

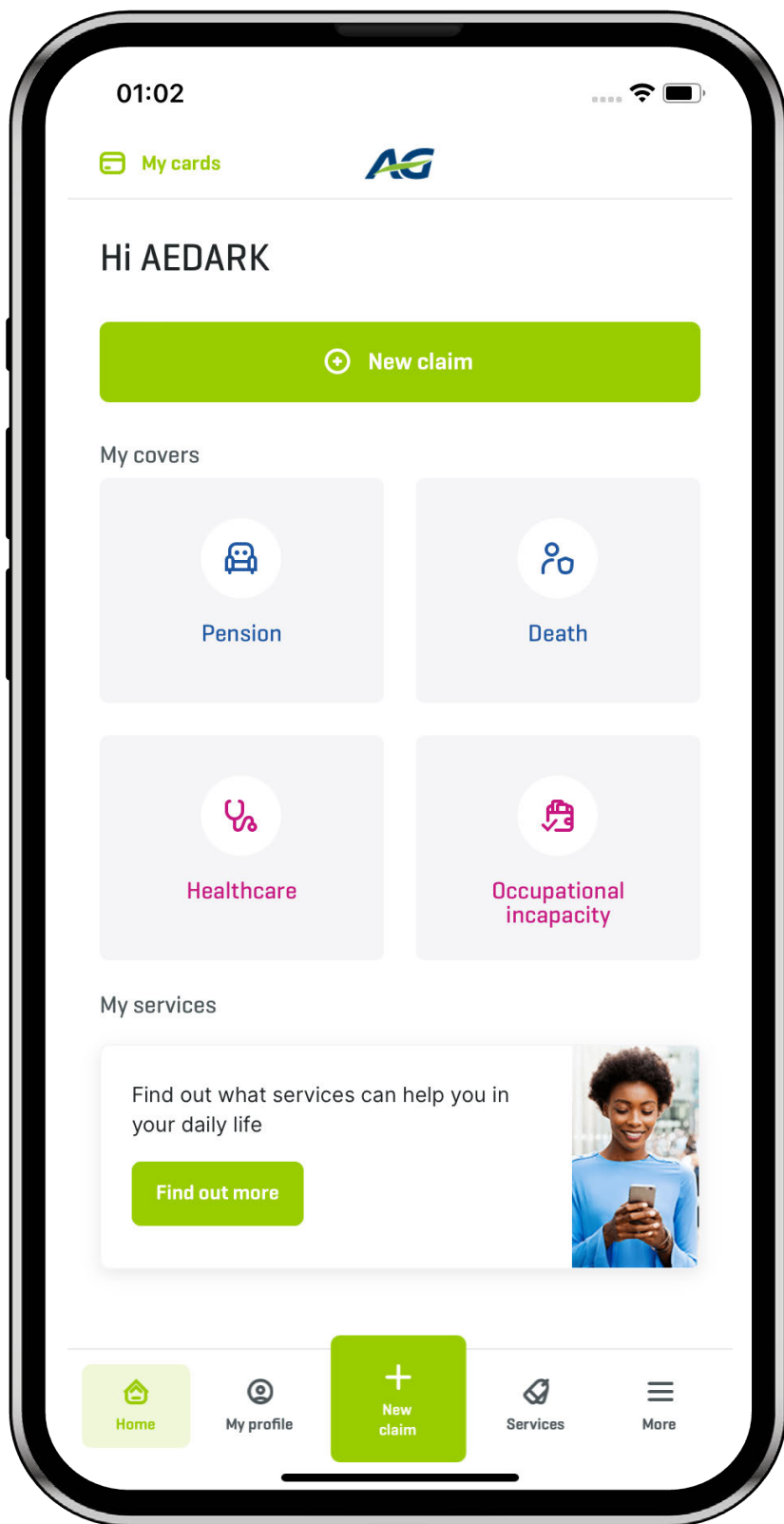
MyAG Employee Benefits



How do you use the
MyAG Employee Benefits-app?

