

Send to

Labour Market Insurance (AES)
Arbejdsmarkedet Erhvervssikring
Kongens Vænge 8
DK-3400 Hillerød

Labour Market Insurance (AES)

Important information before filling out your application

- Your disease must be recognised by Labour Market Insurance (AES) as an industrial injury (occupational disease).
- There must be a direct correlation between your occupational disease and the treatment.
- You can only get your expenses covered when you send us documentation for having received treatment.
- AES only pays expenses (your own payment/patient share) that you have not been paid for by public subsidies as per the Danish Health Care Act or the health insurance "Danmark".
- If you send your documentation with the dates in order, it is easier for us to process your case and you will get a faster response to your application.
- If we have referred you to be examined by a medical specialist or at a hospital, we will pay your associated transport costs. If relevant, use the form "Application for transport expenses" or attach a copy of receipts for bridge tolls, bus tickets or train tickets.
- If, while we are processing your case, you have had transport expenses for treatment prescribed by a doctor, you can get these transport expenses covered. However, this only applies to the expenses that you have not been reimbursed or paid for by, for example, the hospital or municipality. If relevant, use the form "Application for transport expenses" or attach a copy of receipts for bridge tolls, bus tickets or train tickets.

Print and fill out the application - remember to sign it. Make a copy of your documentation and send it alongside your application to:

Labour Market Insurance (AES)
Arbejdsmarkedets Erhvervssikring
Kongens Vænge 8
DK-3400 Hillerød

Telephone +45 72 20 60 00 - aes@atp.dk

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DK-3400 Hillerød

Labour Market Insurance (AES)

Application for payment
of expenses while the
case is being processed

Your information

Name	AES case no., for example 123456-7890/01/80/V2
If relevant, email address	Phone no.
Are you a member of the health insurance "Danmark"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - which group?	<input type="checkbox"/> Basis <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5

Which expenses do you wish to be paid for? (for example, medicine, disposable gloves, etc.)

Declaration

<input type="checkbox"/> I have read "Important information before filling out your application" and am attaching documentation for all of my expenses (for example, receipts from the pharmacy, invoice from physiotherapist, medical acupuncture or chiropractor)

Date and signature
