

DECLARATION

Pursuant to Article 15, Paragraph 4 of the Rules of ZEAD BULSTRAD LIFE VIENNA INSURANCE GROUP EAD for the settlement of claims under insurance contracts

I, the undersigned
Personal Id. Number,holder of ID card No
issued on by the Ministry of Interior
residing in the city of, Str./housing estate
..... No, block....., floor, apt.,
identification number, insured under insurance policy No

HEREBY DECLARE THAT

The supporting documents related to the insurance payment under Health Care insurance, enclosed hereto, were provided by me in person and in my capacity as an Applicant on insurance claim with Incoming No

The documents were issued by competent authorities and I present them as they were issued, and declare that the facts indicated therein are true.

I am not an Insured person under medical insurance concluded with an insurer other than ZEAD BULSTRAD LIFE VIENNA INSURANCE GROUP EAD. The costs, for which I attach scanned copies of payment documents, will be claimed by me for reimbursement solely to ZEAD BULSTRAD LIFE VIENNA INSURANCE GROUP EAD.

I declare hereby that the originals of the documents submitted are in my possession and that I shall keep them and be ready to provide them at any time to the Insurer on paper, on the Insurer's request.

Enclosures:

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

I am aware of the penal liability under Article 313 of the Penal Code for declaring false information.

Date:

DECLARER:
(signature and full name in manuscript)