatment

4. THE REPORT OF OUR EXAMINING DOCTOR

☐ 4.1 is attached in a sealed envelope ☐ 4.2 may be obtained on request

☐ 4.3 was sent

4.3.1 on 4.3.2 to

☐ 4.4 has not been drawn up

5. INSTITUTION COMPLETING THE FORM

5.1	Name	Allianz Benelux		
5.2	Street, N°	boulvard Albert II, 32		
5.3	Town	Bruxelles		
5.4	Post code	1000	5.5 Country code	● 150 BE
5.6	Institution ID	BE0403258197		
5.7	Office fax N°			
5.8	Office phone N°			
5.9	E-mail	atao@allianz.be		
5.10	Date			
5.11	Signature	pour Allianz :		

STAMP

Allianz

Koning Albert II-laan 32 - 1000 Brussel

Boulevard du Roi Albert II 32 - 1000 Bruxelles