

First name, surname:	Officially classified workplace accident dated:
Position/title:	Faculty/department:

To
Paderborn University
Human Resources Department
Warburger Strasse 100
33098 Paderborn, Germany

Request for accident benefits (civil servants only)

I hereby submit the following request for accident benefits (reimbursement of accident-related expenses).

Encl.: Invoice(s)	Important: In order to issue reimbursements, the Human Resources Department must be provided with <u>all</u> copies of an invoice issued by the billing party. Invoices relating to workplace accidents will remain stored in the Human Resources Department after the reimbursement has been issued.
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Document no.	Treatment/service provided by (e.g. name of physician)	Invoice date	Invoice amount
Total			

Please send the reimbursement for the accident-related expenses via bank transfer to: My payroll account
Please note: Paderborn University cannot reimburse the billing party.

IBAN: BIC: Bank:

I hereby declare that <input type="checkbox"/> The costs listed above have not been/will not be covered by the State Subsidy Office (Beihilfe)/private health insurance provider or other healthcare payer. <input type="checkbox"/> The costs listed above were incurred solely in connection with the workplace accident. <input type="checkbox"/> An incapacity to work (reduction in earning capacity) <u>no longer</u> remains as a result of the accident. (Please attach doctor's certificate.) <input type="checkbox"/> An incapacity to work (reduction in earning capacity) as a result of the accident still remains. (Please attach doctor's certificate.)	
Place, date	Signature