

Globe PVT/WHV Medical claim form



This form is exclusively intended for claims over €500 to be sent by postal mail.

Please complete each of the sections below and join all the requested documents: **original receipted invoices**, copies of the **prescriptions**, **medical reports**, your **passport** (identification page + entry stamp OR plane ticket); and your **PVT/IEC/WHV visa (only for those who hold a WHV or IEC visa)**. All these documents must mention the patient's full name, the date of the medical treatment, the name, address and phone number of the practitioner, the medical facility, the laboratory or the pharmacist. The receipts not providing all this information won't be sufficient (a detailed bill is required). Please group your requests so that we can process your file in its entirety. For your records, we recommend to make photocopies of all the documents sent to ACS.

Your medical claims over 500€, with originals invoices, will be sent by post mail to:
ACS – to the Medical Advisor, 153 Rue de l'Université 75007 Paris, FRANCE

All medical claims under 500€ should **exclusively** be sent through our online reimbursement platform: <https://clems.acs-ami.com>.

IMPORTANT: The Company reserves itself the right to request the ORIGINAL documents at any time, within a period of 18 or 24 months, in accordance with the information booklet of your contract.

Certificate number: G Date of birth : (DD/MM/YYYY)

Last name: Name:

Complete address:

Telephone: E-mail address:

(Country code + number, example: +33 1 23 45 67 89)

The received treatment is related to:

Accident: Circumstances (date, place, details):

Illness/ Diagnosis - Pathology and date (Example: Otitis 12th Sept):

Medical or surgical history in direct or indirect relation to the medical condition concerned:

Date of the first symptoms/signs: (DD/MM/YYYY)

Detail of the invoices related to medical expenses:

Date of treatment (DD/MM/YYYY)	Country	Currency settled amount	Treatment details
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1.

2.

3.

4.

5.

Comments:

In the case of reimbursement, I would like to receive:

A wire transfer to a bank account in Euros (Indicate IBAN number and SWIFT or BIC code)

A wire transfer to a bank account in a foreign currency (please join an official document indicating the complete banking details and notably the SWIFT Code)

Please note that international bank transfers are subject to variable charges and available for a minimum reimbursement of 50 Euros

A wire transfer to a third-party account: also forward the account holder's passport copy and a written authorization from the insured stating that he/she agrees to receive the reimbursement on the third-party's account.