

**Application form  
IVF/ICSI fertility treatment  
Abroad**

**Insured person:**

Initials / Name       
 Date of birth   -   -     Relation number

**Medical certificate:**

IVF  ICSI Indication/Explanation:

Have you undergone any other kind of fertility treatment before?  No  Yes If so, which one(s)?

**Tick any specialist procedures that will be used for IVF/ICSI:**

MESA  PESA  TESE  PGD/PGS  Assisted Hatching  
 Eggdonation  None  Other:

Is any of the IVF/ICSI treatment being provided in the Netherlands?  No  Yes, in:

Which parts of the treatment are being provided in the Netherlands, and which parts abroad?

**Where is the IVF/ICSI treatment being provided?**

Name of organisation:   
 City/town and country:   
 Name of attending doctor:   
 Signature of attending doctor:  Stamp:

**Self-declaration of insured person for IVF/ICSI (tick the attempt and state the expected start date)**

Age at commencement of next attempt:   years

Attempt: (Expected) start date:  
 1st IVF/ICSI   -   -      
 2nd IVF/ICSI     -   -   
 3rd IVF/ICSI   -   -      
 4th IVF/ICSI   -   -

Signature of insured person:

**N.B. Forms must be completed in full and signed before they can be processed.**