



Seniors of the European Public Service

Seniors de la Fonction Publique Européenne

VADE – MECUM

Part 2

**Annexes relating to personal data
Annexes relating to insurances
Annexes relating to special wishes**

March 2023
CA/SC/1001

- *This document is designed to inform third parties of your wishes should you be unable to do so in person:*
- *It provides useful information, procedures and rules (in the event of illness, accident or death) for yourself or for those who may have to take care of you.*
- *Annexes (*
- *Part 2 : forms to filled*
- *Part 3 : useful addresses*
- *Part 4 : JSIS forms*

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Forms to fill in

DP Annexes – Personal Data

Annex DP1 Data on retired official
Annex DP2 Data on spouse
Annex DP3 Data on ex-spouse
Annex DP4 Data on children
Annex DP5 Important files and documents
Annex DP6 Keys and codes
Annex DP7 Insurance
Annex DP8 Contacts
Annex DP9 Creditors and debtors
Annex DP10 Email addresses and passwords

AMA Annexes – Health and accident insurance

Annex AMA1 General JSIS insurance data
Annex AMA2 Supplementary insurance
Annex AMA3 Accident insurance
Annex AMA4 Other health/accident insurance

D Annexes – Relating to special wishes

Annex D1 My wishes in respect of my surroundings
Annex D2 My wishes in respect of my illness
Annex D3 My final wishes
Annex D4 Copy of my testament
Annex D5 Model of death notification desired
Annex D6 List of persons to be informed of my death

Annex DP1- Retired official

Name:

First name(s):

Usual address:

Secondary residence:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

Pension N° (or official's N°):

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Notes

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Annex DP2 - Spouse

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

Pensioner's N° (or other N°):

Annex DP3 – Ex-spouse

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

Pensioner's N° (or other N°):

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Annex DP4 – All children (of all marriages)

4.1.

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

4.2.

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

4.3.

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°: GSM N°: Fax N°:
E-mail address:
Place and date of birth:
Nationality:
N° on national registry (if applicable):

4.4.

Name:
First name(s):
Usual address:

Secondary residence/other address:

Telephone N°: GSM N°: Fax N°:
E-mail address:
Place and date of birth:
Nationality:
N° on national registry (if applicable):

4.5.

Name:
First name(s):
Usual address:

Secondary residence/other address:

Telephone N°: GSM N°: Fax N°:
E-mail address:
Place and date of birth:
Nationality:
N° on national registry (if applicable):

4.6.

Name:
First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

4.7.

Name:

First name(s):

Usual address:

Secondary residence/other address:

Telephone N°:

GSM N°:

Fax N°:

E-mail address:

Place and date of birth:

Nationality:

N° on national registry (if applicable):

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Annex DP5 – Important files and documents

Type	Ref. N° ./ Date	Where to find it
Marriage certificate or other valid document		
Marriage contract or other relevant agreement		
Passport		
Driving licence		
Identity card		
Retired official's card		
Community health insurance card (JSIS)		
Type of credit card ¹		
Type of credit card ²		
Bank card ³		

¹ Optional! Warning – be careful – give no details. State only the type of card.

² Idem

³ Idem. This information can be given in your will or be lodged with the lawyer.

Bank card ⁴ 2 or bank account		
Savings book		
Stocks and shares account		
Proof of important guarantees		
Last will and testament		
Lawyer in charge of will		
Codicil		

⁴ Idem

Divorce certificate		
Deed of property ownership 1		
Deed of property ownership 2		
Rental lease 1		
Rental lease 2		
Deed of sale		
Life annuity/insurance contract		

EC pension file		
Other pension file		
Other important documents		

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Annex DP6 - Keys & codes

Keys & codes	Where to find them
Key to bank safe ⁵	
Key to safe ⁶	
P.O. box	
Letter box	
First house Set of keys Door code(s)	
Second house keys in first house Door codes	
First house keys in second house	
Second house keys in second house	
Garage	

⁵ Idem

⁶ Idem

Vehicle 1	
Vehicle 2	
Boat	
Motorbike	
Caravan	

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Annex DP7 - Insurance

Insurance policies	Company & tel. N°	Policy N°	Location of file
Life			
Outstanding payments 1			
Outstanding payments 2			
Pension			
Comprehensive house1			
Comprehensive house 2			
Third party			
Domestic staff			
Health other than JSIS			
Top-up health			

Accident			
Funeral expenses			
Vehicle 1			
Vehicle 2			
Other vehicles			
Travel			

