



Seniors of the European Public Service

Seniors de la Fonction Publique Européenne

# Bulletin

**Information bulletin for members of the Association**

**February 2016**

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*Most of the articles of the Bulletin were written in French. Translations are from Yasmin Sözen, Rosalyn Tanguy and Helen James*

### **Important notices**

**Bank account** for the annual subscriptions:

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#### **Changes of address**

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#### **Your Internet address**

Please don't forget to let us know your e-mail address.

Many SEPS messages are sent by e-mail.

The address used is [info@sfpe-seps.be](mailto:info@sfpe-seps.be)

**The annual subscription has been increased to  
minimum €30**

Decided at the GM of 13 December 2013

**Forthcoming Information Meeting –  
IEC / CIE – Overijse** Dennenboslaan, 54, 3090 Overijse  
**Thursday 14 April 2016**

Always according to the traditional pattern of 11:00 a.m. to 4:00 p.m.

- 10.15 a.m. sharp. Departure of the bus to Overijse
- 10:45 a.m. Arrival of the bus coming from Brussels
- Information relating to the SEPS-SFPE
- Lunch (buffet) at Villa CIE Overijse
- Health insurance system information - Relations with the PMO
- Help to retirees.
- Problems encountered by members
- Questions
- 4:15 p.m. Bus departure for Brussels

**The starting point of the bus Eurobussing will be further clarified  
(Email or tel.) to those who have reserved transport Brussels -  
Overijse and back** (It takes into account the roadwork of rue de la LOI).

**Don't forget to contact the secretariat**

- **To reserve your lunch (€25)**
- **To reserve your transportation (€10)**
- **To indicate the number of accompanying persons as well as  
their name, nationality**

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Payment for the lunch and the bus can be made in situ or to the SEPS-SFPE (see page 2)

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# Contents

	Page
I. Letter from the Editor	
II. Salary and pensions adaptation	5
III. Response from the Vice-President to the letter from the Commission's CSC	6
IV. 2014 CGAM Report	12
V. Marco Piana has left us	15
VI. Preventive Medicine : Modification of the screening programmes	16
VII. Social contributions demanded by France	
1. Introduction : two points of view	17
2. Summary of Me Buekenhoudt 's conference de (Hendrik Smets)	18
3. Social Contributions (for example those of France) and Agents of the EU : Another point of view (Philippe Jehenson)	19
VIII. To your good heart	22
IX. Information – Questions from members	
1. Reminders and precisions from PMO	23
2. Reminder : rates of reimbursement	25
3. Nominations	25
X. Annexes	
1. Press cuttings from « The Times »	26
2. Health screening – programme for women	26
3. Health screening – programme for men	27
4. In memoriam	27
5. Order form for available useful documents	29
6. Membership form	31

## **1. Letter from the Editor**

What should one, as a pensioner, think about what is happening in European Union politics today? From Grexit to Brexit, our hopes for European integration are gradually fading. For several months now one shock follows on the heels of another and certain declarations leave us feeling very pessimistic: did Commissioner Günther Oettinger not state just last month *“For the first time I perceive a serious danger of the EU disintegrating”*? Michel Rocard tells us *“Europe is finished, we have missed the boat”*. And yet certain optimists insist: *the solution will come from more Europe and not less Europe*.

Every day the news confirms the difficulties that exist within this European Union, in which we still need to believe. We need to face current problems: terrorism, refugees, wars in Ukraine and in the Middle East, the disassociation of some Member States from the principles of the Union, such as free circulation, an authoritarian drift,...The overwhelming sentiment is of a lack of solidarity, a national withdrawal, a rise in populism and in euro-scepticism.

Even as, powerless, we observe this return to the attitudes which destroyed Europe during the last century, we are obliged to hold fast to our social security system, which is defined by

the Protocol on Privileges and Immunities and implemented by the Commission through PMO. We do not really have a choice, even if we increasingly feel that the Commission is steadily losing the means to take care of us, former colleagues of the European institutions, who are nonetheless ever growing more numerous. Many elderly colleagues are worried by the strict application of the rules of JSIS and of the difficulties they experience in communicating with PMO. In addition, the detailed report commissioned from Eurostat on the cost of pensions and the press reactions to the December 2015 salary adaptation raise the spectre of a new attack on our pensions at some point during 2016.

During this year, it will be necessary to defend ourselves in a context of divisions among active staff, even as a large part of the volunteer resources available within the pensioners' associations is already focused on helping pensioners in difficulties. It will be necessary to find more volunteers. The elections for a new administrative board for SEPS<sup>1</sup>, at the end of the year, will provide the occasion to make members aware of this problem.

This February Bulletin is the first of the year. Despite the sombre atmosphere, let me wish you as happy and peaceful a year as possible for 2016.

Serge Crutzen

## **II. December 2015 salary and pensions adaptation**

### **Reminder**

Mid-December publication of the OJ and application of the 2.4% adaptation with retroactive effect from 1 July 2015.

### **Budgetary aspect and its consequences**

Although the method is "automatic" as specified in the Staff Regulations, the adoption of the budgetary implications of this increase is not automatic!!!

There has indeed been a budgetary problem: the DG BUDG forecast for this adaptation in December 2015 was 1.2% and not 2.4%. The necessary budget to grant the increase of 2.4% was therefore not available.

The staff unions informed the staff that a new reduction of several staff posts during 2016 would cover the outstanding deficit.

The impression among certain staff unions is that "*the Commission did not wish to assume the political repercussions of the method for 2015, which resulted in the salary increase of 2.4%. The result of the automatic application of the method is consequently counterbalanced by a reduction in the budgetary heading for posts*"<sup>2</sup>

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<sup>1</sup> Election of the Administrative Board of SEPS in December 2016 and January 2017 (every 3 years)

<sup>2</sup> [U4u-news-com-request@lists.u4unity.eu](mailto:U4u-news-com-request@lists.u4unity.eu) 06.01.2016

## **Echoes from the press**

An article in « The Times » newspaper of 23 December 2015 made the comment on the European salary increase of 2.4% in its habitual fashion: *Christmas comes early for officials!*

The intention of this article of the Times, based on an interview with Vice-President Kristalina Georgieva, was to explain to the British public, in the context of the future referendum, that, contrary to the sometimes biased British view of things, the European Commission is managing the European budget in an extremely responsible manner.

In relation to the staff of the Commission, the Vice-President explained and defended the salary increase of the civil servants, highlighting the automaticity of the method, the years passed without an adaptation, the increase in working hours and the changes introduced by the 2014 reform.

The issue of pensions and particularly their future cost was also raised. The Vice-President explained that the reforms already undertaken and the 2004 creation of the staff category of Contract Agent had permitted the balancing of costs and therefore the preservation of our pension system. Her cabinet states that the Vice-President has not expressed the intention of undertaking a new reform of the Staff Regulations. (Annex 1: Extracts from The Times)

## **III. Reply from Vice-President, Mrs Kristaline Georgieva to the letter from the President of the CSC**

Ignazio Iacono, President of the Central Staff Committee (CSC) of the Commission sent a letter to the Vice-President of the Commission relating the difficulties encountered by the adherents to the JSIS. This letter can be found as Annex I of the November 2015 SEPS Bulletin.

Mrs Georgieva has replied as follows:

### **Health Insurance**

Please note: A long chapter on “overcharging” in Luxemburg and the Netherlands is not given herewith, but can be obtained on request. The chapters relating to accident declarations (for active staff) and to professional illnesses are neither included here.

### **Reimbursement delays**

The delays which have occurred in the payment of reimbursement requests, which principally affected the Liquidator Bureaux of Brussels and Luxemburg, are essentially due to the difficulties encountered in the introduction of “back office” the computer system for

JSIS on-line, which proved extremely disruptive to the system due to several bugs which required many months to be sorted out.

To overcome and finally reverse the doubling of the reimbursement periods, various measures have been taken.

All the available resources for the processing of the reimbursement requests have thus been mobilised in all three liquidator bureaux dealing with JSIS reimbursement requests. Moreover, 13 new staff members have begun the necessary training the last year. The measures taken have already resulted in a significant reduction in delays since June 2015.

## **Changes to the rules and procedures without warning**

All major changes have been presented to the CGAM (JSIS management committee). The case of preventive care is a good example: the new protocols which aim to increase the efficacy of preventive measures have been elaborated by the Medical Council taking account of evolving changes in medical practice and science, which received the unanimous approval of the CGAM before being presented by the latter's president to the College of Heads of Administration. Similarly, the new approach to the recognition of serious illness, as also the subject of costs relating to psychotherapy, have been thoroughly discussed and presented by the Central Bureau and by the President of the Medical Council of JSIS<sup>3</sup>.

It is true that prior information to the affiliates of the JSIS has not always been provided on these subjects. This is why I have insisted that the information policy of PMO should be significantly strengthened.

## **Increase of unjustified rejections, given reimbursements occur subsequent to contestation/increase of contestations:**

The number of contestations has increased during the last years, with a reduction during 2015 (203 in 2013, 276 in 2014 and 188 in 2015). This increase is no doubt related to a more rigorous application of the rules concerning the subjects of complementarity, psychotherapy and serious illness. The introduction of the need to submit appropriate receipts for the reimbursement of medical expenses, notably in Belgium and in Italy, initially also solicited several contestations. A certain number of contestations have indeed become unnecessary subsequent to a re-examination of the contestation. This is due to various reasons: decisions of an exceptional nature taken by the AIPN on the basis of extenuating circumstances relating to the dossier; recognition of calculating errors and the submission by the affiliate of additional documentation which cleared the way for calculating the costs or the finalisation of the claim. As far as errors in calculation of tariffs are concerned, the attention of processing staff has been drawn to the need for a thorough examination of the file prior to all rejections. The explanations underlying the refusal are now presented with greater detail and this will serve to better justify the decision and thereby also to reduce the number of contestations. This effort for greater clarity will be further reinforced during the coming months.

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<sup>3</sup> It should be pointed out that the staff representatives at the CGAM contest this declaration. Cf November 2015 Bulletin

## **Priority requests:**

In order to benefit from priority treatment, the expenses the affiliate has had to cover during the prior 15 days must exceed €600. To our knowledge, there has been no refusal delivered to such a request. The affiliates of JSIS are constantly invited to introduce their requests for reimbursement as and when the expenses are incurred and the direct billing procedure is there to help colleagues who are faced with significant medical intervention expenses.

With the further development of information technology PMO will soon be in a position to deal with priority payment requests in paper form or by internet at the same speed.

## **Fractioned reimbursements:**

Reimbursement requests introduced via JSIS on-line are subject to differentiated control protocols depending on the level of risk, this being determined on the basis of the amount and the category of the expense. Each case is treated individually and gives rise to a specific reimbursement. It is therefore suggested that JSIS affiliates introduce their requests for reimbursement as and when they occur, and ideally one by one, so that they receive the best treatment on our side and a better follow up for the affiliates.

## **Direct billing:**

Direct billing of a medical expense represents, in the majority of cases, the creation of a debt that the affiliate has with respect to the part of the expense which remains his/hers to cover, namely, generally speaking between 15-20% of the total expense. In cases where the intervention is not reimbursable (e.g. an aesthetic intervention), the total of the amount will consequently need to be recuperated from the affiliate.

In a recent ruling, the Tribunal has recommended that affiliates be better informed about the consequences of direct billing requests. Against this background, the form for requesting direct billing now contains fields where affiliates need to indicate the cost of the room and of the intervention and to identify the nature of the planned intervention. As a result direct billing requests have become more detailed, give rise to more rigorous ex-ante control and sometimes result in a refusal when the envisaged intervention is not reimbursable by the JSIS.

## **Complementarity:**

Complementarity is one of the areas where its implementation has been more strictly aligned with its particular legal framework. The spouse who receives no professional income is covered for primary health care to the same extent as the affiliate. If the spouse has professional earnings that do not exceed a certain level (€36,324.48 for Belgium), he/she is covered by his/her national health care system and topped up by JSIS so that he/she benefits from the same reimbursement levels as those enjoyed by our affiliates.



If the professional earnings of the spouse exceed these levels, he/she is excluded from coverage by JSIS. The issue therefore concerns those persons, who whilst being covered by their national health care system, also benefit from the complementary coverage of the JSIS. For this, the spouse needs first to seek reimbursement of the primary health care element from his/her national health care system in accordance with the rules of the latter. This means that, in certain countries, they are not free to choose their doctor or need to follow the formalities of all other workers covered by that same system. In this context, it is worth noting that the complementary coverage offered by JSIS is free, since the only contribution paid is that paid by the affiliate him/herself.

As far as children are concerned, their position is singular, as they are subject to the health coverage of the spouse, if he/she works, whilst at the same time benefiting from free choice. This means that through the European health card children are covered for primary health care by the national system of the spouse, who benefits from complementarity, even in cases where the parents live in two different countries or where the children might live in the country of the parent affiliate to JSIS for primary health care. PMO has no knowledge of a case where children are not covered.

### **Agreements with Hospital facilities:**

6 agreements have been concluded within the Brussels agglomeration (cf PMO Newsletter on hospitalisation, published in May 2015 and the SEPS Bulletin of June 2015). Through these agreements these hospitals commit themselves to limit the fee supplements charged to patients for private rooms in the following way:

Hospital	Date	Fee supplements	
		Belgian health system	JSIS
CHU St Luc	01.05.2013	300%	<b>200%</b>
Hôpital Erasme	16.07.2014	300%	<b>200%</b>
St Michel andt St Elisabeth <sup>4</sup> clinics	27.02.2015	300%	<b>100% or 200% or 300%*</b>
Institut Jules Bordet	01.04.2015	300%	<b>200%</b>
UZ VUB	01.05.2015	150%	<b>100% or 150%*</b>
HU Enfants Reine Fabiola	01.07.2015	300%	<b>200%</b>

\*depending on the speciality

The supplements are expressed as a percentage. A fee supplement of 100% therefore means that the patient will be faced with a supplement of 100% relative to the fees charged for shared rooms. He/she will consequently pay twice the basic amount.

In this way, for the same service, a patient choosing to be hospitalised in a private room will be faced with doctors' fees which might be double or treble the basic amount (even fourfold

<sup>4</sup> Cliniques de l'Europe, Etterbeek et Uccle  
SEPS-SFPE

higher in certain hospitals such as those of the CHIREC<sup>5</sup> group, with whom PMO has not, to date, succeeded in concluding an agreement).

