EUROPEAN UNION
Joint Sickness Insurance Scheme

Settlements Office address

Institution : .....

Office address (home address if retired)

.....
.....
.....
.....
.....
Tel : .....

MEMBER'S STAFF NUMBER :
.....
MEMBER'S SURNAME AND FORENAMES :
.....

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

to be sent in regularly and within the time-limit (Article 32 of the Rules on sickness insurance)

*** (Indicate one type only (Nor,100,Acc) on each application form)**

*☒ **STANDARD REIMBURSEMENT** (NOR) (1)
*☐ **100 % REIMBURSEMENT** in cases of SERIOUS ILLNESS (100) (1): ref.decision .....valid .....
*☐ **ACCIDENT** (ACC) (1) ☐ involving the member date of the accident: .....
☐third party liable ☐no third party liable
☐involving a person insured via the member of the JSIS (only if a third party is liable)
*☐**OCCUPATIONAL ILLNESS** (ACC) (1) Date:. .....

Nature of expenses : Consultations,home visits, medicines, etc.	Date of services	Surname and forenames of the patient	Amount of expenses(2)			Reimbursements received from another scheme	Reserved for JSIS
			Country (3)	Currency (4)	Amount		
Total of amounts with no distinction of currency	0,00						

Please do not carry amounts over to another application form as each form is dealt with separately.
Please remove all staples from the annexes.

(1) Tick the appropriate box
(2) Please state the amount in the currency used. The claims office will convert all amounts
(3) **Please note the code of the country in which the treatment was carried out (AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, UK)**
(4) EUR = Euro; CHF = Franc Suisse; JPY = Yen; NOK=Norsk Krone; USD = US Dollar.

I, the undersigned, certify that this claim, together with the supporting documents, is correct and that all the invoices have been paid for.
(Member's signature)

.....

At ....Date : .....

This space reserved for the administration

RESET PRINT

Form drawn up in conformity with Regulation (EC) 45/2001:www.edps.europa.eu