

# Claim notification

## Group insurance (Health Care)



Easily report your hospitalisation online on [www.ag.be/hospi](http://www.ag.be/hospi). You also find there tips about 'What to do in case of an hospitalisation?'

OR

Please return to:  
AG Insurance  
Health Care Medical Dept. - 1JQ5B  
Bd. E. Jacqmain 53, 1000 Brussels

CONFIDENTIAL

Please tick the appropriate box for the type of coverage that you are claiming:

- Hospitalisation / Medical expenses     Disability annuity / Waiver of premiums

This form must be filled out by the insured and returned to AG Insurance c/o the medical advisor.

To file for a disability annuity, you must attach the "medical certificate" form duly completed by your attending physician, as well as the occupational incapacity certificates.

Group number: ..... and/or other reference (for example your card number): .....

### To be filled out for all types of claims

Employer (or former employer if retired): .....

Affiliate	Staff member	Beneficiary
Surname and first names	.....	.....
Date of birth	..... / ..... / .....	..... / ..... / .....
Address	.....	.....
Postal code and city	.....	.....
E-mail address	.....	.....
Telephone number (during office hours)	.....	.....
Occupation	.....	.....

Postal or bank account n°:

Account holder: .....

Period of hospitalisation: .....

Name and address of the hospital: .....

Room type:  Single room     Double-occupancy room

Nature of the illness/injury resulting in hospitalisation: .....

Surgical intervention (if any): .....

Date first symptoms appeared .....

Disability onset date (for disability coverage claims): ..... / ..... / .....

Does the beneficiary have multiple insurance policies that cover the same occurrence?  No     Yes

If Yes, name and address of the insurance provider and policy number:  
.....  
.....

**To be filled out in case of accident**

Type of accident:  Non-occupational  Traffic  Sport  
 Occupational  School  Other: .....

Does the beneficiary have multiple insurance policies that cover the same occurrence?  Yes  No

If Yes, name and address of the insurance provider and policy number:  
.....  
.....



Date and time of the accident: on ..... / ..... / ..... at ..... hour  AM  PM

Location of the accident: .....  
.....

**Details of the occurrence:**

.....  
.....  
.....

**Opposing party (if any):**

- name and address: .....
- insurance company (name, address and policy number): .....

**Witnesses:** name and address: .....

Did the police draw up a report?  No  Yes

If Yes, Police Department of: ..... on ..... / ..... / .....

Police report case number + copy of interview records (enclosed): .....

Who is responsible for the accident? (name and address of the liable party): .....

Did the accident arise while in the course of employment or on the way to/from work?  No  Yes

If Yes, name and address of the employer: .....

Name of Workers' Compensation insurance provider? .....

I, undersigned, explicitly agree to the processing of my health data by AG Insurance and my authorized representatives for the purpose of describing the risk and/or handling the claim, including the establishment of statistics. AG Insurance is controller for the processing of these data and undertakes to comply with its obligations under the applicable privacy legislation.

I have been informed about my right to withdraw my consent for the processing of my health data at any time.

I acknowledge that in this case AG Insurance will be unable to perform the contractual relationship.

I hereby declare that all answers provided in this form are true and complete.

Drawn up in ..... on ..... / ..... / .....

Signature of the participant:

## Information about personal data protection

AG Insurance and the employer/company attach exceptional importance to protecting personal data and process the data carefully in accordance with the provisions of the applicable privacy legislation, the Privacy Statement of AG Insurance [available on [www.aginsurance.be](http://www.aginsurance.be)] and/or the privacy policy of the employer/company.

The employer/company has awarded its staff members a supplementary pension and/or occupational health insurance. For the conclusion and/or performance of this contract, the employer/company has transferred personal data to AG Insurance. The employer/company and AG Insurance are both controllers.

AG Insurance and/or the employer/company may process the obtained personal data for the following purposes:

- managing the (group) insurance on the basis of a legal obligation (supplementary pension), or for the performance of the contract (occupational health insurance);
- complying with statutory and regulatory obligations, such as tax obligations and prevention of money-laundering, on the basis of a statutory or regulatory stipulation;
- managing the database of persons for performance of the insurance contract;
- establishing statistics, detecting and preventing misuse and fraud, compiling evidence and securing goods, persons, IT networks and systems of AG Insurance, optimising the processes (such as risk evaluation and risk acceptance), based on the legitimate interests of AG Insurance;
- providing advice on such matters as pension accrual and about options at retirement based on the legitimate interests of AG Insurance, unless the data subject has objected;
- prospecting using data obtained as part of occupational health insurance, based on the legitimate interests of AG Insurance, unless the data subject has objected.

For fulfilment of these purposes, AG Insurance may also receive personal data from the data subject personally or from third parties.

As and when necessary, these processing purposes can be based on the consent of the data subject.

AG Insurance may process the following categories of personal data: identification and contact data, financial data, personal characteristics, health data, occupation and employment, lifestyle, family composition, risk situations and risk behaviours, judicial data.

If such is necessary for the above purposes, and in accordance with privacy legislation, these personal data may be communicated by AG Insurance to other involved insurance companies, their representatives in Belgium, contact points in other countries, reinsurance companies involved, an expert, a lawyer, a technical adviser, an insurance broker or a processor. Moreover, the data may be communicated to any person or authority pursuant to a legal obligation or an administrative or court decision, or if a legitimate interest exists.

It is possible that AG Insurance transfers personal data outside the European Economic Area (EEA) to a country that might not be able to guarantee an appropriate level of personal data protection. In such cases, AG Insurance will protect the data by increasing the IT security and by contractually requiring an intensified level of security from its international counterparts.

## Health data

If for the purpose of describing a risk or handling a claim a data subject entrusts data about his/her health to AG Insurance, AG Insurance will watch over that the health data are processed for the defined purposes with the explicit consent of the data subject. At any time, the data subject may withdraw his/her consent for the processing of his/her health data. In these cases, the data subject acknowledges that AG Insurance will be unable to proceed with his/her request for service and/or to perform the contractual relationship.

## Rights of data subjects

Within the confines of the law:

- the data subject has the right to access his/her data, and if necessary, to require rectification;
- the data subject has the right to object to the processing of his/her data, the right to restrict the processing of his/her data and the right to have his/her data erased. In these cases, it is possible that AG Insurance will be unable to perform the contractual relationship.

To exercise the above rights the data subject may send a dated and signed request to the Data Protection Officer (DPO) of AG Insurance, accompanied by a both-sides copy of his/her identity card, or may approach his/her employer/company through the usual internal channels.

The Data Protection Officer of AG Insurance is reachable at the following addresses:

By post:

AG Insurance – Data Protection Officer  
Emile Jacqmainlaan/ Boulevard Emile Jacqmain 53  
1000 Brussels, Belgium

By e-mail: [AG\\_DPO@aginsurance.be](mailto:AG_DPO@aginsurance.be)

Complaints may be submitted to the Data Protection Authority.

More information about how AG Insurance protects personal data and about how data subjects can exercise their rights can be found in the AG Insurance Privacy Statement at [www.aginsurance.be](http://www.aginsurance.be).