The CHIREC group, very popular among JSIS affiliates, has refused any agreement despite several initiatives undertaken both by PMO and by the CGAM. The hospitals in question apply a fee supplement of 300% in the case of hospitalisation with private room. Moreover, several practitioners (surgeons, gynaecologists, obstetricians, anaesthetists) of this same group demand that their patients be hospitalised in private rooms, otherwise they refuse to treat them.

The absence of an agreement which limits the fee supplements of the hospitals of the CHIREC group remains for JSIS, as for its affiliates, a serious drain on funds, which such an agreement would stemmed. In order to bring the CHIREC group to the table, various measures intended to make the use of these hospitals less attractive for affiliates of JSIS are currently being studied (measures of excessiveness, limitations on direct billing).

In order to complete the coverage within the Brussels region in terms of reduced fee supplements (excluding CHIREC), PMO is currently negotiated with the hospital group IRIS-SUD (Etterbeek, Baron Lambert, Molière-Longchamp), St Jean, St Pierre and Brugmann. Talks should conclude at the latest during the first term of 2016.

## **Special cases outside the EU**

Colleagues who reside outside of the EU benefit from complementary coverage which kicks in for expenses that remain theirs to pay after JSIS has paid the bulk (Article 72 of the Staff Regulations). This coverage, foreseen under Article 24 of Annex X of the Staff Regulations is funded by a contribution of 0.5% from the affiliate and of 0.5% from the employer. This does not always result in a complementary reimbursement of 100% of the initial cost, but rather of a complementary coverage with higher ceilings. This system is in a financially precarious situation and a working group aimed at restoring its financial balance has just been established.

## **Generalised use of JSIS on-line**

Affiliates are encouraged to use JSIS on-line as much as possible so that their medical expenses can be dealt with more quickly and efficiently. There is no intention to eliminate the paper route for pensioners.

## **Recognition of JSIS within the European Union**

Our health insurance system offers our members considerable advantages over those of the European national health systems (for example, the totally free chose of medical practitioner throughout the world and the use of private rooms). It is also true that our system has certain limitations because it does not form an integral part of the European social security coordination system, which grants European citizens assistance anywhere in Europe as a result of the mutual recognition of the national health systems. Despite this limitation, I do

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<sup>5</sup> Centre Hospitalier Interrégional Edith Cavell (the clinics and hospitals of Basilique, of Braine l'Alleud-Waterloo, Edith Cavell, Lambermont, Parc Leopold, and St-Anne St-Remi)

not feel that it is wise to ask for such recognition by the Member States (necessitating inevitably a legal act) given the high risk of ‘nationalisation’ of our system, which comprises elements which are precious to us<sup>6</sup>.

## **Individual rights**

### **Household allowance**

The Staff Regulations establish clearly in which circumstances the household allowance should to be paid.

The Staff Regulations establish the exact amount of the spouse’s income after which the staff member no longer has the right to the household allowance. The amounts taken into account for the establishment of the ceilings are the amounts confirmed by the national fiscal authorities, where we have no influence on the matter.

Since the approach is to grant this right on a provisional basis (which is favourable for the staff members concerned) in anticipation of the fiscal documents which always arrive one or two years after the tax year in question, there are cases where PMO inevitably needs to undertake recovery of the amounts paid.

In order to limit the cases of recovery, PMO has already adapted its practices so that currently, when the latest revenues declared exceed 95% of the allowed ceiling, the provisional allocation is not paid.

### **Education allowance**

The documents required by PMO for the scholastic declarations and supplied by the near totality of colleagues are those generally available and established by the schools. PMO has a flexible approach, but given the plethora of situations all over the world and the number of declarations submitted, some 13,000 per scholastic year, there are the odd cases which necessitate a call for additional documentation in order to ensure that the request is compatible with the stipulations of the Staff Regulations (for example for correspondence courses or to confirm the level of the studies being undertaken).

### **Recovery of undue amounts**

The scaled recovery of debts is based on an agreement with the European Mediator, reached in 2010. The debt is perceived in the salary of month M and a debt letter is addressed at the beginning of month M proposing to begin recovery in month M+2. The monthly payments correspond to 15% of the basic salary plus recurrent allocations.

If justified by the personal situation of the staff member concerned, the scaled repayments can be adapted on request.

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<sup>6</sup> The September 2015 SEPS Bulletin provides details about this non-recognition of JSIS and the dangers that demanding such recognition may entail.

## Relations between affiliates and PMO Contact

The control protocols which, since 2011, have progressively been put into place, correspond to the recommendations made following the audit of JSIS undertaken in 2010 and have certainly contributed to further constraints on affiliates and can, understandably, be perceived negatively. This has however brought about a higher guarantee of good management, attested today by a rate of errors of around 0.5%. The ex-post control reports which reflect this progress have been unanimously appreciated by the CGAM, where staff representatives also sit.

PMO Contact on-line is, since July 2013, the favoured point of contact for all affiliates<sup>7</sup>. This website is easy to access and boasts several intuitive menus which guide affiliates and assist them to better structure and direct their questions. This website also offers a series of FAQ, with the aim of providing answers to frequently asked questions and thus avoiding the need to ask the same questions again. This website also sends the questions directly to the sector of PMO concerned, thus avoiding unnecessary loss of time.

Following the definition of a series of new key priorities within the management plan for 2015, the attention accorded to the issue of response times to questions through 'PMO Contact on-line, or through the central telephone exchange has begun to show results. The average length of time taken by the telephone exchange or by 'PMO Contact on-line' has diminished to levels close to or inferior to the objectives set within this management plan. Since the beginning of 2015 the average waiting time has diminished considerably, from about 20 minutes to 4-5 minutes (the 2015 objective had been fixed at 10 minutes) and the number of questions unanswered within 15 working days has diminished by 15% (the target for 2015 had been fixed at 10%).

The improvements brought about over the course of this year to the telephone service and to the questions put to PMO Contact on-line are however not sufficient yet to fully satisfy their users.

*PMO is fully committed to ensuring within its 2016 objectives that the quality of its client services be given top priority, both in terms of delays and in terms of access to our services. In this way, beyond welcome portals for pensioners or active staff with complex dossiers, PMO intends, as soon as possible, to adopt a visibly more pro-active approach by taking the initiative to contact affiliates on important issues.*

## **IV. 2014 Report of the CGAM<sup>8</sup>**

### **Staff representatives' Refusal to validate**

The representatives of SEPS at the CGAM tell us:

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<sup>7</sup> As a reminder, SEPS frequently asks questions through PMO Contact on-line for members who are not used to using the internet.

<sup>8</sup> CGAM : Joint committee for the management of JSIS

The CGAM is supposed to establish a report on the accounts of JSIS. However, no staff representative participates to the elaboration of the financial report nor to the validation of the accounts. The consensus which has emerged over the course of the last meetings is that any criticism is difficult even if there are divergences between two accounting systems, namely between that of DG BUDG and that of JSIS.

For several staff representatives, what is important is to have figures that are in the black, therefore it is immaterial whether these are true figures.

Some staff representatives did not think it appropriate to approve the implementation of JSIS as this would imply validating the numerous rejections of medical reimbursements, the restrictive policy with regard to serious illness, the demand for fiscal receipts or the registration of psychotherapists with the Commission of psychologists, the arbitrary fixation of ceilings for childbirth costs (excessiveness)...

