

Declaration of hospitalisation

AG Care Hospitalisation (Healthcare)



Register your hospital stay online via **MyAG Employee Benefits** or via **www.ag.be/hospi**
You will also find recommendations on
"What to do in the event of a hospital admission?"

OR

Send this form to:
AG
Healthcare Medical Department - JQ3B
53 boulevard E. Jacqmain
1000 Brussels

CONFIDENTIAL

Customer reference n°: 0079

Personal details for the insured patient

Full name
Date of birth / /
Street name and n°
Postal code and City
E-mail address
Telephone number

Bank account number
Account holder:

Details about the hospital stay

Period of hospitalisation: from / / to / /
Name and address of hospital:
.....
Room type: ☐ Single room ☐ Double or multiple-bed room

Reason for hospitalisation:
☐ Surgical procedure
Which? Please specify:
☐ Illness
Which? Please specify:
☐ Childbirth
☐ Accident
Description of the accident:
.....

Details about any other hospitalisation insurance

Does the insured patient have hospitalisation coverage with another insurer?

☐ No ☐ Yes

If yes,

company name

.....
.....

and contract n°:

In its role as the data controller, AG collects and processes your personal data for the purposes specified in the General Terms and Conditions [the pension plan regulations for the sector-wide supplementary pension plan] and notably to manage the fringe benefits [supplementary pension and/or corporate-sponsored health insurance] taken out on your behalf by your employer or sector and entrusted to AG for the administration. For more information about the processing of your personal data, check the General Terms and Conditions and our Privacy Notice on www.aginsurance.be.

I, the undersigned, expressly consent to the processing of my personal health-related data by AG and by my agents for the purpose of describing the risk and/or handling the claim, including the compilation of statistics.

I, the undersigned, expressly consent to the processing of my personal data regarding criminal convictions and offences by AG and by my agents in connection with handling the claim.

The collected personal data will be processed by AG, the data controller, in full compliance with the obligations arising from the applicable legislation on the protection of privacy.

I have been advised that I am free to withdraw the consent I have given to use my personal health-related data at any time. I understand that in doing so, AG Insurance may be unable to perform the contract obligations.

I certify that the above answers are complete and true.

Drawn up in on / /

Signature of the insured [or his/her legal representative]: