



**2. Details of medical scheme related expenses incurred**

Date of illness/injury/admission to hospital 

D	D	M	M	Y	Y	Y	Y
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Country of illness/injury

Cause of illness/injury/diagnosis/symptoms

Treatment or medication received

Full name of Healthcare Professional consulted

Name of hospital

Total amount claimed in foreign currency 

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eg US dollars, Cypriot pounds

Did you settle these accounts yourself? Yes  No

**3. Declaration**

I declare that the above particulars are true in every respect.

Names in full

Signature

Date 

Y	Y	Y	Y	M	M	D	D
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**Do not sign incomplete forms**