

# IHP Benefits

## Application for Reimbursement

In order to provide fast and correct reimbursement, we kindly ask you to read «The essentials in brief» for Swiss people living abroad on our website: [css.ch/ihp](http://css.ch/ihp) for Swiss Expatriates (IHP).

This form should be filled out by the applicant or the applicant's legal representative. All applicable questions should be answered in full and the signed form should then be sent promptly to the address on the last page of the form. If you have any questions, our Contact Center will be happy to help on 0844 277 277.

Client number

### 1 Personal details

Family number

Sex

female  male

First name

Last name

Street, Number

Address supplement

Postal code/Town

P.O. Box

Date of birth

E-mail (non mandatory)

Legal residence, postal code/Town

Phone numbers

Private

Cell phone

Business

### 2 Outpatient treatment

Illness

Accident (please complete the accident notification form)

Maternity

Treatment

from  to

Treatment performed by

Town/Country

Reason/diagnosis

Currency

Amount

What kind of treatment has been performed?

Treatment

from  to

Treatment performed by

Town/Country

Reason/diagnosis

Currency

Amount

What kind of treatment has been performed?

**Treatment**

Treatment performed by

Town/Country

from

to

Reason/diagnosis

Currency

Amount

What kind of treatment has been performed?

**Treatment**

Treatment performed by

Town/Country

from

to

Reason/diagnosis

Currency

Amount

What kind of treatment has been performed?

**Treatment**

Treatment performed by

Town/Country

from

to

Reason/diagnosis

Currency

Amount

What kind of treatment has been performed?

**3 Cases of stationary treatment**

Illness

Accident (please complete the accident notification form)

Maternity

**Hospitalization**

Hospital/Clinic

Town/Country

from  to

Reason/diagnosis

Currency

Amount

**Hospitalization**

Hospital/Clinic

Town/Country

from  to

Reason/diagnosis

Currency

Amount

**Was the CSS Emergency Centre notified?**

No  Yes, when

Remarks

**Remarks**

The signatory declares that he/she has answered all the questions on each page completely and truthfully.

By signing the application for reimbursement form the signatory authorizes CSS to share and obtain information at all times from doctors, other service providers, state and private insurers, authorities and company physicians and medical advisors of the foregoing as needed to assess the insurance cover while respecting the provisions of data privacy legislation. With respect to the foregoing the signatory releases all agencies from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS.

The signatory is entitled to request information about his or her data that is being processed. Permission to process data may be revoked at any time.

Legal entity: CSS Insurance Ltd.

Translation: Only the original German text is binding.

Town

Date

Signature of the insured person or his or her legal guardian

**Important:** Please send the original invoices and a proof of payment.