



Contact person :
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Overview of the medical expenses for reimbursement under the complimentary medical care contract

Please fill in one sheet per beneficiary and per country !

Original documents should be sent by post to
 RSZ – Overzeese sociale zekerheid
 Dienst Geneeskundige verzorging
 Victor Hortaplein 11 – 1060 BRUSSEL

Registration number: E- _____ Policyholder: Name and first name of the beneficiary :

	Origin expenses : (country)		Sent on / /	
	date	Nature of the care	amount	currency
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Correspondence address of the policyholder: E-mail address
Account holder: Name First name 1) Account in the EEA: <input type="checkbox"/> 2) Account outside the EEA : <input type="checkbox"/> Account number : IBAN BIC Name and address of the bank

Name + signature applicant :
