

**OVERSEAS CONTACT**

Chantal Bleyaert  
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**ADDRESS**

Victor Hortaplein 11  
1060 Brussels

## Overview of the medical expenses for reimbursement under the complimentary medical care contract

**PLEASE FILL IN ONE SHEET PER BENEFICIARY AND PER COUNTRY !**

Original documents should be sent by post to:

**RSZ – Overzeese sociale zekerheid  
Dienst Geneeskundige verzorging  
Victor Hortaplein 11 – 1060 BRUSSEL**

Registration number: E- \_\_\_\_\_

Policyholder: .....

Name and first name of the beneficiary: .....

		Origin expenses (country):	Sent on: ____/____/____	
	Date	Nature of the care	Amount	Currency
1	____/____/____			
2	____/____/____			
3	____/____/____			
4	____/____/____			
5	____/____/____			
6	____/____/____			
7	____/____/____			
8	____/____/____			
9	____/____/____			
10	____/____/____			

**Correspondence address** of the policyholder: .....

.....

E-mail address: .....

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**Account holder**

Name: ..... First name: .....

1. Account in the EEA    2. Account outside the EEA

**Account number**

IBAN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BIC: \_\_\_\_\_

Name and address of the bank: .....

.....

.....

Done at ..... on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature