



Joint Sickness Insurance Scheme

**Send back to** European Commission  
JSIS – Screening Programmes  
1049 Brussels  
Belgium

MEMBER'S STAFF/PENSION NUMBER: \_\_\_\_\_

Administrative address (home address if retired): \_\_\_\_\_

MEMBER'S SURNAME AND FORENAMES: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## HEALTH SCREENING - ONLY CLAIM FOR REIMBURSEMENT

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

Number of the undergone screening programme: \_\_\_\_\_

Surname and forenames of the beneficiary: \_\_\_\_\_

Type of request: **ONLY ONE CLAIM PER TYPE**

- ☐ REIMBURSEMENT of costs related to the STANDARD TESTS section of the screening programme  
☐ REIMBURSEMENT of costs related to the ADDITIONAL TESTS section of the screening programme  
☐ REIMBURSEMENT of costs related to the tests subject to a PRIOR AUTHORISATION of the screening programme

| Date of expenses | Nature of expenses:<br>Consultations/Tests. | Only for tests subject to prior authorisation:<br>Reference of the Authorisation received | Amount of expenses |              |        | Other reimbursement received from any other scheme | Amount received from any private insurance |
|------------------|---|---|--------------------|--------------|--------|--|--|
|                  |   |   | Country (1)        | Currency (2) | Amount |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |
|                  |   |   |                    |              |        |  |  |

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/receipt per line.**

**Please remove all staples from the annexes; use paper clips.**

- (1) Please state 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).
- (2) 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).

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

\_\_\_\_\_

Done at \_\_\_\_\_ Date \_\_\_\_\_

(Member's signature)

Treated in conformity with Regulation (UE) 2018/1725

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