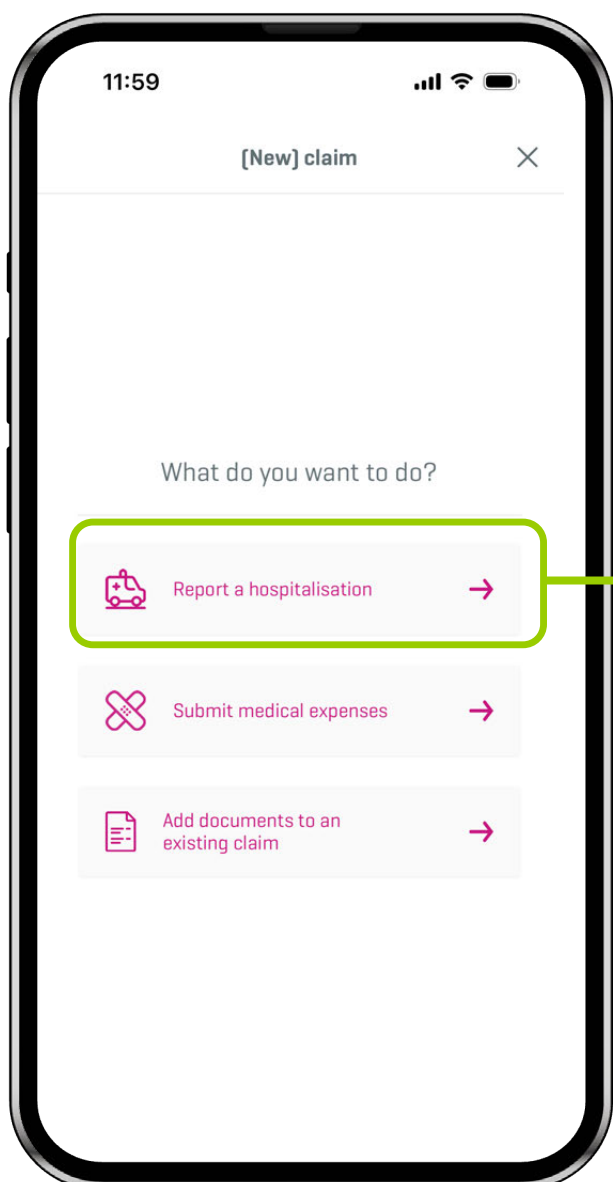
Report a hospital admission

Report a hospital admission

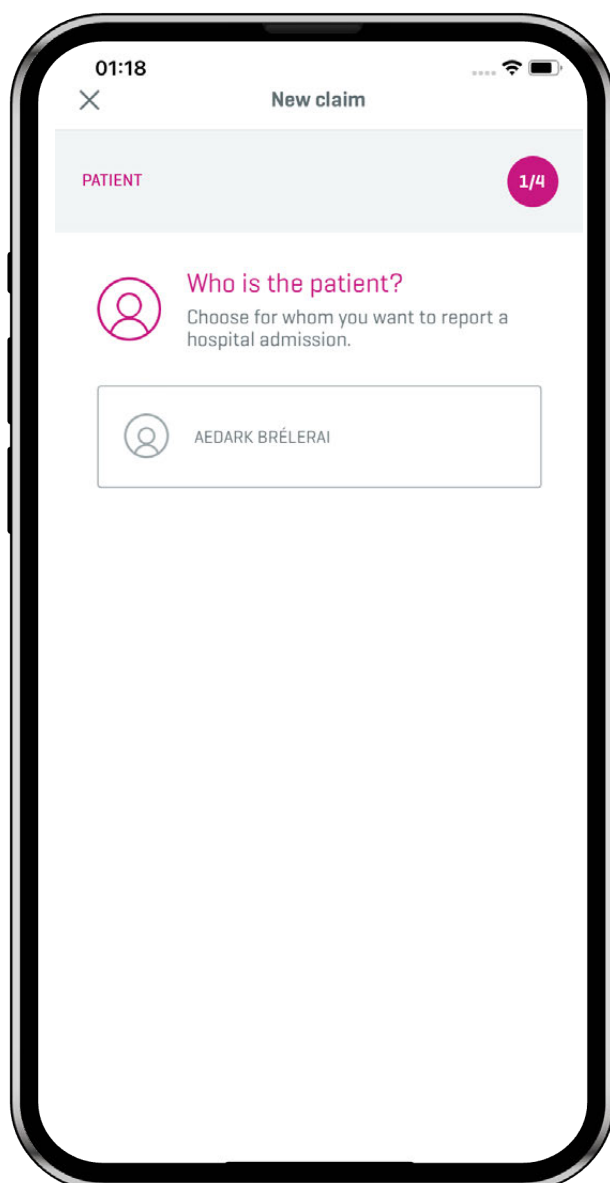


Click on "New claim"
[at the top or the
bottom of the screen]

Report a hospital admission



Click on "Report a hospitalisation"



Select the patient



Report a hospital admission

01:18

Report a hospitalisation

HOSPITALISATION 2/4

In Belgium or a foreign country?

Where will the patient be hospitalised?

