

## **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  $600 \in$  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:			
Institution and place of employment:			
Private address if you are retired: Date of termination of employment/ date of end of contract:(for temporary staff or contract staff)			
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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 :

<u>Postal date</u> 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	Ispra Settlements Office European Commission	Luxemburg Settlements Office European Commission	
JSIS Brussels B-1049 Brussels	JSIS Ispra PMO/06 - TP 730 Via E. Fermi, 2749 I-21027 Ispra	JSIS Luxembourg DRB - B1/073 L-2920 Luxembourg	
JSIS Contact hotline +32-2-29 97777 (9:30-12:30)	JSIS Contact hotline +39-0332-785757(9:30-12:30)	· · · · · · · · · · · · · · · · · · ·	

Treatment in conformity with Regulation (UE) 2018/1725 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:0.1. .2018.295.01.0039.01.ENG&toc=0.31:2018.295.TOC