



B D A E G R U P P E

PAYMENT OF INSURANCE BENEFITS EXPAT®GERMANY

CLAIMS REIMBURSEMENT FORM

PLEASE COMPLETE THE FOLLOWING FORM AND THE TABLE ON THE REAR SIDE
IN ORDER TO APPLY FOR REIMBURSEMENT OF CLAIMS.

PLEASE COMPLETE ONLY ONE FORM PER PERSON AND SEND IT TO:

BDAE HOLDING GMBH • KÜHNEHÖFE 3 • D-22761 HAMBURG

PARTY ENTITLED TO INSURANCE:		
Surname:		First name(s):
Current address (street, ZIP, city, country):		Use as address for service*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone (with country and local code):	Fax (with country and local code):	e-mail:
PAYMENT DETAILS FOR REIMBURSEMENT:		
Account holder:		
Bank:	Account no.:	Sort code:
ADDITION FOR FOREIGN ACCOUNTS:		
Bank adress:	BIC/Swift:	IBAN:
INFORMATION ON OTHER ACTIVE HEALTH INSURANCE:		
Does the insured person have additional health insurance*? <input type="checkbox"/> No <input type="checkbox"/> Yes, with:	Insurance no.:	
Entry date of the insured person to Germany (only necessary on first submission of claims)? (*please tick)		

Stand: 14.04.2010

PLEASE ENLIST THE CLAIMS TO BE REIMBURSED IN THE TABLE OVERLEAF, RESPECTIVELY LET IT
BE COMPLETED BY THE ATTENDING PHYSICIAN!

FOR QUERIES PLEASE CONTACT:
SABRINA RICKER

PHONE: +49-40-30687411 • FAX: +49-40-30687490

E-MAIL: LEISTUNG@BDAE.DE