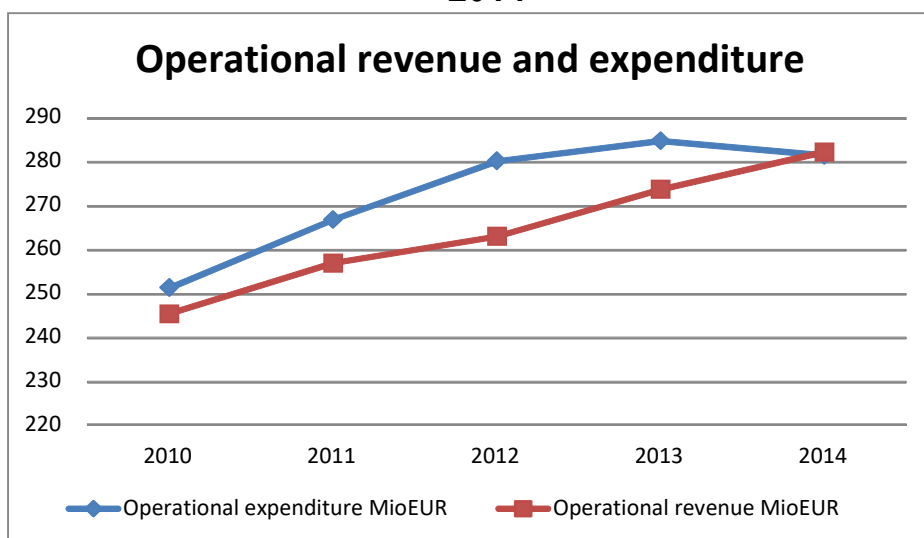
ON 21 February 2016, the report has not been validated yet, although it has been in the hands of the Heads of Administration, of the Staff Committees and of the Unions since a while.

**Instructive statistics**

**Reimbursements by group of services**

Type of medical act	Reimbursements
Hospitalisation	28%
Radiology - Analysis	16%
Medication	12%
Dental health care	9%
Therapies and paramedical services	7%
Medical Consultations – Visits	7%
Dependency	6%
Surgery	5%
Childbirth	4%
Eye care	3%
Other	3%
Total	100%

## JSIS balance sheet from 2010 to 2014



### Average annual reimbursements undertaken by JSIS By affiliate and by age category

Age category	51-55	56-60	61-65	66-70	71-75	76-80	80 +
Average annual reimbursement in €	3.800	4.000	4.800	5.500	7.500	9.000	13.000

One can therefore extrapolate by saying that those above the age of 70 have more or less a 50% chance<sup>9</sup> of spending more than €9,000 in a year and, if all goes well, receive a reimbursement of between €7,200 and €7,650 (without taking account of serious illness).

### Special Reimbursement – Article 72§3

(If the amount not reimbursed during a 12-month period exceeds half of a basic month's salary)

768 persons benefited, during 2014, from this measure, for a total expenditure of 1.5 Mio€, representing 0.5% of JSIS's operational expenditure for that year.

Even if the expenditure linked to this measure appears to have stabilised, this measure appears to be more akin to a social expense than to a health expense.

**Is this remark not appear to threaten the special reimbursement provision?**

<sup>9</sup> Recognizing that the average value is not the median of the statistical distribution which is not available.

## **Summary of the report's conclusions and essential recommendations**

Following 7 years of deficit registered in the operational results of JSIS, 2014 ended with a positive balance of 0.8Mio€.

However the situation of JSIS needs to be kept under close scrutiny, in particular the question of population ageing with negative impact on the JSIS finances in the medium and long term.

Generally speaking the policy governing admission to the JSIS (AST/AD, contractual, and AST/Sc) determines the total salary mass and consequently determines the financial health of the system.

Concrete measures have to be taken: eliminate unjustified over-charging, pursue voluntarist actions (which do not require modification of the existing regulations), such as:

- Conclude more agreements with suppliers of health care.
- Undertake information campaigns to moderate consumption and build awareness of the costs involved (hospitalisation and medicines).
- Strengthen the quality of information provided by JSIS to its affiliates (including pensioners) and to the health service providers.
- Put in place an effective control system for checking the care services charged by hospitals, particularly in the case of direct billing.

CGAM recommends to improve user services:

- To help affiliates who have little access to JSIS on-line.
- Improve the quality of information supplied by PMO.
- Create a service to assist affiliates who are victims of over-charging or of excessive fees.

Detailed conclusions and recommendations of the CGAM report will be published in the April 2016 Bulletin after their final appraisal (probably on 17 March 2016).

## **V. Marco Piana has left us**

It is with profound regret that we have learned of the death of Marco Piana, which occurred on 10 December 2015.

He was a key person for our pensioners' association. He helped so many people resolve their administrative problems with our health insurance scheme that he himself became a veritable institution. The members of the SEPS administrative board have often called on his assistance in aid of a variety of members.

We had agreed that after his retirement and after a well deserved period of rest, he would resume his efforts to help us. Unfortunately Fate has decided otherwise.

Many, many colleagues regret his demise and remember him for being friendly, forthcoming, patient and efficient.

## **VI. Preventive medicine :**

### **Modification of the programmes**

Members of SEPS regularly ask the secretariat

- What is happening in terms of preventive health care?
- What does someone who lives outside of Brussels have to do?
- Why all these changes?

The newsletter of PMO n° 16 of October 2015 announced changes in the screening programmes for preventive health care. The SEPS November 2015 Bulletin disseminated the information provided by PMO<sup>10</sup>.

The programmes which concern pensioners are given in Annexes 2 and 3.

PMO organised a midday conference at the Commission<sup>11</sup> on 14 January 2016 to illustrate and justify the changes introduced to these 'check-up' programmes. The reasons for the changes are declared to be both financial and professional. For example

- Systematic Xrays can be dangerous, just like radiation and they will henceforth be undertaken in a more targeted fashion (age category, smokers, asbestos, contact with Tuberculosis...) and no longer systematically.
- It appears that virtual colorectal screening, though less precise for discerning 'faults' that need to be detected, avoids the risk of perforations, which characterise the classical colonoscopy by endoscope.

Two options are available for the screening programme:

- you can either make an appointment at one of the JSIS's selected medical centres whose prices have been approved (the bill will then be sent to and paid directly by the JSIS),
- or undergo the various examinations with the doctors of your choice, in which case the reimbursement will be limited to the prices charged by the approved centres.

Affiliates who wish to benefit from the programme should ask for an "invitation" before undergoing the examinations: via JSIS online; via PMO Contact Online; by phone : +32-2-295.38.66. You will receive the invitation letter by JSIS Online or by post if you do not use JSIS Online.

To find out more about the procedure, the content of the programmes, reimbursement, etc., go to the Retirees' Welcome page on My Intracomm-Ext.

Administrative information N° 25-2015 (Changes to health screening programmes for JSIS beneficiaries) was sent to all pensioners.

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<sup>10</sup> November 2015 Bulletin, p. 17

<sup>11</sup> Conference chaired by Dr Bilbao, president of the Medical board of JSIS-PMO



## **VII. Social Contributions demanded by France**

The following articles essentially concern those colleagues who live in France, those who have financial interests in France, or those whose fiscal domicile is in France. However, they provide an insight into what could be asked from us by other Member States.

