

**Claim for reimbursement to a person
other than the main insured**

This form is to be used if you wish to:

- obtain reimbursements on your **own account previously registered with the CNS**
 - if you have **paid costs upfront for another person** (other than your co-insureds)
 - for yourself (you are co-insured)
- change a prior declaration

Identification number	<input type="text"/>
Last and first name(s)	<input type="text"/>

Tick one of the boxes A or B or C

A I certify that I pay/have paid for health care/services for a **fixed period**:

Period
(date of care/services) from to

for the following person:

Identification number	<input type="text"/>
Last and first name(s)	<input type="text"/>

for myself

B I certify that I have **exceptionally** paid for the enclosed services

C I would like to **change** a prior declaration done in favour of the following person:

Identification number	<input type="text"/>
Last and first name(s)	<input type="text"/>

Please note that this change will only be effective as of the entry date at the CNS.

IMPORTANT : If my bank details are not yet known to the CNS or if I want to change them, then I use the form or procedure "Communication of bank account with the CNS" on:
www.cns.lu > Change of bank account

Date and signature	<input type="text"/>
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