In Belgium ☐

In a foreign country ☐

< PREVIOUS NEXT >



Will the patient be hospitalised in Belgium or a foreign country?

01:18

Report a hospitalisation

HOSPITALISATION 2/4

Reason for the hospital admission

Select the reason for the hospital admission.

Medical examination ☐

Surgical procedure or medical treatment ☐

Emergency admission ☐

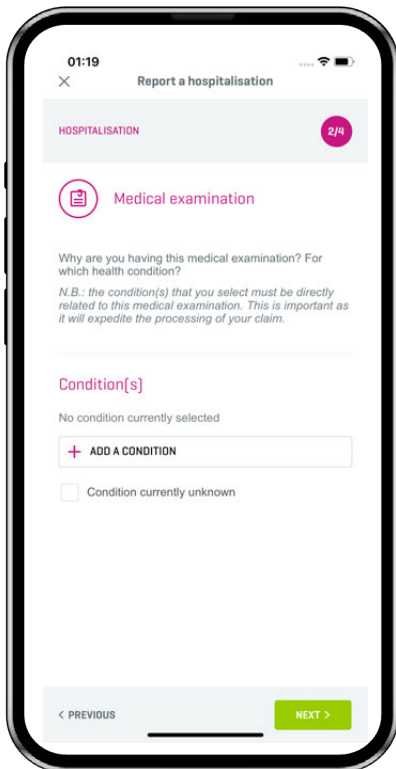
< PREVIOUS NEXT >



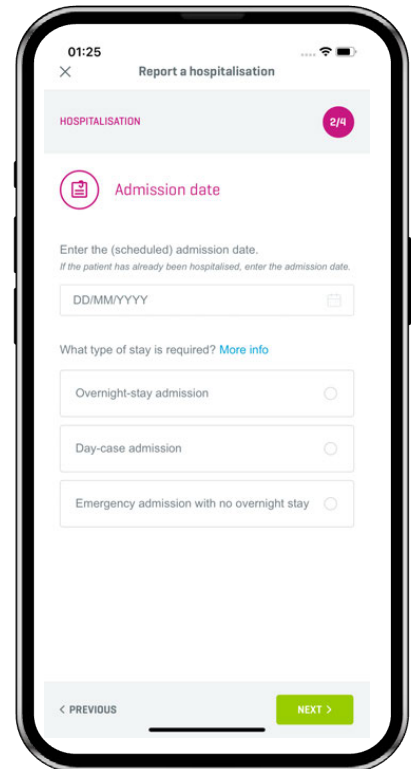
Select the reason for the hospital admission

Report a hospital admission

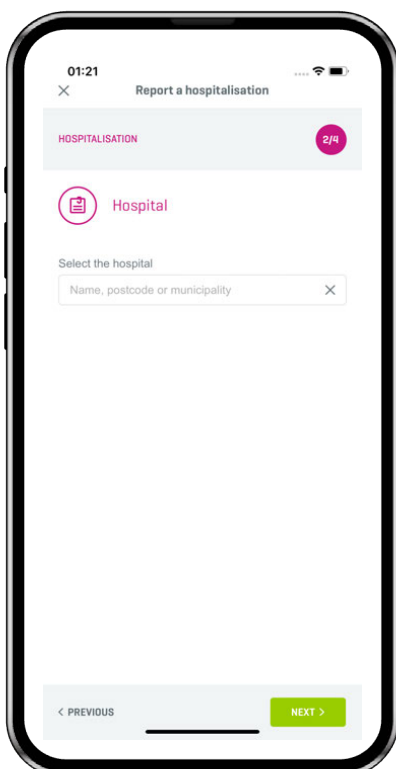
Medical examination



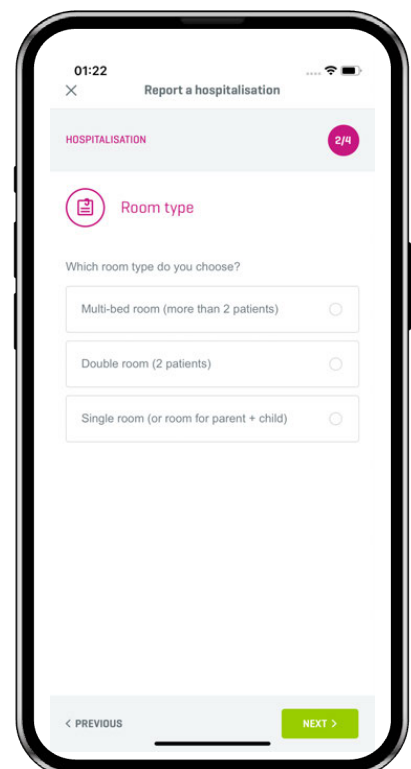
Look up the condition in the list or tick "The condition is still unknown"



Enter the [scheduled] date and select the type of stay



Select the hospital



Select the chosen room type

Report a hospital admission

Medical examination

01:22
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Was the hospital admission due to an accident?
(road traffic accident, fall, bite, injury, etc.)

