

DKV HOME CARE INSURANCE CLAIM FORM

This document has to be used in case of need for non-medical home care or residential care due to long-lasting and seriously reduced ability to care for oneself.

Personal information

Policy Nr:

Name and first name of the insured person: _____

Street : _____ Nr: _____ Box : _____

Zip code: City: _____ Country: _____

Telephone/Mobile : _____ E-mail : _____

Bank account of the beneficiary

Name and first name of the account holder: _____

IBAN Nr.: - - -

BIC code.:

Proof of long term care

Enclosed the following proof of long term care was attached (several attestations may be enclosed).

Home care

- Attestation of minimum of 3 months on the basis of the Katz scale for home care (at least score B). For this attestation, you can contact your health insurance fund.
- Attestation of minimum of 6 months on the basis of the BEL scale of a service for home care (at least score 35); (for the children between the age of 5 and 18 years a minimum score of 10 points is required on the physical ADL). For this attestation, you can contact your home care service.
- Attestation on the basis of the medical-social scale for contributions for integration and contribution help for elderly (at least 15 points). For this attestation, you can contact the federal public service social security (www.socialsecurity.belgium.be) or your health insurance fund.
- Attestation on the basis of the evaluation scale for contributions in a care institution (at least score C). For this attestation, you can contact your Health insurance fund.
- Attestation of supplementary child allowance with a disability of at least 66% and with at least 7 points on the scale of ability to live independently. For this attestation, you can contact the federal public service social security (www.socialsecurity.belgium.be) or or the service who pays the child allowance.
- Attestation of supplementary child allowance on the basis of the medico-social scale composed of columns P1, P2 and P3 (at least 18 points). For this attestation, you can contact the federal public service social security (www.socialsecurity.belgium.be) or or the service who pays the child allowance.

Residential care

- Attestation on the basis of the evaluation scale for contributions in a nursing home (at least score A). For this attestation, you can contact your health insurance fund.

Information residential care (institution)

Name of institution: _____

Street : _____ Nr: _____ Box : _____

Zip code : City : _____

Starting date of residential care : _____ / _____ / _____

Request to determine long term care by an authorised care assessor :

I don't have one of the attestations mentioned above and I wish to appeal to an authorized care assessor designated by the insurer.

Representation

When the person in need of long term care is not able to sign this form, it can be signed by his/her legal representative. (If it is signed by another person please mention the relationship to the person in need of long term care)

Name and first name of the legal representative _____

Street: _____ Nr: _____ Box: _____

Zip code: City: _____ Country : _____

Telephone/Mobile: _____ E-mail : _____

Relationship to person in need of long term care :

- husband or wife
- brother or sister
- parent or grandparent
- child or grandchild
- legal representative
(= guardian or administrator. Please add to the form a copy of the disposition of the legal representation)
- adult member of the family of the person in need of long term care
(Please add to the form a certificate of the family composition. For this certificate, you can contact your municipality)

Certified sincere and true

Drawn up _____ , date _____ / _____ / _____

**Signature + name of the insured person
or his legal representative :**