**They therefore concern us all!** It is important to understand that our interests are far from guaranteed.

### **1. Introduction : two points of view**

A few members of SEPS ask themselves why the Protocol on Privileges and Immunities (PPI) cannot resolve the issue of the social contributions demanded by France from all those civil servants and agents of the European Institutions who have financial interests in France, whether or not they reside there.

1. Several legal advisers<sup>12</sup> do not make reference to the Protocol on Privileges and Immunities of the European Union, which might justify the non-imposition on European civil servants and agents of a Member State's social contributions. Its Article 14 specifies:

*The European Parliament and the Council, ruling by regulations...establish the scheme of social contributions (the JSIS) applicable to the civil servants and other agents of the Union*

These lawyers consider that this article does not cover the case of civil servants who might be subject to both the JSIS and the national social security system of a Member State

- This would be the case of colleagues who receive a pension both from our European pension system and from the pension system of a Member State
  - This could also be the case (obviously tolerated) of colleagues who have opted to be part of a national social security system (against payment of the necessary dues, in addition to the statutorily obligatory contribution to the JSIS)
2. For several colleagues the PPI should protect us from the contributions a Member State might demand. The wording of Article 14, here above, does not explicitly authorise the social contribution which a Member State might demand, whereas for such as taxes on revenue the PPI makes the differences quite explicit.

There are consequently two schools of thought on the subject of refusing the social contributions demanded by France:

- The one which bases itself on specific rulings of the Court of Justice, which should by analogy apply to those members of staff concerned
- That one which bases itself on the PPI, which was introduced by the European authorities to resolve the issue.

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<sup>12</sup> Particularly Me Buekenhoudt, Legal Adviser at the Commission ; Hendrik Smets, Vice-President of SEPS, responsible for legal matters.

The articles hereafter illustrate these two ways of thinking and of acting. The future (maybe far off!) will tell us what will happen.

**The opinions expressed in these 2 articles reflect only the personal opinion of their authors and not that of the Association.**

## **2. Summary of the conference held by Me J. Buekenhoudt on social security payments<sup>13</sup>**

Hendrik Smets, Vice-President SEPS, responsible for legal matters.

During this conference organised by the Association of French citizens and by French nationals of the European Institutions (AFFCE), Me Buekenhoudt reviewed the question:

- First of all he announced that the Court of appeals of Douai in its ruling of 14 December 2015 had presented the Court of Justice of the European Union with the following prejudicial question:

“Does a principle of the law of the Union prevent a civil servant of the European Commission from being subject to a general social contribution, to the social levies and additional contributions to this levy, at the rate of 0.3% and of 1.1% on the income received from property situated in a Member State of the European Union?”

This puts a stop to the prevarications of the Commission in the pursuit of its legal action against France for violation of the law. The response from the Court is expected within a period of 6 months, unless the Court uses the urgency procedure.

- In the meantime he insisted that those who have not already done so, and in order not to lose another year of reimbursement, should introduce a request for reimbursement from the relevant French fiscal services, or if a refusal from these services had already been received, to introduce an appeal to the Administrative Tribunal (AT) of the same French region of competence and to do this by 31 December 2015 at the latest.<sup>14</sup>
- In any case the deadline for an appeal to the Tribunal is 2 months for those who reside in France and 4 months for those who reside outside of France, even if their fiscal domicile is in France.

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<sup>13</sup> The present text constitutes the summary of the conference by Me JU. Buekenhoudt. No mention was made to Article 14 of the Protocol on Privileges and Immunities of the European Union, which might justify the non-imposition of social contributions by a Member State on European civil servants, who benefit from no other social security system than from JSIS.

<sup>14</sup> Given that Me J. Buekenhoudt held his conference on 14 December, the deadline of 31 December 2015 was given so as to avoid losing another year of reimbursement. The requests made during 2016 would only have effect on reimbursements from 2013 onwards.

- To introduce such a request, it is not necessary to seek the services of a lawyer. You can use the model letter<sup>15</sup>
  - If you are not a fiscal resident of France: use the model letter “Non-resident complaint”
  - If you are a fiscal resident of France: use the model letter “Resident complaint”
  - In your request to the AT you should ask for the DGFP to be condemned to pay a lump sum of €250 for fixed costs.

I had pointed out to Me Buekenhoudt that during the General Assembly of SEPS, on 10 December 2015, members had asked me a question regarding the possible application of Article 24 of the Staff Regulations (possible financial assistance from the Commission).

The AFFCE had asked, on 9 October 2015, with a reminder on 10 November, for the financial assistance which DG Human Resources (HR) would grant to colleagues who lodge an appeal at the Administrative Tribunal.

The Commission apparently contacted the AFFCE about providing legal protection for active colleagues. But this leaves pensioners out in the cold.

The reply from Me Buekenhoudt is also rather disappointing

a) For those who wish to apply for the services of a lawyer and who are subject to the TA of Montreuil, Me Michel Petite, lawyer in Paris (former Director General of the Judicial service) 31, rue Jean-Jacques Rousseau at 93100 Montreuil – [martinepetite@gmail.com](mailto:martinepetite@gmail.com) – tel: 0148516117 has agreed to represent you at no charge, except for fixed costs that might apply.

In your request you should nonetheless ask for the AT to condemn the DGFP to reimburse you €400 for the fixed costs you have incurred.

b) It is foreseen that for the big cities in France, such as Strasbourg or Montpellier, the appeals would be concentrated with one lawyer, who would act on the basis of a fixed fee. Those concerned should contact AIACE France, which is centralising the requests and will send the requests and the amounts paid to the respective lawyers.

c) In Brussels a lawyer will also work on the basis of a fixed fee.

d) If you contact a lawyer directly yourself, ask the AT to condemn the DGFP to reimburse the lawyer's fees.

**Please note that Me Buekenhoudt mentioned that similar difficulties to those encountered in France have occurred in Romania and in Hungary.**

### **3. Social Contributions (for example the French) and agents of the EU :**

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<sup>15</sup> A copy of this model letter can be requested from the SEPS secretariat  
SEPS-SFPE

## Another point of view

Philippe Jehenson<sup>16</sup>

The agents of the EU (AEU) should not be subject to any social contribution (SC) other than that levied by the EU, and therefore not to those of a (Member) State, such as France.

Since one year the attempts to demonstrate this have been based on the “de Ruyter” ruling of 2015 and unfortunately have not moved beyond that. There is an attempt to justify the ruling’s extension to the case of AEU, although this risks creating a disparity with other citizens. These pay into the scheme of a state, are protected from another state by the EU regulation n° 883/2004 and its rule of unicity relative to the applicable social legislation. Subjective ‘disparity’, which France does not hesitate to reject, so far with ease<sup>17</sup>, arguing, for instance, that the scheme of the AEU, the JSIS, is not that of a state.

We prefer starting again from the (European) legal bases on the subject<sup>18</sup> - first the PPI. This appear to offer a logical and coherent framework and a straight forward response. The issue should therefore have been resolved for decades... Any other interpretation than the one hereafter seems to lead to incoherencies in the legal texts, even to incompatibilities, aberrations or absurdities.