Yes No

< PREVIOUS NEXT >

Indicate whether the hospital admission is due to an accident

01:22
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Was the hospital admission due to an accident?
(road traffic accident, fall, bite, injury, etc.)

Yes No

Where/when did the accident happen?

At work or while commuting to/from the workplace

In my free time

< PREVIOUS NEXT >

Indicate where the accident happened (if an accident)

01:26
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Select the type of accident

School accident (at school or during a school-related activity)

Sports accident

Road traffic accident

Other

< PREVIOUS NEXT >

Select the type of accident

01:26
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Date of accident

DD/MM/YYYY

Approximate time of accident

HH:MM

How did the accident happen?

Select that situation that best describes the accident

< PREVIOUS NEXT >

Specify the date and approximate time

Report a hospital admission

Medical examination

01:26 Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Describe the circumstances surrounding the accident

Describe the accident

(200 characters left)

< PREVIOUS NEXT >

Describe the
circumstances
of the accident

01:23 Report a hospitalisation

CONTACT DETAILS 3/4

Your contact details

Check to make sure the details below are correct so we can keep you informed of the status of your claim

E-mail address:

Modify

Mobile phone number:

Modify

Account number for direct deposit of refunds:

Modify

< PREVIOUS NEXT >

Check your details
Is everything OK?
If so, click "Next".

01:23 Report a hospitalisation

CONFIRMATION 4/4

Confirm your claim details.

Double-check your claim and make any corrections before you send it in.

Patient
AEDARK BRÉLERAI

Hospitalisation
Modify

Location
In Belgium

Reason
Emergency admission

Transfer to a room
Yes

Condition(s)
Whooping cough

(Scheduled) hospital date
06/07/2023

Hospital

< PREVIOUS SEND >

Check the claim.
If everything is
OK, click "Send"

01:24 Report a hospitalisation

SUBMITTED 4/4

Your claim has been submitted

What happens now?

BRÉLERAI AEDARK will be contacted within 2 working days via email address and telephone c

Questions?

Have questions about the terms and conditions of your contract (covers, deductible, etc.)? Need to make changes to your claim?

CONTACT US

CLOSE

Your claim has
been sent

Report a hospital admission

Surgical procedure or medical treatment

14:22 Report a hospitalisation

HOSPITALISATION 2/4

Reason for the hospital admission

Select the reason for the hospital admission.

Medical examination ☐

Surgical procedure or medical treatment ☒

Emergency admission ☐

< PREVIOUS NEXT >

Select the reason for the admission (in this case, surgical procedure or medical treatment)

01:20 Report a hospitalisation

HOSPITALISATION 2/4

Surgical procedure or medical treatment

What is the reason for this hospital admission? For which health condition?
N.B.: the condition(s) that you select must be directly related to this hospital admission. This is important as it will expedite the processing of your claim.

Condition[s]

No condition currently selected

+ ADD A CONDITION

< PREVIOUS NEXT >

Look up the condition in the list and click "Next"

01:25 Report a hospitalisation

HOSPITALISATION 2/4

Admission date

Enter the (scheduled) admission date.
If the patient has already been hospitalised, enter the admission date.

DD/MM/YYYY

What type of stay is required? [More info](#)

Overnight-stay admission ☐

Day-case admission ☐

Emergency admission with no overnight stay ☐

< PREVIOUS NEXT >

Enter the (scheduled) date and select the type of stay

01:21 Report a hospitalisation

HOSPITALISATION 2/4

Hospital

Select the hospital

Name, postcode or municipality

< PREVIOUS NEXT >

Select the hospital

Report a hospital admission

Surgical procedure or medical treatment

01:22
X Report a hospitalisation

HOSPITALISATION 2/4

Room type

Which room type do you choose?

Multi-bed room (more than 2 patients) ☐

Double room (2 patients) ☐

Single room (or room for parent + child) ☐

< PREVIOUS NEXT >

Select your
room type

01:22
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Accident

Was the hospital admission due to an accident?
(road traffic accident, fall, bite, injury, etc.)

Yes No

< PREVIOUS NEXT >

Indicate whether the
hospital admission is
due to an accident

01:27
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Date of diagnosis

Do you know the exact date on which you noticed the first symptoms of the illness?

