

Refund order form for group insurance contract

Sender name

address

email

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Worldpolicy no.

Please fill in the fields completely. Thank you.

receipt no.	name, firstname of person treated	data on treatment and medicines used	description of illness (diagnosis)	invoicing amount in local currency	remarks

<input type="checkbox"/>	<p>In principle, written information related to my entitlement to benefits should be sent by the insurer via e-mail to the above-stated e-mail address.</p> <p>Agreement to use of e-mail: I agree that my e-mail address shall also be used by Barmenia Krankenversicherung a. G. for contractual purposes, e. g. claims accounting, physicians' documents with health information. Communication of information by e-mail is not a secure (encrypted) means of communication. As a result, it cannot be precluded with absolute certainty that unauthorized third parties may inspect and modify data. With knowledge of these facts, I declare my agreement to unencrypted electronic communication and transmission of unencrypted e-mails by Barmenia Krankenversicherung a. G. I can revoke this consent at any time.</p> <p>Note: If this box is left unchecked and the claims form is not signed as consent to e-mail transmissions by the insured person(s) for the benefits applied for herewith, transmissions shall only be made by ordinary mail.</p>
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Please note: Barmenia is not liable for data loss or access by unauthorized third parties. With your explicit request of email sending, you accept this conditions.

Please refund to the following account		I prefer a communication in		Only for business trips less than 90 days:	
Holder:		<input type="checkbox"/> English	<input type="checkbox"/> German	data of trip (from/up to)	
Bank:				country of delegation	
Acc.No.:				authorized signature and company stamp of your employer	
Code/BIC:					
IBAN:					
		Place, date, signature of insured person(s)			