



## REQUEST FOR A PRIORITY TREATMENT OF A CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

May apply for priority treatment Members covered primarily by the JSIS who incur medical expenses in excess of 600 € over the 15-day period preceding the claim for reimbursement and wish to request accelerated treatment of the claim

**This form should be placed as a cover page to your request for reimbursement**  
to alert your Settlement Office of its priority status

To be sent to your Settlement Office of the Joint Sickness Insurance Scheme (JSIS) – please see address below

Name and first name of member: ..... Pers./Pension No: .....  
Institution and place of employment: ..... Office address: .....Tel.: .....  
Private address if you are retired: .....  
Date of termination of employment/ date of end of contract:.....(for temporary staff or contract staff)

**Request in respect of** (tick the appropriate box):

member of the Scheme       spouse or recognised partner       child       person treated as a dependent child.

Name and first name: ..... Date of birth: .....

Tick the relevant box

**Date that medical expenses were incurred :**

**Postal date of the request for reimbursement to PMO (maximum 15 days following the settlement of costs):**

**Amount paid (more than 600 €):**

**I have read and understand the rules and regulations governing the accelerated reimbursement of medical expenses and hereby accept said conditions**

Date .....

Signature .....

**Send back to**

**Brussels Settlements Office  
European Commission**  
SC27 0/05  
B-1049 Brussels

**Ispra Settlements Office  
European Commission**  
PMO/06 - TP 740  
Via E. Fermi, 2749  
I-21027 Ispra (Va)

**Luxembourg Settlements Office  
European Commission**  
DRB - B1/061  
L-2920 Luxembourg

**<https://ec.europa.eu/pmo/contact/>**

**+ 32 (0)2 29 **97777****