Yes No

When did you notice the first symptoms of the illness?

Less than 1 year ago ☐

Between 1 and 2 years ago ☐

Between 2 and 5 years ago ☐

More than 5 years ago ☐

< PREVIOUS NEXT >

If not an accident,
answer the questions
regarding the diagnosis

01:27
X Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Date of diagnosis

Do you know the exact date on which you noticed the first symptoms of the illness?

Yes No

What is the date (month and year)?

DD/MM/YYYY

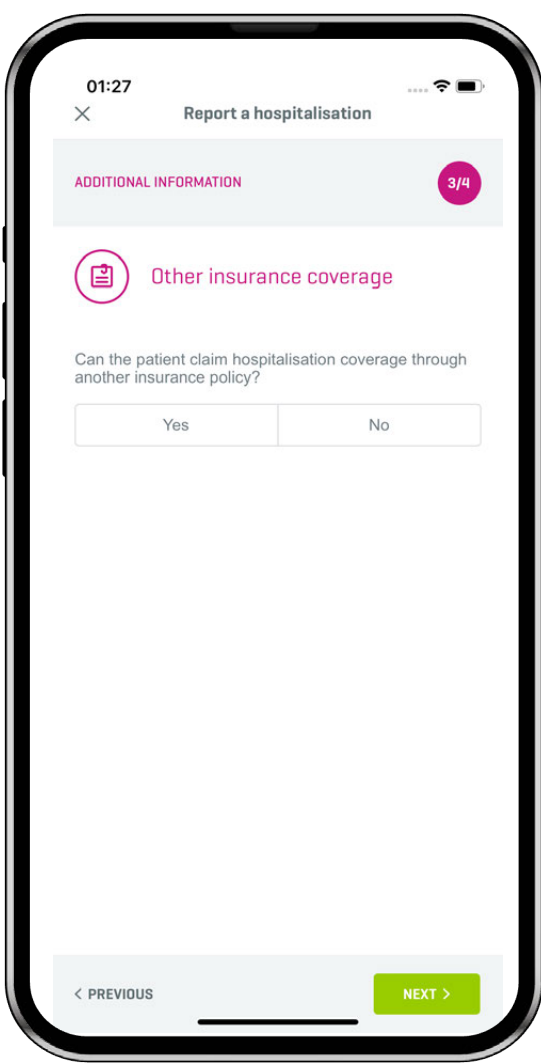
< PREVIOUS NEXT >

Enter the date of
diagnosis [if known]

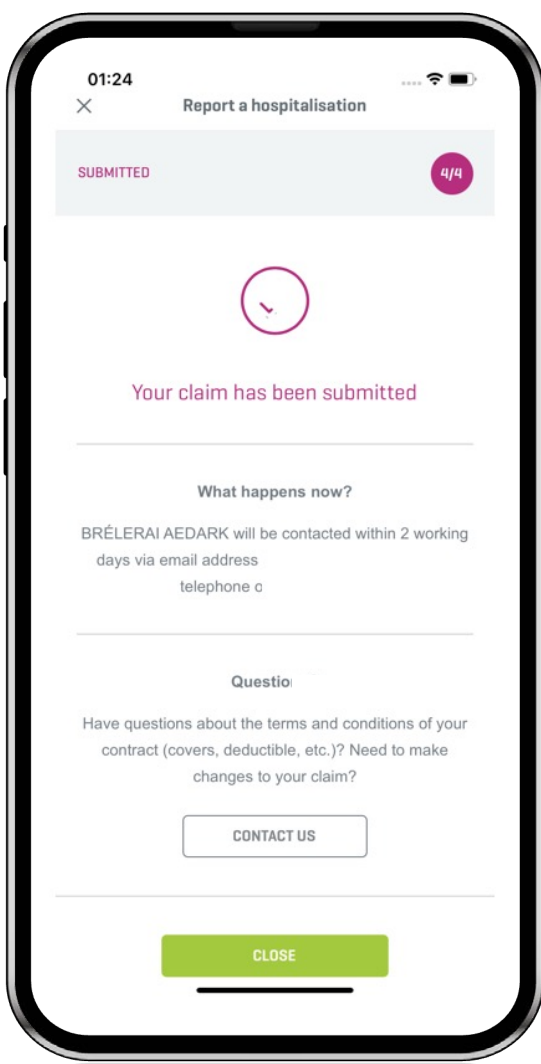


Report a hospital admission

Surgical procedure or medical treatment



If you have coverage via another insurance policy, you can specify this here



Check and confirm your details and click "Send".