The PPI foresees in its Article 14 that “the European Parliament and the Council, *ruling by regulations...establish **the** scheme of social contributions (the JSIS) applicable to the civil servants and other agents of the Union*”<sup>19</sup>. It seems therefore to (clearly) exclude all other schemes and thus, in particular, to forbid a Member State from subjecting an AEU to its own SC. At best, it authorises none of them, whether in this article or elsewhere, to levy any contributions on any revenue whatsoever (including on patrimony). And this, in contrast to the case of taxes, where it defines, details and limits the taxes to which a state can subject an AEU<sup>20</sup>, as also the state which is able do so (Art. 13). This “interpretation” of the PPI solves the issue, simply: only the EU can levy SC from an AEU, whether he be active or

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<sup>16</sup> The point of view of a scientist, with the support of other scientists : the author, member of SEPS, is a doctor and a physician but not a lawyer.

<sup>17</sup> The ruling has, nevertheless, had the advantage for AEU to relaunch the debate (and if necessary, to confirm certain aspects, like the obligation on France to treat the income from patrimony in the same fashion as that perceived from activity (or professional) when applying European social legislation)

<sup>18</sup> The Protocol on the Privileges and Immunities (PPI) (n° 7) annexed to the Treaty of the EU; and if necessary, ruling 883/2004, formerly 1408/71, on the “coordination of the social security systems” in Europe and of the rulings of the Court of Justice.

<sup>19</sup> The JSIS, obligatory scheme, with contributions levied officially, at source

<sup>20</sup> Essentially “taxes on income and on wealth (and) death duties”. It thus, unambiguously, excludes all others.

retired. QED<sup>21</sup>. If one rejects this interpretation things become complicated and we enter into legislative incoherencies and aberrations<sup>22</sup>.

Example: the PPI explicitly exempts (Art. 12) the salaries paid by the EU from any national tax, but not, explicitly, the SC! Claiming that Article 14 does not forbid the application of SC by a state therefore implies acceptance that any state could levy these SC from any AEU (whatever his country of origin) on any of his revenues (even on his patrimony), including on his EU salary<sup>23</sup>.

Which other European legal text would forbid this?

If one still rejects our interpretation of the PPI and considers thus that a state may subject an AEU to SC, then EU regulation n° 883/2004 should be applied<sup>24</sup>.

It identifies a single state authorised to do this<sup>25</sup>: Belgium<sup>26</sup> - not France – for the majority of AEU. This is already useful.

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<sup>21</sup> QED Quod erat demonstrandum – what was to be demonstrated.

<sup>22</sup> Incoherence already within the PPI itself (which specifies the situation regarding taxes but not that of SC, left vague?) And in regulation 883/2004, which concerns the situation of civil servants in general, of “auxiliary agents” of the EU (also explicitly), but not that of the AEU, left deliberately vague?

<sup>23</sup> No other state seems to have dared to conceive of this. Which seems moreover to strengthen the interpretation, of the states themselves too, that the PPI forbids (implicitly if not explicitly) SC on all revenues.

<sup>24</sup> It is true, we are told in general that the Court of Justice said that this regulation does not apply to AEU; normally by referring to the Ferlini ruling of 3 October 2000, which states ‘civil servants of the European Communities...who are affiliates of JSIS could not be qualified as “workers” in the sense of regulation n° 1408/71’: ‘forgetting’ however the following phrase where **the Court explains “In effect, they are not subject to a national law relative to social security**, as required under Article 2, §2 of regulation n° 1408/71.” QED confirmed by the Court?

Indeed for various reasons the Court can only have said this in the meaning that the AEU **cannot be subject to a national law**, because of the PPI which already protects him from the application of two laws (i.e. also that of a state) rendering this regulation irrelevant for him.

Not in the reverse sense: that not being subject to the legislation of a state, he would be unable to benefit from this regulation and could thus still be subject to the legislation of a state...(and thereby to double social legislation, contrary to other citizens). And if a state subjects an AEU to these SC, is it not automatically applying this regulation? Forbidding it from doing so (at least in most cases, except for Belgium).

In any event, the scope of this regulation changed in 2004, after the ruling of the Court : it is no longer limited to « workers » but now concerns « **nationals** » of one of the Member States, “who are or have been subject to the legislation of one or several of the Member States”.

<sup>25</sup> If an AEU is classified as a “civil servant”, it is the “Member State where the administration, which employs them, is situated” (Article 11.3.b) hence Belgium, at least for active AEU of the European Commission and of the Council (whose HQ are in Brussels). If not, it is the state where “the person (...) undertakes a salaried or a non-salaried activity”. Otherwise, it is the “Member State of residence” (Article 11.3.e) where the term “residence” designates the place where the person normally resides” (Article 1).

<sup>26</sup> Belgium does not levy SC on revenue from patrimony.

But it would be France for some others, as in the case of an agent of the Parliament working in Strasbourg. Hence the inequality between AEU (more serious in this case) depending on the institution and on the country where they “exercise an activity”; without talking about the complexity, as in the case of the AEU’s mobility. If despite all this one continues to reject, in addition to the interpretation of the PPI here above, also the applicability of the regulation – for what reason? – everything becomes possible, even the liability to SC of all AEU, by several states simultaneously, all of them for that matter, on all his revenues (and even on his patrimony). What would forbid this, except a possible national law (subject to change)?

The only reasonable possibility, equitable and respecting the legal texts, their spirit and coherence seems therefore to be the interpretation that the PPI, on its own, forbids all Member States from subjecting AEU to SC.

Otherwise, Regulation 883/2004 should be applied to define which state could do this: even in this case, not France in general (even for those AEU fiscally resident in France).

**The opinions expressed in these 2 articles reflect only the personal opinion of their authors and not that of the Association.**

## **VIII. To your good heart**

The aim of the *eu can aid*<sup>27</sup> association (ECA) is to awaken, foster and make manifest in the form of tangible action the solidarity of the staff of the Institutions of the European Union with people suffering as a result of the imbalance between the rich and the poor countries.

The Association calls on the generosity of the staff through members' subscriptions and occasional donations from their colleagues in order to finance micro-projects in the countries of the South. These micro-projects enable local communities to take charge of their own development by improving their living conditions, both sustainably and with respect to the environment.

Today, ECA has around 600 members and at least the same number of occasional donors, mainly belonging to the staff of the European Institutions.

Since its creation in 1968, ECA has supported over 800 projects in more than 65 countries, covering fields as diverse as agriculture, food, trade in goods and services, micro-credit, professional and vocational training and, generally speaking, the improvement of living conditions.

ECA keeps a close eye on where its funds go and ensures the follow-up of projects

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<sup>27</sup> See internet site : <http://www.eucanaid.eu> or ask for information from the SEPS secretariat

financed.

Thanks to the voluntary work of its members and the logistical support it receives from the European Institutions, ECA manages to keep its administrative costs down to roughly 1% of its annual budget

*The members of the daily management group of SEPS asks its members, who are in a position to do so, to support « *Eu can aid* » by becoming a member of this NGO and by making a donation or by making a small monthly payment by bank order.*

## **IX. Information – Members’ Questions**

### **1. Reminder and precisions from PMO<sup>28</sup>**

Note that the information that the PMO requested spreading are also partially included in the response of the Vice President to the letter of the CCP, article III., above

### **PMO Contact or how to contact PMO ?**

PMO Contact 'call centre' (+32 2 29 97777)

PMO Contact 'online' <https://ec.europa.eu/pmo/contact/fr/node> . SEPS secretariat could do it for you ! ([info@sfpe-seps.be](mailto:info@sfpe-seps.be) +32 (0)475472470)

### **How to send a medical authorisation request or estimate for dental work.**

JSIS online allows you to submit a request promptly and ensures that it is registered immediately. Using the application means that you don't have to wait for us to receive your envelope by mail or worry that your documents might be lost.

