



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) or the WMO notification document.

The following items are relevant:

- Medical expenses must always first be submitted to your health insurer for a reimbursement.
- Costs incurred for the purchase of medical aids must always first be presented to the WMO department in the municipality in which you reside. Always enclose the WMO report and assessment with the application form.
- Applications will be accepted from a total amount of €100.
- Check that you have entered the IBAN number on the application form.
- 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.
- The board meets quarterly and the applications are discussed. This is followed by feedback on the application. So please keep in mind that after submitting your application, it may take some time before you receive a response.

Kind regards,

Dow Voorzieningsfonds Secretariat



To be completed by the applicant

MANNUMBER:	DEPARTMENT:	Description of the costs:
Name: _____		Name applicant: _____
Address: _____		Account date: _____
Postal code/Residence: _____		Request explanation:
Tel. home: _____		_____
Tel. mobile: _____		_____
E-mail address: _____		_____
Autograph applicant	Date:	_____
IBAN No.		_____
Not or incorrectly filled in will cause delay		Amount of attachments: _____
		Enclose original invoice and proof of payment.

To be completed by Dow Voorzieningsfonds

<table style="width: 100%;"> <tr><td>_____</td><td style="text-align: right;">€ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">€ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">€ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">€ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">€ _____</td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">€ _____</td></tr> <tr><td colspan="2" style="text-align: right;">=====</td></tr> </table> <p style="margin-top: 10px;">% payment</p> <p>Maximum payment: € _____</p>	_____	€ _____	_____	€ _____	_____	€ _____	_____	€ _____	_____	€ _____	Total	€ _____	=====		Treatment explanation:
_____	€ _____														
_____	€ _____														
_____	€ _____														
_____	€ _____														
_____	€ _____														
Total	€ _____														
=====															

The board of the Dow Social Fund has decided to make

a / no payment of € _____

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

Chairman

Secretary

Send by post to:

Dow Voorzieningsfonds · Herbert H. Dowweg 5 · 4542 NM HOEK, Arbodienst Neely Center Haven 451/0.5