



Claim form 'Interventieverzekering'

If one of your employees insured under the intervention policy needs treatment or healthcare from a physiotherapist, occupational physiotherapist, psychologist or another healthcare provider, you can claim these costs under the intervention insurance policy.

How it works

1. You have taken out an intervention insurance policy with CZ.
2. Pay the bill directly to the service provider (e.g. the intervention provider).
3. Complete this claim form and send it to the following address, along with the care provider's itemised invoices (or copies of the invoices):

CZ
 T.a.v. Service Center Financiën, team 3
 Antwoordnummer 139
 5000 WB TILBURG

4. We will reimburse you. Any VAT you have paid is not eligible for reimbursement.

Explanation:

Complete the form. Specify the employee's name, gender and date of birth, the associated customer number, the code* for the healthcare your employee has received, the invoice date and the amount excluding VAT.

* (1 = occupational physiotherapy, 2 = psychological or psychosocial healthcare, 3 = commuting, 4 = miscellaneous)

Employee name	m/f	d.o.b.	CZ customer number	health-care code	invoice date	amount ex VAT
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	€ <input type="text"/>

Employer	group insurance number	IBAN account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
date <input type="text"/>	employer contact name <input type="text"/>	employer signature <input type="text"/>