



Hospitalization insurance reimbursement following a death

Identification of the deceased person

Last name :
First name :
Street :
Number : Box : Postal code :
City :
Country :
National registration number :
File number :
Date of death :

Identification of the heir

Last name :
First name :
Street :
Number : Box : Postal code :
City :
Country :
National registration number :
Bank account number (for the refund transfer) :

Please provide us with a copy of your credit card or bank statement, as well as a copy of both sides of your ID card

Please provide us with proof that you are indeed an heir via :

- Either a certificate of inheritance (SPF Finances)
- Or an affidavit (justice of the peace of the heir's municipality)
- Or a deed of inheritance

Done at , on Signature

Personal data processed by SMA Neutra is processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the SMA Data Protection Officer by telephone on 04.254.58.91, by email at protection_donnees@neutrassur.be or by post at Rue de Joie 5, 4000 Liège. SMA Neutra's Personal Data Protection Statement can be consulted on its website at <https://www.neutrahospi.be/>.