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 € 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: …… Pers./Pension No: ……
Institution and place of employment: …… Office address: ……Tel.: ……
Private address if you are retired: ……
Date of termination of employment/ date of end of contract:……(for temporary staff or contract staff)

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 :

Postal date 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

European Commission RCAM/JSIS Brussels 1049 Brussels Hotline +32-2-29 11111 (9:30 – 12:30)	**European Commission** RCAM/JSIS Ispra 21027 Ispra Hotline +32-2-29 11111 (9:30 – 12:30)	**European Commission** RCAM/JSIS Luxembourg 2920 Luxembourg Hotline +32-2-29 11111 (9:30 – 12:30)

STAFF Contact - https://digit.service-now.com/esc?id=emp_taxonomy_topic&topic_id=e84c3ee8c34e96d029d81a0d

Treatment in conformity with Regulation (UE) 2018/1725 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2018.295.01.0039.01.ENG&toc=OJ:L:2018:295:TOC