If you don't have access to JSIS online, send all supporting documents to your Settlement Office by mail. You can send us copies and keep the originals.

We check hospital bills with your interests in mind.

When the JSIS agrees to direct billing of hospital expenses, the hospital sends its invoice direct to the PMO.

### **Verification of the invoice**

The Direct billing and invoice settlement department which receives the invoice checks various things before paying: whether the amounts invoiced correspond to national scales

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<sup>28</sup> Newsletter n° 16 of PMO – Oct 2015. PMO asked the associations to disseminate the articles of its newsletters.

(for example, INAMI scales in Belgium); that there is no duplication of invoicing; whether the supplies being charged for are compatible with the illness; if, where appropriate, the agreements between the JSIS and the hospital have been observed, etc.

These checks may lead to a correction which the PMO will then claim from the hospital. In this case, the amounts you have been charged will be reduced. This is therefore in both your interest and that of the JSIS.

## Calculation of the rate of reimbursement

The bill is then examined by the appropriate department which draws up a statement of charges. This statement shows the total amounts paid, broken down into those to be paid by the JSIS and any for which you are responsible.

In the case of direct billing, the part of the bill for which you are responsible constitutes an advance, as the JSIS has paid the full amount of the invoice to the hospital. This advance will be deducted from the reimbursement of your future medical expenses.

**NB:** If the hospital stay for which the JSIS has granted you direct billing is at an establishment where the costs exceed the ceilings laid down in the rules, the amounts you must pay will be higher. The JSIS takes these ceilings into account when determining the amount to be reimbursed and the amount you will be charged.

## The principle of freedom of choice

As you know, our joint sickness insurance scheme (JSIS) is based, inter alia, on the principle of free choice of hospital, doctor, etc. by the member.

Under this same principle of free choice, you, the Member, must where appropriate address and settle any conflicts, disagreements or disputes with the hospitals, clinics and doctors by whom you have chosen to be treated.

Our services cannot intervene in this regard.

## JSIS online, select the type of reimbursement request

Since 1 July 2015, JSIS online has contained a single entry point for all types of reimbursement request handled by the application.

Please tick the type of request which corresponds to your expenses: standard reimbursement, or expenses linked to an accident, an occupational disease, a serious illness recognised by the JSIS, the annual medical check-up organised by the medical service, glasses for working on a computer, or participation in a JSIS Health Screening Programme.

**NB!** In addition, it is essential that expenses related to different types of request are never combined within the same request.

Some types of request can only be accessed if you fulfil certain conditions. For example, you can tick 'reimbursement for serious illness recognised by the JSIS', only if the file has



first been accepted by your Settlements Office. To request reimbursement of the annual check-up, you must have the form from the Medical Service (NB: only for staff who are covered by the Commission Medical Service in Brussels, Ispra and Luxembourg). To submit a reimbursement request for the Health Screening Programme, you must have a valid invitation for one of the programmes offered by the JSIS.

## **Consult your notifications in JSIS online**

If you are user of JSIS online, notice that the application regularly sends you notifications, often accompanied by an email alert.

These notifications are to inform you that you have received a document from the JSIS (decision, letter, statement of expenses, etc.).

It is essential to consult them regularly, as online notification legally replaces paper correspondence.

The date of notification will therefore be binding if ever you need to submit a complaint against a decision of the JSIS.

## **The role of medical and dental officers**

Medical officers and dental officers provide the medical expertise required to take decisions on the reimbursement of medical expenses by the JSIS.

### **The medical officer's opinion is requested for:**

- applications for prior authorisation (e.g. for certain therapeutic treatments, the purchase or rental of medical equipment, personal care, etc.)
- applications for recognition of a serious illness
- issues regarding the reimbursement of certain medicines

**The dental officer** provides an opinion on the dental estimates required before certain treatments (dental prostheses, implants, orthodontic treatment, etc.)

### **The Medical Council**

The medical and dental officers of the JSIS meet several times a year with occupational health doctors from the Commission and the other European institutions in the Medical Council. They discuss new treatments available and medical advances, and issue opinions on their possible reimbursement by the JSIS. The list of medical opinions issued by the Medical Council is available on MyIntraComm.

## **2. Reminders – rates of reimbursement (My IntraComm-Ext)**

- General practitioner:

The consultation or visit is reimbursed up to 85%, with a ceiling of **35€** (100% in the case of serious illness)

- Specialist Consultant:

The consultation or visit is reimbursed up to 85% with a ceiling of **€50** (100% in the case of serious illness)

- Consultations or assistance from the general practitioner given by phone, by mail or by e-mail are reimbursed up to 85%, with a ceiling of **€10**

- The fees for urgent visits, visits during the night, the weekend or on holidays, defined by local practice and within the existing legal framework are reimbursed up to 85% and at 100% in the case of serious illness

- Leading medical experts: when such consultation is deemed necessary by the Medical Council it is reimbursed at 85% with a ceiling of €150 (100% in the case of serious illness). The reimbursement of consultations with leading medical experts is limited to two per year for the same medical complaint.

### **3. Nominations**

The **new PMO: Bruno Fetelian** is the now head of unit PMO.3 "Sickness and accident insurance" and **Giuseppe Scognamiglio** head of the unit PMO.4 "Pensions".

Welcome to **Koen Binon**, the new Head of Unit of HR.D1 (ex HR.C1). All the best to **Janette Sinclair** who became Corporate Social Responsibility Adviser in HR.D.

## **X. Annexes**

### **Annex 1**

#### **Article resulting of an interview with The Times**

The Times, Wednesday December 23 2015

One woman has made it her mission to change the opaque and error-strewn way that Brussels does business and to revolutionise the scrutiny to which it can be held. She just needs a bit of help from members of the public. Kristalina Georgieva, the European Commission's vice-president responsible for the budget and human resources, is aiming to make the EU's arcane finances as open as other international institutions such as the World Bank. The public will be able to scrutinise how individuals, companies and projects spend more than €110 billion of European Union money under plans to bring greater transparency to finances in Brussels. Ms Georgieva hopes that openness will help to reverse years of "adverse opinions" by the European Court of Auditors on the "legality and regularity" of EU spending, by empowering millions of members of the public to become watchdogs.

The Bulgarian, who was born in Stalinist Sofia 52 years ago, is also getting ready to take on the vested interests of the EU bureaucracy with plans for the radical reorganisation in 2017 of generous pension schemes and cushy jobs for life.

Following a review of EU budgets, Ms Georgieva plans to take on the commission's powerful trade unions<sup>29</sup> with a shift away from jobs for life and 70 per cent of final salary pensions to what she describes as "flexible contracts", bringing big savings.

Behind the glass facade of her 12th floor office in the commission's Berlaymont headquarters, Ms Georgieva talks about shining the light of public scrutiny on to the EU's complicated and often controversial budget. Recalling her 25 years at the World Bank, she is determined to bring into the open those who benefit from EU funding scattered across tens of thousands of farms, agricultural businesses, construction projects and other regional policy projects across Europe. Information that is either hidden, difficult to find or buried in national administrative websites will be brought together in one simple online tool, working via an interactive map, to reveal all about where and to whom the cash is paid. "I very strongly believe that transparency is the taxpayer's best friend," she said. "The more we put out simple and accessible information about what we fund with EU taxpayer money the more pressure there will be for its best possible use.

