

CLAIM NOTIFICATION – MODULE: TREATMENT OF SERIOUS ILLNESSES ABROAD – BEST HELP

Notifier:

Surname: _____ First name: _____
PERSONAL ID NO. (PESEL): _____ Gender: ☐ F ☐ M Date of birth: _____

Address:

Email: _____
Street: _____ Building No.: _____ Apartment No.: _____
City/town: _____ Postal code: ____-____ Post office: _____
Phone number: _____ Mobile phone number: _____

Insured Party:

Surname: _____ First name: _____
PERSONAL ID NO. (PESEL): _____ Gender: ☐ F ☐ M Date of birth*: _____

*In the case of persons without a Personal ID No. (PESEL).

Address:

Email: _____
Street: _____ Building No.: _____ Apartment No.: _____
City/town: _____ Postal code: ____-____ Post office: _____
Phone number: _____ Mobile phone number: _____

Policyholder (Employer): _____
Date of Insurance Subscription in the BEST HELP Module: _____
Policy No.: _____
Relationship between the Notifier and the Insured: _____

Claim notification details:

Please indicate which critical medical condition you are filing a claim for.

1. Cancer understood as:

- ☐ any malignant neoplasm, including leukaemia, sarcoma and lymphoma, characterised by uncontrolled growth and spread of cancer cells and infiltration of tissues;
- ☐ any cancer in situ not exceeding the basal membrane of the epithelium in which it arose, and not infiltrating the lining and surrounding tissues;
- ☐ any premalignant changes in cells that are classified as severe dysplasia or high-grade dysplasia based on cytological or histopathological examination;

2. A disease unrelated to cancer treatment that is the cause of the following medical treatments or surgeries:

- ☐ coronary artery bypass grafting (by-pass), myocardial revascularization – a surgical procedure performed for cardiac indications to treat stenosis or obstruction of at least one coronary vessel of the heart, consisting of a bypass vascular graft; excluded diseases and medical procedures: any coronary artery procedures using techniques other than coronary artery bypass grafting (by-pass) such as any type of angioplasty, stents;
- ☐ heart valve repair surgery – a surgical procedure performed for cardiac indications, involving the replacement or plication of one or more heart valves;
- ☐ neurosurgical procedure – any surgical operation on the brain or other intracranial structures; surgical treatment of benign tumours of the spinal cord;
- ☐ transplant from a living organ donor – transplantation to the Insured of one of the following organs of human origin: kidney, liver lobe segment, lung lobe or pancreas fragment from another compatible living donor;
- ☐ bone marrow transplantation – transplantation of bone marrow cells or peripheral blood stem cells autologous or allogeneic from a living donor;

Date of diagnosis: _____ Preferred time to call back: ☐ morning ☐ afternoon ☐ evening

Notes:

Representations:

- ☐ I hereby confirm that all of the information provided above is complete and true. I acknowledge that should I withhold information or provide untrue information, LMG Försäkrings AB S.A., Branch in Poland, is not liable under the conditions provided for by the provisions of the Civil Code.
- ☐ I hereby consent to the processing by LMG Försäkrings AB S.A. Branch in Poland of personal data about my health condition for the purposes of liquidation proceedings in connection with the claim reported through the submission of this claim.

_____ date _____ city/town _____ signature of the Notifier/Insured

Where to send the application form

The Insured Party sends the completed application together with the documents by e-mail to the following address: roszczeniaszpitalne@luxmed.pl or by post to:

LMG Försäkrings AB S.A. Branch in Poland
Szturmowa 2 Street, 02-678 Warsaw
With a note: Claims Settlement Department

Information about the processing of personal data, including the data controller, the legal basis for the processing and the data subject's rights is attached to the Insurance Contract.