Joint Sickness Insurance Scheme

Settlements Office Address:
- ◯ Bruxelles - SC27 00/05
- ◯ Ispra - TP 740
- ◯ Luxembourg - DRB B1/061

MEMBER'S STAFF NUMBER:

MEMBER'S SURNAME AND FORENAMES:

Telephone:

e-mail:

Office address (home address if retired):

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

to be sent in regularly and within the time-limit of 18 months as of the date of the expense

Should you have already claimed your expenses on-line, please do not submit the same expenses using this form.

Please do not encode expenses in different currencies on the same form.

Type of claim:

- ◯ REMBOURSEMENT NORMAL
- ◯ REIMBURSEMENT for staff serving outside the European Union
- ◯ REIMBURSEMENT in case of RECOGNISED SERIOUS ILLNESS — ref. decision
- ◯ OCCUPATIONAL DISEASE — date of occupational disease
- ◯ ACCIDENT — ☐ involving the member — ☐ involving a person insured via the member (only if a third party is liable)

date of the accident

Date of expenses	Surname and forenames of beneficiary	Date of birth of beneficiary	Nature of expenses: Consultations, visits, medicines, etc.	Amount of expenses in(2): Country(1)	Amount of expenses in(2): Amounts	Other reimbourse ments (3)	Amount received from private insurance

Total amount:

Please do not carry amounts over to another form, as each form is dealt with separately.
Attach the original supporting documents and keep a copy of them.
Encode one invoice per line.
Please remove all staples from the annexes.
To check all your JSIS files, please use https://webgate.ec.europa.eu/RCAM

(1) Please state the amount in the currency used. The settlements office will convert all amounts (EUR, BGN, CHF, CZK, DKK, GBP, HRK, HUT, JPY, LTL, LVL, PLN, SEK, RON, USD). (To be specified, if not included in this list)

(2) Please note the code of the country in which the expense was carried out (AT, BE, BG, CY, CZ, DE, DK, EE, ES, FI, FR, GR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, UK). (To be specified, if not included in this list)

(3) Reimbursements received from another scheme

I, the undersigned, certify that this claim, together with the supporting documents, is correct and that all the invoices have been paid for.

.....

(Member's signature)

At Date

You are a retired affiliate and you wish to have access to JSIS-online? You can contact 0032 2 2976 888 / 9