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**

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