



Dear participant,

The following information is required in order to have your request processed by the **social fund (Dow Voorzieningsfonds):**

- Original bills
- Payment receipts
- Written allowance/rejection of the reimbursement by your health-care insurer (health-care insurer claim form)

The following items are relevant:

- Medical expenses must always first be submitted to your health insurer for a reimbursement, unless you know in advance that the health insurer will not reimburse you.
- Costs incurred for the purchase of aids must always first be submitted to the WMO (Social Support Act) department in the municipality where you live. If you are not eligible for reimbursement under the WMO, always enclose the written rejection with the application form.
- Applications will be accepted from a total amount of €100.
- IBAN must be used for all payment transactions in euros. Make sure you have entered the full IBAN number in the space provided.
- Make sure you submit the request on time, which means within 5 months after the end of the calendar year in question.
- If the application does not meet the above conditions, your application will not be processed and will be sent back to you.

Kind regards,

Dow Voorzieningsfonds Secretariat

To be completed by the applicant

MANNUMBER: _____ DEPARTMENT: _____

Name: _____

Address: _____

Postal code/Residence: _____

Tel. home: _____

Tel. mobile: _____

E-mail address: _____

Autograph applicant: _____ Date: _____

IBAN No. _____

Not or incorrectly filled in will cause delay

Description of the costs: _____

Name applicant: _____

Account date: _____

Request explanation:

Amount of attachments: _____

Enclose original invoice and proof of payment.

To be completed by Dow Voorzieningsfonds

_____ € _____

_____ € _____

_____ € _____

_____ € _____

_____ € _____

_____ € _____

Total € _____

% payment _____

Maximum payment: € _____

Treatment explanation:

The board of the Dow Social Fund has decided to make a / no payment of € _____

- Resources
- Allergy
- Therapy learning- and behavioral disorders
- Dentist
- In vitro fertilisation
- Adoption
- Eye surgery
- Lens implants
- Accommodation expenses
- Transportation costs
- Plastic surgery
- Tummy tuck
- Hairpieces
- Volunteer-care agent
- Freestyle Libre
- Alternative medicine
- _____

Chairman _____

Secretary _____

Send by post to:
 Dow Voorzieningsfonds · Herbert H. Dowweg 5 · 4542 NM HOEK,
 Arbodienst Neely Center Haven 451/0.5