...

On taking on the trade unions, she said; "The commission has been a little slow on the uptake. Other international organisations have moved with pension reform a little faster." Her mission will be to cut the EU's growing pension liabilities, which are expected to top €60 billion in the coming years. "The most important instrument of reform is to shrink the number of people for whom you have a commitment to pay a pension," Ms Georgieva said. "We will have a core of civil servants and then a flexible workforce. There will be more developments." Asked if she is ready to take on the vested interest of the Brussels bureaucracy, Mrs Georgieva smiles: "Dream on, I tell them".

....

Kristalina Georgieva, vice-president of the commission, insisted that the pay rise (2,4%) was justified after EU leaders had halted an automatic wage-increase mechanism in the previous five years amid widespread Eurozone austerity and a public backlash against Brussels spending. "It is not a very dramatic figure," she said. The increase has been calculated using an index based on salary rises for senior civil servants in U EU countries — Belgium, Germany, Spain, France, Italy, Luxembourg, the Netherlands, Austria, Poland, Sweden and Britain — and is also linked to a basket of cost of living indicators in Belgium and Luxembourg. "The pay rise is under an automatic formula that leaves no room for interpretation by the commission. We didn't ask for it. It is what has been calculated. I think is justified," Mrs Georgieva said. "Over this period we have increased the working week to 40 hours versus 37.5. That means people work more for the same salary." She pledged, however, to push for greater transparency of Brussels finances.

## **Annex 2**

### **SCREENING PROGRAMME No 3**

Women aged 60 and over Frequency: every two years

1. Detailed medical history (general practitioner).
2. Full clinical examination (general practitioner)
3. Ophthalmological examination

Values for visual acuity and any correction needed Fundus Tonometry

4. Laboratory tests:

Blood: Haemoglobin, haematocrit and erythrocyte count Leucocytes and differential leucocyte count, platelets Ferritin TSH FBS Total cholesterol, HDL,

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<sup>29</sup> ???

- LDL and triglycerides Creatinin, uric acid, Ca, K GOT, GPT, gamma GT HIV,  
hepatitis C (unless patient refuses in writing)  
Urine: Albumin, glucose Blood test Nitrites
5. Gynaecological examination  
Clinical gynaecological examination, incl. breasts Cytology of neck of uterus and  
colposcopy, if necessary Mammogram and, if necessary, breast ultrasound
  6. Cardiac examination  
Exercise electrocardiogram: only if cardiovascular risk factors are estimated at  
higher than 10% (see European Task Force SCORE chart).
  7. Colon examination  
Three faecal occult blood tests or one virtual colonoscopy from age 60 if not carried  
out previously.
  8. One bone densitometry by dual photonic absorptiometry
  9. Summary report identifying high risk factors, anomalies and recommendations

### **Annex 3**

#### **SCREENING PROGRAMME No 6**

Men aged 60 and over Frequency: every two years

1. Detailed medical history (general practitioner)
2. Full clinical examination (general practitioner)
3. Ophthalmological examination  
Values for visual acuity and any correction needed Fundus Tonometry
4. Laboratory tests:  
Blood: Haemoglobin, haematocrit and erythrocyte count Leucocytes and  
differential leucocyte count, platelets Ferritin TSH Blood sugar Total cholesterol,  
HDL, LDL and triglycerides Creatinin, uric acid GOT, GPT, gamma GT HIV,  
hepatitis C (unless patient provides written refusal)  
Urine: Albumin, glucose Blood screening Nitrites
5. Cardiac examination  
Electrocardiogram at rest Exercise electrocardiogram: only if cardiovascular risk  
factors are estimated at higher than 10% (see European Task Force SCORE chart).
6. Colon examination  
Three faecal occult blood tests or one virtual colonoscopy from age 60 if not carried  
out previously.
7. An abdominal ultrasound to screen for aortic aneurysm.
8. Summary report identifying high risk factors, anomalies and recommendations

### **Annex 4**

#### **In memoriam**

See French version overleaf

**Files and documents available.  
Order form**

**Please send this reply slip to the secretariat**

I should like to receive the English edition of the following documents

**SEPS Vade-mecum**

Part 1 (Procedures – edition august 2015 FR only)

Part 2 (forms /pers. data)

**Part 3 (addresses PMO – ADMIN. ...)** Edition February 2016

Part 4 (reimbursement forms – RCAM/JSIS) (April 2015)

**Supplementary health insurances** Edition November 2015

**Invlidity allowance and survival pension (Hendrik Smets)**

**Orphan survivor’s pensions (Hendrik Smets)**

**EU Officials and taxation (Me. J Buekenhoudt)**

**Inheritance (Me. J Buekenhoudt)** (October 2015)

**JSIS Guide (was sent by poste to all pensioners)**

Please send these documents to :

Surname.....

First name .....

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

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

To be sent to

**SFPE – SEPS**  
175 rue de la Loi,  
Bureau JL 02 40 CG39,  
**BE-1048 Bruxelles**

**Fax: +32(0)2 2818378**

GSM: +32 (0)475 472470

Email:

[info@sfpe-seps.be](mailto:info@sfpe-seps.be)

**APPLICATION FORM**

I, THE UNDERSIGNED: .....

HOME ADDRESS: .....

HOME Tel: ..... GSM: ..... Email: .....

FORMER OFFICIAL OF (Institution + DG or Dep.): .....

IF still active: date of birth and number of years of service: .....

HEREBY APPLY FOR MEMBERSHIP OF THE "ASSOCIATION OF SENIORS OF THE EUROPEAN PUBLIC SERVICE " (S.E.P.S).

NATIONALITY: ..... DATE: ..... SIGNATURE: .....

*The annual subscription is €30, payable every year on the date of joining.*

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 Communication: **Annual subscription + 1<sup>st</sup> and 2<sup>nd</sup> names**

*Please return this application form to:*

SEPS - SFPE  
 Office 02 40 CG39  
 175, rue de la Loi,  
 B-1048 BRUSSELS

*If you choose to pay by standing order (see below), please send the slip YOURSELF direct to your bank.***STANDING ORDER**

(Please send direct to your bank)

I, the undersigned, .....

HEREBY INSTRUCT .....(Name of bank)

to pay on .....(date) and on the same date each year, until further notice, by

debit of account N° ..... the sum of : € **30** to:

**SEPS - SFPE JL Office 0240CG39,**  
**rue de la Loi 175**  
**B 1048 Brussels**

Account N° **363-0507977-28** **ING Bank** Brussels  
**IBAN BE37 3630 5079 7728** **BIC BBRUBEBB**  
**Reference : Annual subscription (+ first name and surname)**

DATE : ..... SIGNATURE : .....

To be sent to

**SFPE – SEPS**  
175 rue de la Loi,  
Bureau JL 02 40 CG39,  
**BE-1048 Bruxelles**

**Fax: +32(0)2 2818378**

GSM: +32 (0)475 472470

Email: [info@sfpe-seps.be](mailto:info@sfpe-seps.be)

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