

**Staff Health
Insurance Fund**

SHIF

International Labour Office
4, route des Morillons
CH-1211 Geneva 22

Tel.: +41.22.799.8507
SHIF@ilo.org

ILO STAFF HEALTH INSURANCE FUND

COVID-19 Test – Reimbursement Form

(to be submitted with any SHIF request for reimbursement of COVID-19 Test expenses)

Please specify the reasons for testing by choosing one of the following statements as appropriate:

_____ I (or my SHIF dependent) was asked by a medical professional to undergo a COVID-19 PCR test due to symptoms I had or following notification related to contact tracing.

_____ I (or my SHIF dependent) was required to undergo a COVID-19 test for statutory travel (ie: travel paid by the Office).

_____ A negative COVID-19 test result was necessary for me (or my SHIF dependent) to travel for personal reasons.

_____ I (or my SHIF dependent) underwent a COVID-19 PCR or blood serum test for other reasons (please specify): _____.

I understand that:

- the SHIF may seek any necessary clarification directly with my healthcare provider(s) or another insurance company;
- if the statements or information I submitted is found to be incomplete, incorrect, falsified or in any way misrepresented, this may result in rejection of the claim, recovery of any payment made by the SHIF and/or administrative, disciplinary or other action against me.

Signed and dated