Entitlement Unit
MALTA
Liaison Body for Healthcare Benefits in kind within the European Union

Refund in Euro Currency of Healthcare Costs/Benefits in Kind Claim Form



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

Please send this application form, duly filled and signed, plus the original receipts (proof of payment) to our office (address below) by registered post*. Upon receiving the aforementioned documents, our office will inform you 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 to proceed with reimbursement if your application is accepted.*

Payee's Bank/Branch	
Payee's Account No./IBAN	
BIC/SWIFT Code	

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.

Entitlement Unit, Health Care Funding Directorate (Office of the Deputy Prime Minister and Ministry for Health)
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