Report a hospital admission

Emergency admission

01:20
X Report a hospitalisation

HOSPITALISATION 2/4

Reason for the hospital admission

Select the reason for the hospital admission.

Medical examination ☐

Surgical procedure or medical treatment ☐

Emergency admission ☒

< PREVIOUS NEXT >

Select the reason for the admission (in this case, an emergency admission)

01:21
X Report a hospitalisation

HOSPITALISATION 2/4

Emergency admission

Has the patient been transferred to a hospital room?

Yes ☒

No, the patient remained in the emergency room. ☐

< PREVIOUS NEXT >

Specify whether the patient was transferred to a hospital room

01:21
X Report a hospitalisation

HOSPITALISATION 2/4

Emergency admission

What is the reason for this emergency admission? For which health condition?

N.B.: the condition(s) that you select must be directly related to this hospital admission. This is important as it will expedite the processing of your claim.

Condition[s]

No condition currently selected

+ ADD A CONDITION

☐ Condition currently unknown

< PREVIOUS NEXT >

Specify the reason for the emergency admission

01:21
X Report a hospitalisation

HOSPITALISATION 2/4

Admission date

Enter the date of the emergency admission.

DD/MM/YYYY

< PREVIOUS NEXT >

Enter the date of the emergency admission

Report a hospital admission

Emergency admission

Select the hospital

Enter the selected room type

Specify whether the hospital admission is due to an accident as well as where the accident happened

Select the type of accident

Report a hospital admission

Emergency admission

Enter the date,
approximate time and
cause of the accident

Describe the
circumstances
of the accident

Check and confirm your
details and click "Send".



Report a hospital admission

Childbirth

13:58 Report a hospitalisation

HOSPITALISATION 2/4

Reason for the hospital admission

Select the reason for the hospital admission.

Medical examination ☐

Surgical procedure or medical treatment ☐

Childbirth ☐

Pregnancy-related complications ☐

Emergency admission ☐

< PREVIOUS NEXT >

"Childbirth" and "Delivery-related complications" will only be visible only if the patient is female

13:59 Report a hospitalisation

HOSPITALISATION 2/4

Childbirth

Where will the expectant mother be giving birth?

At the hospital ☐

At home, in a birthing centre or similar establishment ☐

< PREVIOUS NEXT >

Specify where the baby will be delivered

13:59 Report a hospitalisation

HOSPITALISATION 2/4

Date of delivery

When is the (estimated) date of delivery ?

DD/MM/YYYY

< PREVIOUS NEXT >

Enter the [expected] due date

01:21 Report a hospitalisation

HOSPITALISATION 2/4

Hospital

Select the hospital

Name, postcode or municipality X

< PREVIOUS NEXT >

Select the hospital

Report a hospital admission

Childbirth

01:22
Report a hospitalisation

HOSPITALISATION 2/4

Room type

Which room type do you choose?

Multi-bed room (more than 2 patients) ☐

Double room (2 patients) ☐

Single room (or room for parent + child) ☐

< PREVIOUS NEXT >

Select your room type

01:27
Report a hospitalisation

ADDITIONAL INFORMATION 3/4

Other insurance coverage

Can the patient claim hospitalisation coverage through another insurance policy?

Yes No

< PREVIOUS NEXT >

If you have coverage via another insurance policy, you can specify this here

Check and confirm your details and click "Send".



01:24
Report a hospitalisation

SUBMITTED 4/4

✓

Your claim has been submitted

What happens now?

BRELERAI AEDARK will be contacted within 2 working days via email address telephone c

Questions?

Have questions about the terms and conditions of your contract (covers, deductible, etc.)? Need to make changes to your claim?

CONTACT US

CLOSE

Report a hospital admission

Pregnancy-related complications

13:59

Report a hospitalisation

HOSPITALISATION 2/4

Reason for the hospital admission

Select the reason for the hospital admission.

Medical examination ☐

Surgical procedure or medical treatment ☐

Childbirth ☐

Pregnancy-related complications ☒

Emergency admission ☐

< PREVIOUS

NEXT >

Select the reason for admission
(in this case, pregnancy-related complications)

13:59

Report a hospitalisation

HOSPITALISATION 2/4

Pregnancy-related complications

What is the reason for this hospital admission?

Select the reason

< PREVIOUS

NEXT >

Select the reason
for the hospital stay

14:00

Report a hospitalisation

HOSPITALISATION 2/4

Pregnancy-related complications

What is the reason for this hospital admission?

