

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 Europeiska 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

Is there any other health medical insurance policy in force?

Has a claim been submitted to any other insurance company?

Date of departure (yy-mm-dd)	Date of return home (yy-mm-dd)	
Destination (country and place)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Company	Policy No.
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 Europeiska 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!