

# CLAIM FORM

## SICKNESS OR ACCIDENT REPORT AND COMPENSATION CLAIM



### Claim form & medical certificate

The medical certificate concerning the incapacity to work must be sent to Henner within **5 calendar days** from the date of the occurrence of the accident or manifestation of the illness.

The claim can only be handled if the medical certificate is accompanied by this **claim form**, duly filled out and signed.

Please use this claim form for accidents and new illnesses occurring as from 01/01/2025.

Email		Postal mail
Email address	Subject line	
Claim forms, medical certificates and medical reports may be sent to <a href="mailto:aci@henner.com">aci@henner.com</a>	For first claim/declaration, mention: <b>“EC ACI + your full name”</b>	Claim forms and medical certificates may be sent to: <b>Henner – CST 31/B</b> 14 boulevard du Général Leclerc 92527 Neuilly-sur-Seine France
Scanned copies of the medical certificate, this claim form and any other documents are accepted as long as the <b>originals</b> are being kept.		Medical reports may be sent to: <b>Henner Medical Advisor</b> 14 boulevard du Général Leclerc 92527 Neuilly-sur-Seine France

Name and first name(s) of the insured ACI: .....

Date of birth: ..../..../.....

Phone number: +.....

Email address: .....

Postal address:

.....  
.....

Bank name: .....

IBAN: ..... BIC: .....

In case of illness

Start date of first symptoms: .....

Date of diagnosis: .....

Please specify nature of illness:

.....  
.....  
.....

Does this concern a relapse?  Yes  No

If yes, kindly precise the period of the original sick leave: .....

In case of accident

Date of accident: ..... Place of accident: .....

Circumstances of the accident:

.....  
.....  
.....  
.....  
.....

Is a third-party involved in the accident?  Yes  No

If yes, please indicate 1) name and address of third-party presumed liable and 2) name and address of the third-party's insurance company: .....

.....  
.....  
.....  
.....

What official action has been taken? .....

.....  
.....  
.....

Please confirm if a police report was drawn up:  Yes  No

If yes, please ensure to add a copy of the police report to your declaration.

Temporary incapacity to work confirmed by a medical certificate

From : ...../...../20..... (inclusive) to ...../...../20..... (inclusive)

= > Number of days = .....

Compensation for incapacity to work

ACI Category:  Experienced  Beginner

Date(s) of contract: .....

Date(s) of travel related to the contract: .....

Entitlement from any other public or private insurance (indicate the amount and currency):  
 .....  
 .....

Remarks: .....  
 .....  
 .....

Medical expenses to reimburse (if applicable)  
*related to incapacity and confirmed by a medical certificate*

Practitioner's name	Date of service	Nature of expenses	Amount paid & currency	Primary insurance reimbursement (amount & currency)

- I certify that the above statements are true and complete.
- I certify that my illness and accident occurred on or are the direct consequence of an illness or accident that occurred on a covered day.
- I certify that I claim my medical expenses first with my primary public or private insurance before claiming under this scheme.

Date: \_\_\_\_\_ ACI signature: \_\_\_\_\_

## ADDITIONAL REMARKS

### INSURANCE COVERAGE

In order to determine the days of insurance coverage, please indicate on the claim the dates of your contract. If you travelled from / to the place of assignment on dates not covered by your contract, please indicate these days and supply copies of your tickets / hotel reservation to the Insurer.

### MEDICAL EXPENSES

Medical expenses will be reimbursed on condition that the insured person is entitled to one of the other forms of compensation provided for by the insurance policy. Medical expenses may be submitted:

- Via email to [aci@henner.com](mailto:aci@henner.com), alongside with this claim form;
- Through the Henner member portal\* (<https://clients.henner.com>);
- Via postal mail: Henner – CST 10  
14 boulevard du Général Leclerc  
92527 Neuilly-sur-Seine, France

(\*) You may claim medical expenses via the Henner member portal once you have received your personal Henner ID. This unique identifier will be sent via email once your compensation declaration has been accepted. If you have not received your Henner ID, please contact our Client Service Team ([aci@henner.com](mailto:aci@henner.com)).

To avoid delay in reimbursement, the ACI is requested to comply with the following instructions:

1. The completed claim form should be submitted, accompanied by all supporting documents (in original or scanned copy) within the following time limits:
  - compensation for loss of earnings: 3 months as from the start of the illness/accident
  - reimbursement of medical expenses: 18 months as from the last date of treatment
2. All medical expenses must be supported by bills paid, bearing the claimant's name and first name. Furthermore:
  - a. each doctor's bill must indicate the date as well as the fees charged for each consultation or house call (including the time of calls at night). In the event of a surgical operation, the surgeon must provide a certificate specifying the nature of the operation. If submitted per post, the certificate must be placed in a closed envelope, to be opened only by a medical doctor;
  - b. a doctor's prescription or a certified copy of it must accompany claims for reimbursement of expenses other than doctor's and hospital fees (e.g. medicines). If the chemist must keep the prescription, the claimant must obtain a copy. Medicine and services not prescribed by a doctor will not be reimbursed;
  - c. there will be no reimbursement for repeat prescriptions unless specifically ordered by the doctor.
3. The ACI must declare any reimbursement he has received from other public or private insurance. Such reimbursements must be detailed, certified, and accompanied by supporting documents. The aggregate reimbursement shall in no case exceed the actual expenses incurred.

### ACCIDENT

In case of accident, the ACI must submit a detailed report as soon as possible. The compensation claim may be made at a later stage (max. 3 months as from the start of illness/accident for temporary incapacity) if the ACI does not know the exact amount of medical expenses when submitting his accident report.

### THIRD PARTY LIABILITY

If the expenses claimed are the result of an accident or attributable to a third party, the ACI must state the name of the third party presumed liable and the action, if any, which has been taken. If applicable, the ACI should also state the name of the third party's liability insurance.

**ACIs are advised to keep copies of all compensation claims they make.**

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14 bd du Général Leclerc, 92200 Neuilly-sur-Seine, France

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