Select the reason

Pregnancy-related condition

High-risk pregnancy

Amniocentesis

Placental biopsy

Miscarriage

Complication of labour and delivery

Abortion

Ectopic pregnancy

Other

< PREVIOUS

NEXT >

Select the reason for
the hospital stay

01:25

Report a hospitalisation

HOSPITALISATION 2/4

Admission date

Enter the (scheduled) admission date.
If the patient has already been hospitalised, enter the admission date.

DD/MM/YYYY

What type of stay is required? [More info](#)

Overnight-stay admission ☐

Day-case admission ☐

Emergency admission with no overnight stay ☐

< PREVIOUS

NEXT >

Specify the admission
date and type of stay

Report a hospital admission

Pregnancy-related complications

Select the hospital

Select the room type

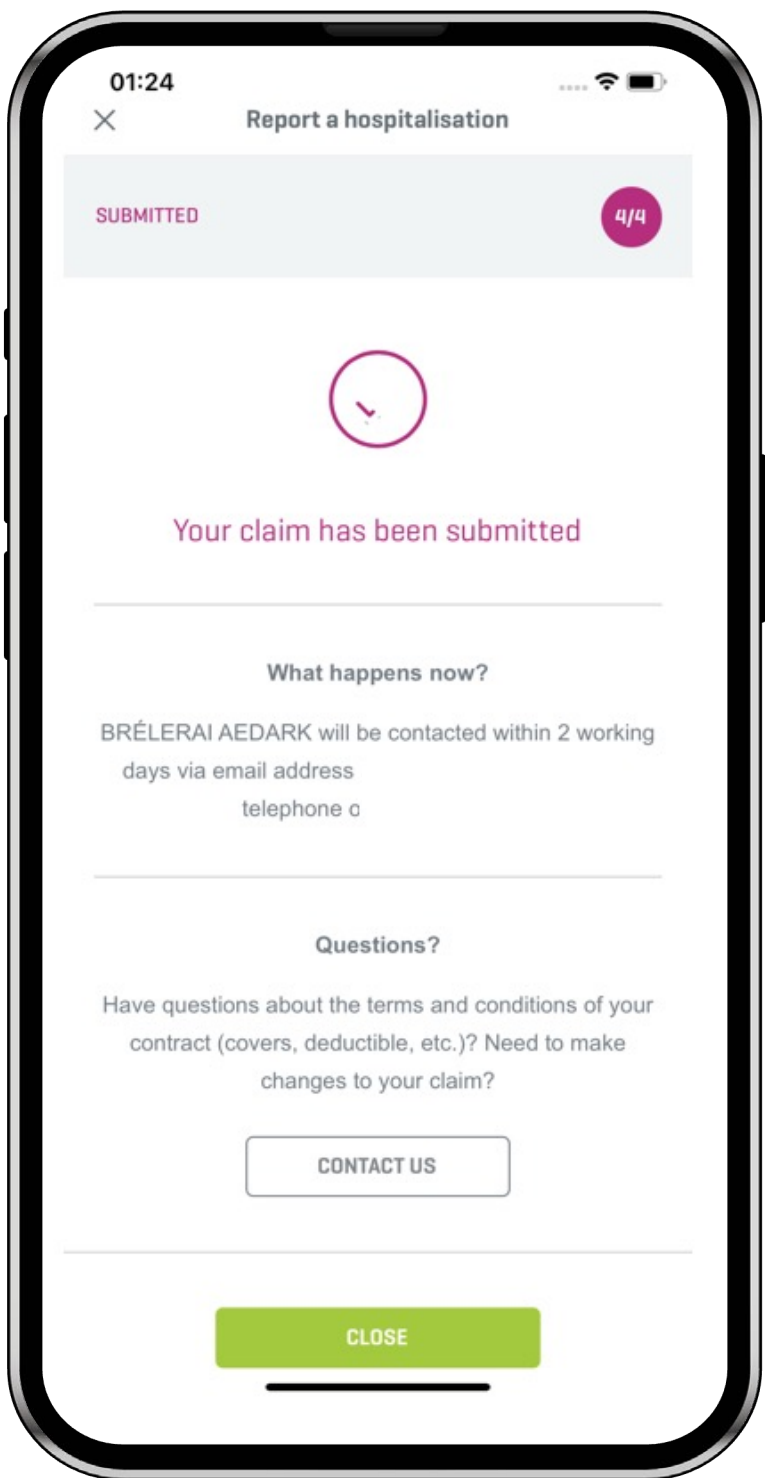
Enter the [expected]
due date

If you have coverage via
another insurance policy,
you can specify this here



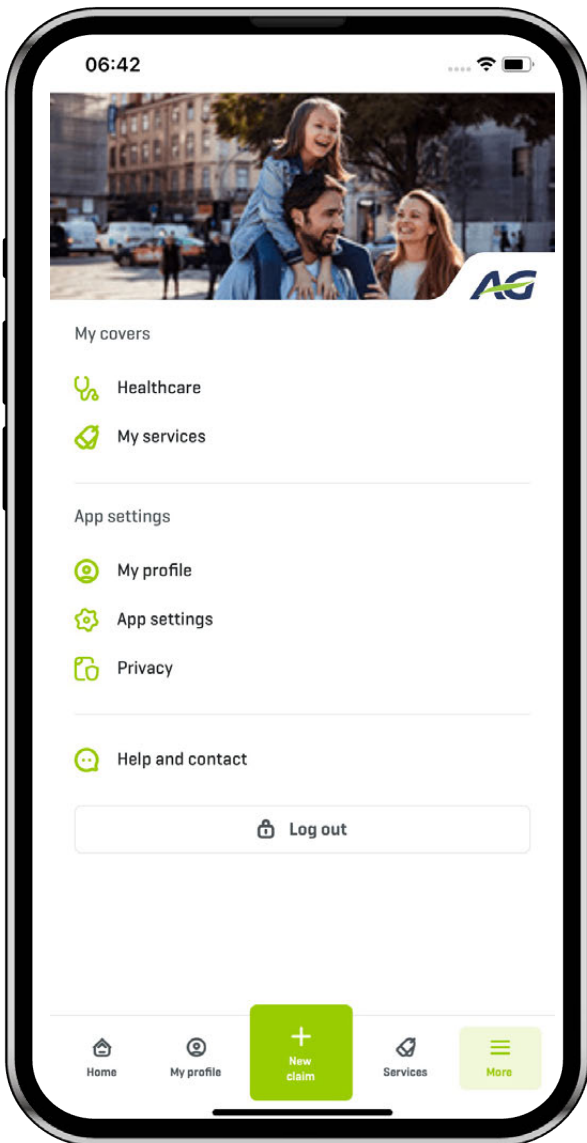
Report a hospital admission

Pregnancy-related complications

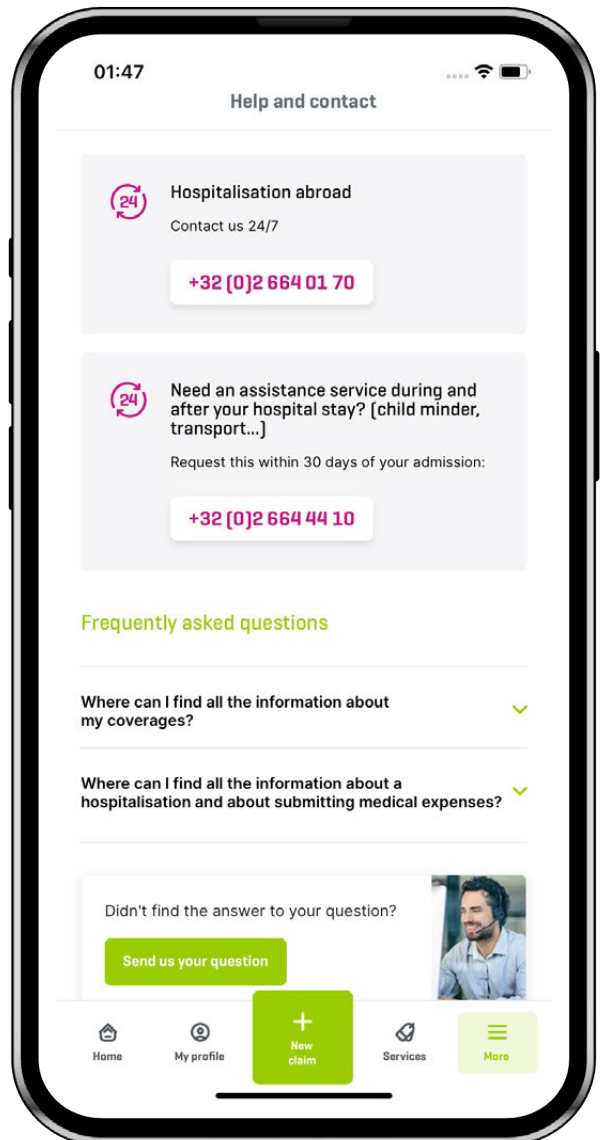


Check and confirm your details and click "Send".

Questions?



Click on Help and Contact



You can find our FAQ here.
Can't find the answer to your question?
Contact us via the "Send us your question" button