

VOLKSWAGEN

GROUP SERVICES

Postanschrift:
Volkswagen Group Services GmbH
caregroup | Auslandservice Major-
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Refund request

Please take into account the following indications so that we can offer you a prompt service:

- In case of business travel please enclose a copy of the business travel authorization.
- Refund requests must be received by us within **six months** (30th June) after the end of the calendar year in which the service was provided or the invoice issued. Requests that are received by us later than this cannot be taken into account.
- All enclosed invoices must be **originals**. Copies, e-mails, faxes and credit-cards receipts will not be recognized. For your own security we recommend you to take a copy from every original document, just in case these would be required at a later date.
- A **fully completed form** accelerates the processing of the invoice. Please send us the original invoices/prescriptions with this form to the above indicated address or via internal mail to:
Volkswagen Group Services GmbH - caregroup Auslandservice; A-GKPA; location code: 951; post box: 94512; Wolfsburg.

1. Employee details

Surname				Forename
Membership number				Date of birth
Telephone				E-mail
Street	Number	Postal code	City	Country

2. Payment details (the refund will be made to the FSE or patient)

Refund in: Rechnungswährung Euro Sonstige

Account holder				Name of the bank
IBAN (EU & Dubai)				BIC/Swift (worldwide, 11-digit)
Account No.				Bank sort code
Clabe-No. (only Mexican accounts)				

Bank Address

Strasse	Number.	Postal code	City	Country
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*Transfers are not possible in the following currencies: CNY/RMB, MYR, THB/TWD, TRY, CLP.

3. Patient details (to be completed only if these differ from information under point 1)

Surname Forename
 Membership number Date of birth

4. Details on your insurance in the home country

Currently my insurance in my home country is **activ** **inactive (deferred)**

Name of the insurance Policy number

5. Prior costs authorization

If a prior costs authorization was required, please state the eight-digit number here:

Please provide details for each receipt in the table below:

Date of treatment	Type of treatment*	Diagnosis / ICD	Costs	Currency

* Please mark separately any chronic illness, long-term treatment and/or repeat prescriptions.
In the case of accidents, please add a brief description of what happened in the accident.

I agree that the personal data and health data I indicated in this application (name, date of birth, address, gender, diagnosis, findings, certificates) are collected, processed and used by Volkswagen Group Services GmbH to the extent necessary for the application review and for the implementation of the insurance contract between Volkswagen AG and Volkswagen Insurance Company Ltd. (VICO). The consent also extends to the documents I attached to the application. **Transfer of your indicated personal data, health data and more protected data according to § 203 of the German Penal Code (StGB) to parties outside of Volkswagen Group Services GmbH (Volkswagen AG including affiliated companies, VICO, health insurance companies in the home country, reviewers):** Volkswagen Group Services GmbH commits all following parties to comply with the formalities of data protection and data security. **Data transfer for a medical examination:** for examining the liability it can be necessary to join medical experts (external parties, doctors of the healthcare sector of Volkswagen AG / Audi AG). Volkswagen Group Services GmbH requires your agreement and release from confidentiality if your health data and more protected data according to § 203 of the German Penal Code (StGB) are transmitted in this context. With your signature you agree that Volkswagen Group Services GmbH transfers your health data to medical experts as far as this is necessary according to the examination of liability and if your health data is used for the intended purpose and the results are returned to Volkswagen Group Services GmbH. With regard to your health data and more protected data according to § 203 of the German Penal Code (StGB) you release the people working for Volkswagen Group Services GmbH and the experts from their duty of confidentiality. **Transfer of data for processing the reimbursement according to § 17 of the German Code of Social Law V (SGB V):** in case of illness during temporary employment abroad the members as well as their family insurance policy holders in the home country who visit or accompany the member abroad receive the payment. The health insurance reimburses the costs to the employer that would have incurred in the home country. With your signature you agree that Volkswagen Group Services GmbH transfers your personal data and health data concerning the process of the reimbursement claim according to § 17 of the German Code of Social Law V (SGB V) to the health insurance as far as this is necessary for the reimbursement claim. The reimbursement letter is transmitted electronically and unencrypted to you from the system of caregroup. Upon the explicit request the reimbursement letter can also be sent to your postal address.

Place, date

Signature