

**Please send to your JSIS Settlements office at PMO**

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**Delegation**

**For all my dealings with the Joint Sickness Insurance Scheme (JSIS)**

I, the undersigned.....

Staff/Pension no.: .....

Address: .....  
.....

Phone: .....

E-mail: .....

Institution: .....

Settlements Office: .....

Acting as right holder, delegate, as necessary, the person named below to manage in my place and in line with my interests and the institution's rules, all my dealings with my JSIS Settlements Office.

By this delegation, which is valid as of ..... , the delegate has the right to:

- sign documents and maintain administrative correspondence about reimbursement claims and requests for medical authorisations;
- phone JSIS ;
- introduce reimbursement claims and requests for medical authorisations on paper form;
- ask questions and introduce requests via PMO Contact;
- and, generally, perform without any limitation all useful actions in the interest of the right holder.

Copies of my ID as well as my delegate's are attached to this document. The right holder will communicate with the Institution's services. He/She has been informed of the rules and procedures in force. The right holder will receive a copy of this document.

I take full responsibility for my delegate's actions.

**The undersigned :** .....

This delegation can be revoked at any time by sending a letter to your JSIS Settlements Office at PMO.

**Delegation to:**

Mr/Ms: .....

Date of birth: .....

Address: .....  
.....

Phone: .....

E-mail : .....

Relationship (delete as appropriate) :

- Family member .....
- AIACE member;
- Friend.

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

Attachment(s): .....