

# NOTIFICATION OF CLAIM/PREGNANCY AND CHILDBIRTH



**Personnell stationed abroad/Corporate travel/Private travel**

<input type="checkbox"/> Stationed abroad <input type="checkbox"/> Corporate travel <input type="checkbox"/> Private travel			Claim No. (for ERV use only)
Name of employer	Insurance policy No.	Corp. ID No.	

## Employee's personal details

Surname	First name	Date of birth (yy-mm-dd)	
Address			
Zip code	Town/city and country		
Country in which employee will be staying	Fax No.		
Telephone No.	Mobile No.		
E-mail	I accept e-mail correspondence:    Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Account to which the compensation should be sent

Name of bank	Bankgiro	Plusgiro
Clearing No.	Account No.	

### If bank other than Swedish:

IBAN number/account	
SWIFT	Bank code (e.g. fedwire, sortcode, BLZ)
Complete address of bank	
Name if payee is not the policyholder	

Destination, traveldays

Date of departure (yy-mm-dd)	Date of return home (yy-mm-dd)	
Destination (country and place)		
Is there any other health medical insurance policy in force? Yes <input type="checkbox"/> No <input type="checkbox"/>	Company	Policy No.
Has a claim been submitted to any other insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	Company	Claim No.

**Details**

Name of the pregnant person	Date of birth (yy-mm-dd)
Date of your first prenatal doctor's appointment	

**Past history of earlier pregnancies**

Number of pregnancies?
Way of delivery in earlier pregnancies - caesarean section or vaginal delivery ?
If caesarean section, please state medical reason for this?

**Current pregnancy**

Clinic you plan to visit for the pregnancy check ups
Expected date of delivery
Clinic/hospital where the delivery is planned:

**Medical Expenses**

Treatment	Amount and currency	Clinic/physician/midwife	Benefits paid by another insurance company/social insurance (amount)	Outstanding amount

**Signature of the employer in the case of travel on business**

It is hereby certified that the person was travelling on business at the time when the incident occurred.

Date	Signature of employer
Telephone or/and e-mail	

**Authorization**

I authorize ERV to claim from the National Social Insurance Board, on my behalf, compensation for medical expenses in the EU/EES, and other countries.

**Declaration**

I hereby certify that the details given above are true and complete.

Date	Signature
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### Pregnancy check ups - to be completed by the clinic

Estimated costs for the check ups before delivery			
Package or cost per visit?	Package <input type="checkbox"/>	Cost per visit <input type="checkbox"/>	
If package:			
Midwife or consultant led check ups?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No. of bloodtests <input type="text"/> No. of ultra-sounds <input type="text"/>
Contact information and contact person at the clinic:			

### Delivery - to be completed by the clinic

Cost estimate	
What costs are included?	
Midwife or consulted led delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any extra costs for epidural, paediatrician, doctor etc? Give details:	
If caesarean section delivery is planned, medical reason for this:	
Contact information and contact person at the clinic:	

### Signature of the medical provider

Date	Signature of employer
Telephone or/and e-mail	

#### Information about compensation concerning pregnancy and childbirth

Necessary and reasonable costs, that are notified and approved in advance, for:

- check-ups during the pregnancy
- childbirth
- the first medical check-up of mother and child following childbirth
- supplementary costs for travel and living expenses for the mother in those cases where childbirth, for medical reasons, cannot occur at a place that is within reasonable distance from the place of posting abroad.

**Ensure that medical bills and invoices are enclosed with this form!**