



CONFIDENTIAL DECLARATION
(TO BE RETURNED TO YOUR SETTLEMENTS OFFICE)

For the purposes of Article 72 (in particular paragraph 4) of the Staff Regulations and Articles 12-17 and 22 of the Joint Rules on Sickness Insurance for Officials of the European Communities.

A. INFORMATION ON THE MEMBER

1. Surname:.....
 Official forename:..... Date of birth:.....Nationality:.....
 Stat.Link:.....Category:.....Grade:.....
 Date of entry into service:..... or of receiving pension:.....Sex: M F
2. Institution/Agency/School: Personnel/Pension No:
3. Office address (city, building, floor, office number, telephone extension):
E -mail:.....
4. Home address + telephone number (if no office address):
E-mail:.....
5. Marital status: single married widow(er) divorced legally separated recognised partnership
 Date of marriage or divorce or beginning/end of partnership:.....
6. Can you be covered under a legal or statutory primary sickness insurance scheme other than the JSIS? YES NO
7. If so, name and address of the insuring organisation:

8. Risks covered: sickness: hospitalisation maternity accident funeral expenses

B. INFORMATION ON THE MEMBER'S SPOUSE/ RECOGNISED PARTNER/ OTHER PARENT IF SINGLE WITH CHILD(REN)

9. Surname (maiden name, where applicable):
 Official forename: Sex: M F
 10. Date of birth:Nationality:Home address:

 11. Is your spouse/partner gainfully employed? YES Since when?
 NO Since when?
- and as: EU official EU temporary staff EU contract agent MEP Parliamentary Assistant
- Spouse/partner's grade, step, **personnel no:**
 employee self-employed other (please specify).....

Name and address of current employer:

Does he/she receive a pension or any other income from previous employment? For example: retirement pension, survivor's pension, invalidity pension, unemployment benefit, maternity benefit, long-term sickness benefit, disability benefit, or other (please specify):..... YES NO

What is his/her total annual income from employment, pension, allowances, etc before tax, excluding benefits, allowances for expenses and social security contributions¹. :

12. Can your spouse/partner be covered under a legal or statutory primary sickness insurance scheme other than that of the EC?

13. If so, name and address of the insuring organisation:

14. Risks covered: sickness hospitalisation maternity accident funeral expenses

C. INFORMATION ON CHILDREN
who are dependent within the meaning of Article 2(1), (2), (3) and (5) of Annex VII to the Staff Regulations.

15. Surname	Official forename	DateOfBirth	Nationality	Sex	Place of residence
				M/F	
				M/F	
				M/F	
				M/F	
				M/F	
				M/F	

16. Can this child/these children be covered under a primary sickness insurance scheme other than the JSIS? in their father's right? in their mother's right? or in their own right? YES NO

17. If so, name and address of the insuring organisation:

18. Risks covered: sickness hospitalisation maternity accident funeral expenses

19. Can that coverage be done without payment of extra contributions for the child(ren)? YES NO

If not, please attach a certificate from the insuring organisation identifying the extra amount to be paid.

D. INFORMATION ON PERSONS TREATED AS DEPENDENT CHILDREN
within the meaning of Article 2(4) of Annex VII to the Staff Regulations. (please enclose a copy of the appointing authority's decision)

20. Surname	Official forename	DateOfBirth	Nationality	Sex	Place of residence
				M/F	
				M/F	

21. Can this person/these persons be covered under a legal or statutory primary sickness insurance scheme within the meaning of Article 17 of the Joint Rules on Sickness Insurance? YES NO

22. Does he/she receive a pension or any other income from a current or previous employment? For example: retirement pension, survivor's pension, invalidity pension, unemployment benefit, maternity benefit, long-term sickness benefit, disability benefit, or other (please specify):..... YES NO

(1) If your spouse/recognized partner wishes to benefit from JSIS reimbursements, please enclose a copy of the most recent official tax certificate for income from employment, or in the absence of such a certificate only, a detailed statement of income in the previous year issued by the employer

I undertake to give immediate written notification of any change in the information given on this form (change in marital/partnership status, composition of family, resignation, unemployment, resumption of spouse/partner's paid employment, increase in spouse/partner's annual income, etc.) and to supply full supporting documents.

I confirm that my spouse/recognised partner agrees with the submission of his/her income statement to allow the Membership Team to assess his/her entitlement to JSIS cover.

I certify that the above details are correct (see Article 34 ("fraud") of the Joint Rules on Sickness Insurance).

Place: **Date:** **Signature:**

Important notes:

- For points 12 (if there is income from employment) and 20, if the answer is no, please enclose a statement from the relevant national body to the effect that no cover is possible.
- Any incomplete or false information will automatically result in the suspension of reimbursement to the persons referred to in sections B, C and D.

SECTION RESERVED FOR THE SETTLEMENTS OFFICE

a) Person(s) covered by the JSIS:

- **primary cover:**
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.....
- **supplementary cover: (see attached information sheet)**
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.....
.....

b) Person(s) not covered by the JSIS:

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DECISION OF THE SETTLEMENTS OFFICE

Date: