



**CONFIDENTIAL DECLARATION**

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.

<input type="checkbox"/> <b>NEW MEMBERSHIP</b>	<input type="checkbox"/> <b>AMENDMENT</b>	<b>Effective from:</b>
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Institution/Agency/School: ..... Personnel/Pension No: .....

Surname: ..... First name: .....

Date of birth: ..... Gender: M  F

Nationality: ..... Mother tongue: .....

Statutory Link: ..... Category: ..... Grade: .....

Date of entry into service (or of retirement)/beginning of secondment: .....

Office address: .....

Private address:.....

Private email address / mobile number:.....

End of contract/secondment: .....

Contact details when leaving the service/end of secondment:

.....  
 .....

Civil status:                      single                       married                       recognised partnership   
    widow(er)                       divorced                       legally separated

Date of marriage or divorce or beginning/end of partnership: .....

<b>INFORMATION ON THE MEMBER'S SPOUSE/ UNMARRIED PARTNER*/ OTHER PARENT IF SINGLE WITH CHILD(REN)</b>					
<b>Surname</b>	<b>Official forename</b>	<b>Date of birth</b>	<b>Nationality</b>	<b>Gender</b>	<b>Place of residence</b>

\* Hereafter in this document, the term "spouse" shall include also an "unmarried partner", as defined in Art. 72 of the Staff Regulations

Is your spouse an EU official/ EU temporary staff?

Spouse's **personnel no**: .....

Is your spouse gainfully employed?

YES  **Since when?** .....

NO  **Since when?** .....

employee  self-employed  other  (please specify)

Name and address of current employer:.....  
.....

Does your spouse receive a pension or any other income from previous employment? For example: retirement pension, survivor's pension, invalidity pension, unemployment benefit, maternity benefit, parental leave, long-term sickness benefit, disability benefit, or other (please specify):

YES  NO

If you answered "YES" to one of the two previous questions:

- please specify your spouse's total annual income from employment, pension, allowances, etc. before tax, excluding benefits, allowances for expenses and social security contributions:  
.....
- **If your spouse wishes to benefit from JSIS top-up cover, please enclose a complete copy of the most recent official tax certificate for income from employment, or in the absence of such a certificate, a detailed statement of income in the previous year issued by the employer.**

Can your spouse be covered under a legal or statutory primary sickness insurance scheme other than JSIS?

YES  NO

If so, name and address of the insuring scheme: .....

<b>DEPENDENT CHILDREN</b>					
who are dependent within the meaning of Article 2(1), (2), (3) and (5) of Annex VII to the Staff Regulations					
<b>Surname</b>	<b>Official forename</b>	<b>Date of birth</b>	<b>Nationality</b>	<b>Gender</b>	<b>Place of residence</b>

Can the child(ren) be covered under a primary sickness insurance scheme other than the JSIS in the other parent's right?

YES  NO

If not, please provide a certificate from the sickness insurance scheme, clearly confirming the reason for non-coverage and the respective period. If yes, please provide name and address of the insuring scheme:

.....

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 scheme identifying the extra amount to be paid.

<b>PERSONS TREATED AS DEPENDENT CHILDREN</b>					
within the meaning of Article 2(4) of Annex VII to the Staff Regulations. (please enclose a copy of the appointing authority's decision)					
<b>Surname</b>	<b>Official forename</b>	<b>Date of birth</b>	<b>Nationality</b>	<b>Gender</b>	<b>Place of residence</b>

Can the person(s) 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

*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 or decrease in spouse/partner's annual income, etc.) and to supply complete supporting documents.*

*I confirm that my spouse agrees with the submission of his/her income statement to allow the JSIS Membership Rights Team to assess his/her entitlement to the JSIS top-up cover.*

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

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

We confirm that the data declared above are consistent with the data received and registered by the Institution/Agency/European School in the file of the agent.

**HR representative of the Institution/Agency/European School:**

.....

**Date:**..... **Signature:** .....