

PEME Claim form - Reimbursement

To ensure GDPR compliance and avoid unnecessary delay in paying your claim, please do not include person-sensitive information on this form. Supporting vouchers/invoices to be submitted as a separate attachment, and not as part of the Claim Form.

Member Name				Number of Clinic invoices	
Period of Billing (Months)				Clinics Used	
Date of Claim				Member Ref.	
				Gard Ref.	
Details of expenditu	ire				
Billing Statements Please include 100% of Clinic Amounts	Clinic Invoice Period	Supporting Voucher Number	Invoice Currency	Invoice Amounts	Policy Currency Claim Amount
Gross Amount Claimed					
Less - 50% of medical examination costs					
Total claim settlement					

Remittance Details:

If the beneficiary and the bank are in different countries, the <u>KYC form</u> needs to be completed and sent to Gard together with this form, as well as a dated Statement from the beneficiary bank confirming that the Beneficiary is the sole holder of the bank account.

Beneficiary Name	
Beneficiary Address (full)	
Beneficiary Company's Organization Number.	
Account Number	
Bank Name	
Bank Address (full)	
Bank's SWIFT CODE	
Receiver of Payment Confirmation (E-mail address)	

Notes to the Members:

Members enrolled in the program to combine and collate invoices from the three appointed clinics over a quarterly period and submit the claim using the PEME claim form once medical examination costs exceeds USD 3,000.

Claim to be submitted by the 15th of next month following quarter end. For example- Feb-Apr submission by 15th May, May-July submission by 15th August. Claim submissions are to be submitted at claimssupport@gard.no

Member to use the XE exchange rate on the date of clinic invoice for PHP-USD conversions.

Members should also attach all the supporting documents from the clinics with their invoices while submission.

The club shall reimburse 50% of the examination fee claimed.