Hospitalisation insurance

Insurance product information document

MLOZ Insurance

MLOZ Insurance, Route de Lennik 788A, 1070 Anderlecht - Belgique
insurance company of the Independent health insurance funds
approved under code OCM 750/01 for branches 2 and 18,
company number: 422.189.629.

ForfaitH

All contractual and pre-contractual information on the insurance product is provided in the general terms and conditions, additional clauses, new affiliation request and acceptance letter.
This product is subject to Belgian law.
For more information about joining this product, please contact your health insurance fund.

What is this type of insurance?

Forfait H is an optional lump sum insurance as a complement to the compensation of the compulsory insurance for health care and sickness benefits.
The product offers a lump sum per hospitalisation day or for a day hospitalisation, due to illness, accident or delivery, regardless of the amount of the hospital bill.

What is insured?

✔ In Belgium, reimbursement after a 3-month waiting period of a daily lump sum of €12,35 for a hospitalisation of at least one night or for a day hospitalisation.

✔ Without general limitation of the number of days per calendar year.

What is not insured?

✘ Dispensations for aesthetic purposes.

✘ Dispensations of «rejuvenation» type.

Are there any restrictions on cover?

! Reimbursement limited to 25 days per hospitalisation in a geriatric or specialisations unit.

! Reimbursement limited to 10 days per year in a psychiatric unit.

Where am I covered?

✔ The cover applies in Belgium.

What are my obligations?

- At the beginning of the contract: the policy holder must complete a new affiliation request. He must also inform the insurer of any factor that may influence the assumption of the risk. He must also pay the premiums.
- During the duration of the contract: the policy holder must inform the insurer of any changes that may affect the premium requested or the maintenance of the contract. He must inform the insurer as soon as possible of any convention covering a similar or identical risk, either totally or partially.
- In case of a claim: the policy holder must inform the insurer as soon as possible, complete the payment request and provide him with all the supporting documents of his expenses.

When and how do I pay?

As from the joining date, the policy holder has to pay his premium on due date, by bank transfer or direct debit according to the agreed periodicity.

When does the cover start and end?

The policy starts the first day of the month following the month during which the insurer received the duly completed «new affiliation request or request to change a product», upon payment of the first premium.
This is a life policy. It ends, however, in the event of termination, non-payment of premiums, transfer to a health insurance fund other than the Independent health insurance funds, in case of fraud or when the policy holder loses the quality of member in order at the level of his/her health insurance fund following the non-payment of the contributions for the complementary insurance of his/her health insurance fund.

How do I cancel the contract?

The policy holder may cancel the contract by registered letter, electronic registered letter, delivery of a writ or a letter of cancellation against deposit receipt, with a prior notice of at least one month.

This document is intended purely as an indication to give an overview of the most important covers and exclusions. Therefore, no rights may be derived from it.

Complaints about this product or our services can be addressed to the complaints coordinator of MLOZ Insurance (complaints@mloz.be) or to the Insurance Ombudsman, de Meeûssquare 35, 1000 Brussels - info@ombusman-insurance.be - www.ombudsman-insurance.be.

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