



Avenue Louise 166 Box 1
 1050 Brussels
 Belgium
 + 32 (0)78 150 135

2006/AS

Masterkey²Health

Attestation Sleeper

To fill in by the employer

Undersigned, _____,

declare that:

(name) _____,

is compulsory* insured in the employers Health Insurance (Company, Policy number) _____

Commencement date (dd-mm-yy): _____

Cover:

Waiting period

<input type="checkbox"/> Hospitalisation – Inpatient/Daypatient Costs*	_____ %	_____
<input type="checkbox"/> Ambulatory – Outpatient Costs	_____ %	_____
<input type="checkbox"/> Medication	_____ %	_____
<input type="checkbox"/> Routine Dental treatment Costs	_____ %	_____
<input type="checkbox"/> Special Dental treatment Costs (Dentures, Orthodontics...)	_____ %	_____
<input type="checkbox"/> Glasses and lenses	_____ %	_____
<input type="checkbox"/> Hearing aids	_____ %	_____
<input type="checkbox"/> Medical Costs abroad	_____ %	_____
<input type="checkbox"/> Repatriation	_____ %	_____

Remarks: _____

Name, function _____ Date _____

Signature _____

* strike out what not matches