

Refund of Benefits in Kind Claim Form

Name:		Surname:	
Tel./Mob. number:		Email: _____@_____	
Address:			
I.D./N.I. Number:		Case Number (for office use only):	
Date of Episode:			
EU/EFTA Member State (incl. location) where episode occurred:			
Reason for submitting this application: Not in possession of a valid EHIC <input type="checkbox"/> EHIC not accepted by Institution <input type="checkbox"/> EHIC Lost/Stolen <input type="checkbox"/> Other – Please specify: _____			
Total number of original receipts submitted:			

Please send this application form, duly filled and signed, plus the original receipts (proof of payment) to our office by registered post. Upon receipt of the aforementioned documents, our office will send you an Email/SMS to confirm whether the application has been accepted (i.e. to proceed further) or rejected (in which case we will contact you). Please provide the following financial information which is required in order to proceed with reimbursement if your application is accepted.

Payee's Bank/Branch																				
Payee's Account No./IBAN																				
BIC/SWIFT Code																				
Currency: Euro/Foreign Currency																				
Amount																				

Declaration: I declare that I have travelled abroad for reasons **other than seeking treatment or a second medical opinion.**

All the information given in this form is correct and complete to the best of my knowledge.

Signature: _____

Date: _____

The Entitlement Unit carries out its functions in accordance to EC Reg. 883/04 and EC Reg. 987/09. All data is collected and processed in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586), the said Ordinance, other subsidiary legislation and the Data Protection Policy of the Department. Completed application forms are considered and processed as **confidential** documents.