

DECLARATION
to Claim form for reimbursement of expenses up to 500 (five hundred)
BGN under "Bulgaria Health" Insurance Policy

The undersigned ,
(name, surname)

Personal Identification Number/Date of Birth

Health card № , insured person under an insurance policy

№

I DECLARE, THAT:

1. The attached relevant supporting documents to the present Claim form for reimbursement of expenses under "Bulgaria Health" Insurance Policy have been submitted by me personally, as a claimant for reimbursement of expenses.
2. The documents submitted by me have been issued by the competent persons/ authorities and the circumstances in them have occurred in the form and manner specified therein.
3. I am not insured with another Insurer other than Bulgaria Insurance AD and I have not another insurance coverage of the same risk in another insurance company.
4. The documents certifying the expenses I incur and for which I enclose scanned copies of payment documents, will be claimed by me for reimbursement only in front Bulgaria Insurance AD.
5. I possess the originals of the submitted payment documents and shall keep them as I remain in readiness, at any moment, to submit them to the Insurer on paper in original, upon his request.

Please find herewith attached:

1.
2.
3.
4.
5.
6.

I am aware of the criminal liability under Art. 313 of the Criminal Code for declaring incorrect data.

Date:

DECLARER:
(signature and full name in handwriting)