Assistance			

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Annex DP8 - Contacts

Contact	Name	Address	Tel / Fax / E-mail
Lawyer/Solicitor			
Barrister			
Accountant			
Tax adviser			
Insurance adviser			
Bank 1			
Bank 2			

Executor of will			
Doctor 1			
Doctor 2			
Priest (Religion)			
Person to be contacted in emergency			
Person to be contacted in emergency			
Person to be contacted in emergency			

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Annex DP9 - Debtors / Creditors

Debtor /creditor	Name	Amount	Deadline
Mortgage 1			
Mortgage 2			
Bank loan			
Debts			

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Annex DP10 – Emails – Passwords

List of Email addresses used

Passwords or indication where to find passwords

Annex AMA 1 – General data for JSIS purposes

Pensioner's N°:

JSIS membership card N°:

JSIS Blue Card N°, if still available (even if no longer valid):

These documents are filed underin
.....;

The latest reimbursement statements are filed under
in.....

Notes

Annex AMA 2

I have a top-up health insurance policy YES / NO

If yes, type of policy:

N° of policy

The file is in

Annex AMA 3

I have optional accident insurance with Van Breda YES / NO

If yes, N° of policy

The file is in

Annex AMA 4

I have other health/accident insurance policies YES / NO

If yes, type of policies

No's of policies

The files are in

D Annexes – Relating to special wishes

Annex D1 – My wishes in respect of my surroundings

Should I no longer be able to look after myself – for reasons of illness or old age – I should like to:

YES / NO : stay at home as long as possible and take advantage of all help available

YES / NO : go to live with who has offered me the possibility

YES / NO : move to a residential home with care facilities (suited to my physical and mental condition)

YES / NO : move into sheltered housing

I should prefer: a home/housing in a town (**YES / NO**)

a home/housing in the country (**YES / NO**)

a private home/housing (**YES/NO**) or local authority home/housing (**YES / NO**)

a church-run home (**YES / NO**)

I should prefer one of the following homes:

Home 1: (address)

Home 2: (address)

I should like to have my own furniture (**YES / NO**)

I should like to receive regular visits from a priest. Name, if known: (Tel.)

I should like to receive regular visits from:

➤ .

➤ .

➤ .

➤ .

Date:

Signature.

Annex D2 - My wishes in respect of my illness

Should I be taken seriously ill I hereby request

YES / NO : to be informed and be told about the future development of the illness and my chances of survival

YES / NO: that Mr (and) Mrs
also be informed

YES / NO : that every effort be made to keep me alive even if there is no hope

YES / NO : that every effort be made to keep me alive even if it implies a loss of human dignity

YES / NO : euthanasia, in view of the above information

YES / NO : that everything possible be done to reduce my suffering even if palliative treatment involves shortening my life

Date.....

Signature

Annex D3 – My wishes upon death

(Please cross out if not applicable)

When I am dying, I should like the following persons to be present:

- A priest, (state denomination).....
- Mr / Mrs
.....
- A specialist ; a doctor

When I die, I should like

- to be cremated atcrematorium
 - and the ashes scattered
 - on the lawn
 - from the air
 - at sea
 -
 - And the ashes placed in an urn at
- To be buried
 - in any cemetery
 - in a « natural death » cemetery
 - In the cemetery in.....
 - In family grave N° in.....cemetery
- I do not want any religious service
- I should like a religious service, celebrated by, (state denomination) in accordance with my wishes stated in the annex.
- I should like a family funeral
- I should like to donate my body to science⁷
- I do not wish to donate my body to science
- I should like to donate all useable organs after my death⁸
- I do not wish to donate any organs
- I should like to have flowers and wreaths
- I do not want any flowers or wreaths

⁷ In this case, contact the relevant scientific laboratories now..

⁸ In some Member States the relevant authorities must be informed in advance.

- I should like mourners to make donations toinstead of flowers or wreaths
- I should like an obituary notice in accordance with the text in annex S
- I should like an obituary published in the following newspapers
.....
- I do not want an obituary in any paper
- Please inform the persons listed in annex S.
- I do not want Mr/Mrsto be informed before the ceremony is over.

Place :, date :

Signature

N.B.: In order to avoid any misunderstanding it is advisable to attach to this document a medical certificate stating that you are sound of mind at the time of writing.

Annex D4

Copy of my testament (optional)

Annex D5

Model of death notification I desire (optional)

Annex D6

List of the persons to be informed of my death