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www.msh-intl.com/global

International Health Care Claim Form

If you are covered by French Social Security or another basic insurance provider, you must first obtain reimbursement from these organizations before submitting your claim to us. If this applies to you, please send us all copies of bills and reimbursement statements from French Social Security with a summary of reimbursements from the other insurance provider.

USEFUL TIPS

- **Keep copies of all original documents** you send us for your own records.
- **Group your claims** to avoid small reimbursement amounts.
- **Attach all original settled bills and medical prescriptions** indicating treatment received, illness, medication and paid amounts*.
- **Request prior approval for series of treatments** (such as physiotherapy), that involve ten or more sessions.
- Send in claims within 12 months of the date of treatment.
- **When submitting your first claim or in the event of changes to your bank account**, attach an official bank document indicating your new bank account details including: account number, name of holder, name and address of bank, IBAN (Europe), ABA number (USA), SORT code (UK) or other.

Reminder: If the currency of your bank account is not the same as the currency used to settle healthcare costs, the exchange rate used to calculate reimbursements is the rate published by Natixis on the last day of the month preceding the date of treatment.

* If your plan allows you to send scanned supporting documents, you are required to keep the original for 24 months.

▶ Send all documents to the claims department covering your geographic zone. ◀
 For more information, consult the Practical Guide available online at www.msh-intl.com/global under "Participants' Pages".

1 Insured participant

Last Name _____ First Name _____
 Date of Birth _____ Personal Insurance Number _____
 Address _____
 Country of Expatriation _____ Employer _____
 Telephone _____ E-mail _____

Method of reimbursement: Check Bank transfer / currency: _____

2

Dependent(s)

First and Last Name	Date of Birth	Relationship to Insured	Enrolled in Social Security or other insurance
_____	_____	_____	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, please specify: _____
_____	_____	_____	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, please specify: _____
_____	_____	_____	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, please specify: _____
_____	_____	_____	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, please specify: _____

3

Medical procedures or supplies (one line per expense)

Date of Procedure	Patient's First Name	Description of Procedures, Services, Medical or Dental Supplies	Nature of Illness or Injury	Amount Paid	Currency	Doctor / Healthcare Establishment	Country
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

• **If a procedure was rendered following an accident**, please indicate the nature of accident: traffic-related work-related other

Circumstances of accident: _____

N° of procedure related to accident (e.g. 2,5,6): _____ Date and place of accident: _____

• **If a procedure is related to pregnancy or maternity care**, please indicate the n°: _____ Expected Due Date (dd/mm/yyyy): _____

4

Signature

I hereby certify that the information provided is correct and true to the best of my knowledge. Date: _____

Signature of member: _____

The data collected is processed mainly for the purposes of drawing up, promoting, administering and executing the contracts which our group proposes, as well as for the respect of our legal obligations. According to French law and the Act of 6 January 1978 amended in 2004 on data processing, data files and individual liberties, you have a right to access and rectify your personal data, which you may exercise by contacting MSH - Service juridique - 18 rue de Courcelles 75384 Paris Cedex 08.