



# CERN Health Insurance Scheme – CHIS

## CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

Please complete this PDF form electronically or, if not possible, on paper. Print, sign and return to:  
UNIQA, 94 rue des Eaux Vives, Case Postale 6402, 1211 Geneva 6, SWITZERLAND. See overleaf for additional guidelines.

I, the undersigned, a Member of the CHIS, hereby request reimbursement of the medical expenses listed below and certify the accuracy and veracity of the information given in this form and in the enclosed documents.

### PATIENT

Surname and first name: \_\_\_\_\_

Insurance number (CHIS ID No.): \_\_\_\_\_

### CASE

Please indicate the case corresponding to your claim – tick only one box per claim:

- Illness
- Accident (enclose the form CHIS/F02 – Declaration of a non-professional accident with first claim for reimbursement) – Date of accident : \_\_\_\_\_
- Maternity
- Occupational illness (enclose a copy of CERN’s decision)
- Occupational accident – Date of accident : \_\_\_\_\_
- Reimbursement for serious case registered with UNIQA
- Complementary reimbursement claim for family member (enclose the reimbursement statement from the primary insurer)

Name of primary insurer: \_\_\_\_\_

| BENEFIT CATEGORY<br><small>(Please choose one per line from the list below)</small> | CURRENCY<br><small>(e.g. CHF, EUR, USD)</small> | AMOUNT |
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### Benefit categories

- |   |  |   |
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| A Doctors’ fees   | F Hospitalisation (in-patient treatment)   | J Refractive surgery <sup>1</sup> or optical expenses   |
| B Pharmaceutical costs  | G Cost of stay in hospital by family member <sup>1</sup>                           | K Hire or purchase of auxiliary appliances <sup>1</sup> |
| C Medical imaging, analyses and laboratory work   | accompanying a child under 7 years of age  | L Dental care <sup>2</sup>                              |
| D Medical treatment and examinations, including outpatient treatment in a hospital                | H Cures and accommodation in convalescence or rehabilitation facility <sup>1</sup> | M Transport costs <sup>1</sup>                          |
| E Treatment by medical auxiliaries (nurse, physiotherapist, psychologist, speech therapist, etc.) | I Paramedical expenses for long-term care beneficiaries                            | Z Other (please specify)                                |

<sup>1</sup> Subject to prior approval by the TPA (UNIQA), except in the case of emergency treatment and transport.  
<sup>2</sup> Subject to prior opinion by the TPA (UNIQA) for treatments above 800 CHF, or equivalent in other currencies, except in the case of emergency treatment.

|                          |   |
|--------------------------|---|
| <b>DATE</b> (DD/MM/YYYY) | <b>SIGNATURE and FULL NAME (please print)</b> |
|--------------------------|---|

# CERN Health Insurance Scheme – CHIS

## GUIDELINES FOR CLAIMING THE REIMBURSEMENT OF MEDICAL EXPENSES

### I. REMINDER OF THE BENEFITS UNDER THE RULES OF THE CERN HEALTH INSURANCE SCHEME (CHIS)

The benefits, reimbursement rates, applicable ceilings and special conditions are listed in Annexes I and III of the CHIS Rules. The exclusions applicable to members with reduced cover are defined in Article IV 4.02 of the Rules. The Rules and the various CHIS forms are available at [www.cern.ch/chis](http://www.cern.ch/chis).

The reimbursement of certain benefits is subject to the prior approval or opinion of the Third Party Administrator, UNIQA (see Annexes I and III). Requests for prior approval or opinion must be submitted in writing to UNIQA before the treatment starts and in accordance with the provisions of section 2 of chapter VIII of the Rules.

Claims for the reimbursement of treatment (other than treatment dispensed by a doctor or dentist) and auxiliary appliances must be accompanied by a medical prescription. Acts performed by medical auxiliaries must be as specified on the medical prescription.

Family members who have their own similar primary health insurance may use the CHIS as complementary insurance, according to Article III 6.08 of the Rules. In such cases, reimbursement must first be claimed from the primary insurer before claiming complementary reimbursement from the CHIS.

### II. USING THE FORM

This form must be used to claim the reimbursement of medical expenses already paid by the insured member. It can be completed electronically or on paper.

**Time limit:** Claims must be submitted within 12 months from the date of issue of the bill.

#### In all cases:

- Use one form per person and per case (e.g. illnesses and accidents on separate forms). The insurance number/CHIS ID No. can be found on the insurance card.
- In the column "Benefit category" indicate the appropriate category according to the list at the bottom of the page. In the PDF version use the drop-down menu. The same category may be used several times, e.g. "doctors' fees" can appear on two lines in the case of bills in different currencies.
- Attach: original bills\*, proof of payment for each bill, medical prescriptions\*\*, and/or, where applicable, the original reimbursement statement from the primary insurer.
  - \* Bills must indicate: the full name of the patient, a breakdown of the treatment undergone, the date or period of treatment, the name, qualifications and address of the medical practitioner or the medical service provider (e.g. hospital/clinic/ laboratory), the amount payable and the currency in which the bill was issued.
  - \*\* Where a medical prescription allows multiple purchases or treatment sessions, please attach a copy of the prescription to the first claim(s) and the original prescription to the claim for the final purchase or session of treatment.
- Do not staple the documents. Use paperclips if you wish to keep documents together.

**When claiming reimbursement for a non-occupational accident:** Fill out and attach the form CHIS/F02 – Declaration of a non-professional accident to the first claim and indicate only the date of the accident in subsequent claims.

**When claiming reimbursement for an occupational accident or an occupational illness:** Full reimbursement under the provisions for occupational illnesses and accidents is granted only if the illness or accident has been recognised as such by CERN. You may claim reimbursement in the same way as for a non-occupational accident or illness before your case has been recognised by CERN. Once you receive notification of recognition by CERN, you must inform UNIQA in writing, indicating which of your previous claims is to be reimbursed in full in accordance with this decision. UNIQA will then reimburse you the difference.

**When claiming complementary reimbursement:** Tick only the "Complementary reimbursement" box, irrespective of whether the expenses incurred relate to an illness, an accident or maternity, and attach the original reimbursement statement from the primary insurer. Additional explanations and copies of bills and prescriptions may be attached to the claim if the reimbursement statement issued by the primary insurer does not specify all the expenses for which reimbursement is being claimed.

**Return the claim to:** UNIQA, 94 rue des Eaux Vives, Case Postale 6402, 1211 Genève 6, Switzerland. You can also send claims using CERN's internal mail system or deposit them in the dedicated mailbox outside UNIQA's office in CERN's Main Building. Incomplete claims will be returned by post to the member for completion. Reimbursements are made in Swiss francs only. The official exchange rate in force at CERN on the day on which the claim is processed is applied to bills in other currencies. You can follow the processing of your claim and view your reimbursement statements at: <https://extranet.uniqa.net/>

Except in exceptional circumstances, the Main Member must assume responsibility for the accuracy of reimbursement claims submitted for him/herself or a family member. The Main Member must also verify, as far as possible, that the bills correspond to the treatment undergone (see Article VIII 1.06 of the Rules).

### III. PROCEDURE IN THE EVENT OF DISPUTES

An insured member can challenge a reimbursement decision with which he/she does not agree by writing to UNIQA in accordance with the procedures set out in section VIII 4 of the Rules. Disputes will be settled according to the provisions of Rules.

### IV. SPECIAL SITUATIONS

**Prior reimbursement of high medical expenses** – In special circumstances, a member may request advance reimbursement of a bill from UNIQA in accordance with Article VIII 1.03 of the Rules. Requests for prior reimbursements must be made using the form CHIS/F04 – Request for advance reimbursement.

**Responsibility for the accuracy of claims** – When, in exceptional circumstances, a family member wishes to make a claim and to assume the responsibility for its accuracy, he/she must contact the CERN Social Affairs Office (confidentiality is guaranteed).

**Ex-gratia payments** – In exceptional circumstances, a member may request a benefit exceeding the reimbursement ceiling or a benefit not listed in the Rules (Article VII 4.06 of the Rules). Requests for ex-gratia payments must be made in accordance with the procedure set out in Information Note No. 5 available at [www.cern.ch/chis](http://www.cern.ch/chis).

**Serious cases** – Members with Normal or Reduced Health Insurance Cover benefit from full reimbursement of the expenses set out in sections B1 to B5 of Annex I of the Rules for any illness or accident if the cumulated expenses associated with the condition exceed 80'000 CHF during the period of membership, provided that the condition is registered with the TPA (UNIQA) (Article A I 1.05 of the Rules). Please contact UNIQA directly for further information or to register a condition.

**Higher ceilings for paramedical expenses in the context of Long-Term Care benefits** – Members with Normal Health Insurance Cover benefit from higher reimbursement ceilings for certain paramedical treatments and expenses if they have been recognised to be in a state of dependence. Requests for an assessment with a view to recognition of a state of dependence must be submitted in writing to UNIQA in accordance with the procedure set out in Annex V of the Rules.

**Members undergoing treatment involving exceptionally expensive pharmaceutical expenses**, e.g. following an organ transplant or certain cancer treatments, may benefit from a direct payment agreement between CERN and a pharmacy in Meyrin. Please contact UNIQA directly for further information.

**Insured members can obtain further information from:**

**UNIQA**

tel. +41 (0)22 718 6300 or 72730 from CERN

[uniqa@cern.ch](mailto:uniqa@cern.ch)

UNIQA, CERN office – CERN, Main Building 63/R-001

UNIQA, Geneva office – 94 rue des Eaux Vives, Case Postale 6402, 1211 Genève 6, Switzerland

(for office opening hours see [www.cern.ch/chis](http://www.cern.ch/chis))