



**EESSI – CDM 4.3**

**AWOD-Accidents at Work and Occupational Diseases**

**DA010-v4.3.4**

Claim for Reimbursement – Benefits in Kind (CLA)

*SED Guidelines*

**Document Control Information**

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**Document history**

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| **Milestone /** **Component version** | **Publication Date** | **Changes/Corrections****Description** |
| v4.3.4 | 30/04/2024 | Implementation of change request EESSI-11699 by adding a paragraph for the scenario when the period of benefits is not (fully) covered by one single entitlement document but instead is fully covered by a subsequent entitlement document.The paragraph is added after the last bullet point of the ***Entitlement document*** section.Also corrected minor typos and added the Document history table. |

### DA010 – Claim for Reimbursement - Benefits in Kind (CLA)

**Purpose of the SED:**

The SED DA010 is used to claim for a reimbursement of the benefits in kind provided in respect of an accident at work or occupational disease.

This SED initiates the BUC AW\_BUC\_05.

The SED DA010 is used to claim for a reimbursement of the benefits in kind provided in respect of an accident at work or occupational disease.

DA010 can be sent only within 12 months of the end of the calendar half-year during which the claims were recorded in the accounts of the creditor institution. A set of controls is included in the SED to check the deadline, i.e. mandatory information about the year in global part and date on which the creditor institution has recorded the claims in each individual claim.

Acronyms used in DA010:

* CLA – claim for reimbursement.

Reimbursement SEDs includes 2 parts: global and individual. Because the individual part is repeatable the SED DA010 may include a large amount of single claims which will require replies on the subsequent SEDs.

All reimbursement SEDs have reference number fields, which allow to “connect” SEDs with each other, even if the same SED is sent several times. Additionally, reference fields are foreseen in the global part of SED and in the part with individual claims, therefore the individual part always has a link to the global part. This is crucial for cases when the individual claims from one reimbursement request (DA010) are divided by the liaison body and sent for verification to the competent institutions in the country.

**The purpose of the references number in reimbursement SED:**

* Global references placed on the **global part of SED**, i.e. Global CLA reference number, Global COC reference number, connects the SEDs on the global level, i.e. connects the DA016 (contestation) with the DA010 (claim);
* Individual references placed on the **individual part of SED**, i.e. Individual CLA number, Individual CRN number, connects the SEDs on the individual level, i.e. connects the individual contestation on DA016 with the individual claim on DA010;
* Global references placed on the **individual part of SED**, i.e. Global CLA reference number, Global COC reference number, connects the individual part with the global part of SED, i.e. connects the individual CLA on DA010 with the global part of DA010 and connects the the individual parts with the global part of previous SEDs, i.e. connects the individual COC (DA016) not only with the global part of DA016 but also with the global part of the original claim (DA010).

DA010 SED is sent by the Creditor Liaison Body to the Debtor Liaison Body to claim for the costs of the treatment provided to the persons whose treatment has been acknowledged as occupational in the Member State of a debtor.

Global part of DA010 (“Global note – CLA”) includes the following mandatory fields:

* **Reference number** – “Global CLA reference Creditor Liaison Body” – a reference number of the claim which allows to identify the claim in the next steps of the exchange and in any future communication (links the SEDs). It is a unique number for a given global claim and is repeated subsequently in the following SEDs at the global and at the individual level of SED. Each sending of a DA010 must have a different “Global CLA Reference”;
* **Total number of individual claims –** which summarizes the number of individual claims and should be equal to the number of repeated (P) individual parts;
* **Total amount of the benefits** – which summarizes the amounts of the benefits specified in each individual part;
* **Information about the half year and financial year** – details about the financial half year and year on which the benefits were recorded in the accounts of the creditor institution in order to specify the deadline for the request of reimbursement;
* **Bank Details** – which gives as mandatory IBAN and as optional BIC/SWIFT number for the purpose of the transfer of money;
* **Date of submission** – with a date on which DA010 is submitted by the Creditor Liaison Body (Case Owner).

Individual part of DA010 (“Individual CLA”), which can be repeated (P), allows to provide information about each specific individual claim and includes the following mandatory fields:

* **ID Creditor / Debtor Institution** – with identification data (Institution ID, institution name) either of the institution of the place of residence / stay which provided benefits and requested reimbursement (Creditor) or the competent institution which issued entitlement document and is responsible for covering the cost of the benefits (Debtor);
* **References** – a set of references which allows to identify the claim on global and individual level, including:
	+ “Global CLA reference Creditor Liaison Body” – a reference number of the original claim copied from the global part of DA010, it allows to link every individual CLA in DA010 with its global part of DA010 – this is necessary if the individual CLA from DA010 are divided in order to be reviewed by different clerks or different CI;
	+ “Individual CLA number Creditor Liaison Body” – a reference number of the individual claim which allows to identify the individual claim in the next steps of the exchange and in any future communication (links the SEDs). It is a unique number for a given individual claim and is repeated subsequently in the following SEDs at the individual level of SED.
* **Date when Creditor Institution recorded Claim** – allowing to check if the claim is introduced within the deadlines. It is possible to indicate only one date and at the same time many different types of benefits therefore it is advised to give the date of the first benefits recorded for the person in the accounts of the creditor institution. It will allow avoiding situation when a claim is introduced after the deadline set in the regulation;
* **Person receiving benefits** – information about the person who received the benefits in kind;
* **Entitlement document** – an entitlement document based on which benefits were provided and its validity period, with following possible choices:
	+ DA1 – portable document issued for a person;
	+ DA002 – SED issued for an institution in case of stay or residence;
	+ DA007 – SED issued for an institution in case of the scheduled treatment;
	+ DA063 – SED issued for an institution in case of the transport;
	+ E123 – E form issued for a person;

The validity period of the entitlement document should cover the complete period of treatment. In the event of two subsequent entitlement documents and a period of treatment that spans over the validity periods of these two documents the cost should preferably be split. If this is not possible it is exceptionally permitted to send a claim even though the period of treatment is not fully covered by the validity period of the entitlement document provided that the competent institution that issued the subsequent entitlement document remained unchanged.

* **Details of the benefits provided**:
	+ Relation to AWOD – with choice between accident at work and occupational disease;
	+ Benefits period – the period in which the benefits were provided;
	+ Detailed benefits amount – amount of each specific benefits, i.e. medical care, medicine, dental care, long term care;
	+ Hospitalisation benefits – a repeatable section with hospitalisation amount and period of the hospitalisation;
	+ Other benefits – a repeatable section with benefits amount and possibility to describe the other benefits which do not appear/are not listed under previous sections;
* **Total** **amount benefits** – the amount of the benefits calculated for the individual claim. This amount is being summarized in the **Total amount of benefits** in the global part.

It is not possible to add attachments to DA010.

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

[In order to see the content and explanatory notes of SED DA010 please click here.](Forms/DA010_en.htm)