



Seniors of the European Public Service

Seniors de la Fonction Publique Européenne

Bulletin

Information bulletin for members of the Association

March 2018

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Version française au verso

06.04.2018

NM/46/1806 EN

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***Most of the articles of the Bulletin were written in French.
Translations are mainly from Yasmin Sözen***

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IBAN: **BE 37 3630 5079 7728**

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General Meeting and Information Meeting

*Location :Au Repos des Chasseurs***

Avenue Charle-Albert, 11 1170 Bruxelles (Boitsfort) +32(0)26604672

Tuesday 28 June 2018 10:30 a.m. to 4:30 p.m.

According to the traditional pattern:

- SEPS General meeting
- **Lunch**
- Pension and JSI information.
- Problems encountered by members
- Questions

Don't forget to contact the secretariat

- **To reserve your lunch (€35)**
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Decided at the GM of 13 December 2013 !

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I. Editorial – European Pillar of Social Rights

The European Parliament, the Council and the Commission have solemnly proclaimed the text on the **European Pillar of Social Rights** (2017/C 428/09) – 13.12.2017.

The objectives of this European pillar of social rights are to provide guidelines for achieving results in relation to social and employment issues to address present and future challenges, to satisfy the

essential needs of the population, and to ensure that social rights are better recognised and implemented.

The European Pillar of Social Rights is a collection of principles and of essential rights in order to provide Europe of the XXIst century with labour markets and social protection systems which are equitable and which perform well.

The European Pillar of Social Rights should be applied equally at the level of the Union as at that of the individual Member States, within the limits of their respective responsibilities, taking into account the different socio-economic contexts and the diversity of national systems, including the role of the social partners, and in accordance with the principles of subsidiarity and proportionality.

The European Pillar of Social Rights is divided into chapters

- Equal opportunities and access to the labour market
- Fair working conditions
- Social protection and inclusion

A few affirmations taken from the third chapter can be highlighted for vulnerable and elderly persons:

- Every person has the right to access quality essential services, including water, sanitation, energy, transport, financial services and digital communications. Persons in need should be given support which permits them to access these services.
- Persons with disabilities have the right to income support which allows them to live in dignity, to services which enable them to take part in the labour market and in society, and also to a work environment adapted to their needs.
- Paid and unpaid workers have the right ...to a pension, proportional to their contributions and which allows them an adequate income. Women and men should have the same opportunities to acquire pension rights.
- All very elderly persons have the right to resources which allow them to live in dignity.
- Every person has the right to timely access to affordable, good quality preventive and curative health care.
- Every person has the right to access affordable, good quality long term support services, in particular to home-care and community-based services.

II. The difficulties of establishing European citizenship

Athanase Popov¹, colleague at the Court of Justice in Luxemburg has written an interesting article (in French) on European citizenship and the difficulties associated with its establishment.

“The concept of a European Union citizenship has indeed been instituted. Any person who possesses the nationality of a Member State is a citizen of the Union. Citizenship of the Union completes national citizenship and does not replace it. The three preceding sentences are provisions anchored in the primary law of the European Union, currently expressed in Article 20, paragraph 1 of the Treaty on the operation of the European Union”.

The article of Athanase Popov is too long to be published here in the Bulletin. It is available for anyone who would like to read it (Secretariat of SEPS/SFPE). We give you the conclusions hereafter (*Original French*):

“The legal doctrine recognises the growing theoretical importance of European citizenship. Nonetheless its concrete expression is still at the babbling stage, especially where it concerns political rights, whose exercise could, in due course, constitute a European nationality. This latter would complete national identity and nationality, without replacing them. Indeed, to quote Edgar Morin:

*“There is no longer the possibility of conflict between the national identity of a European and his European identity. The problem is that the realisation of this European identity is still under-developed (...) relative to the concrete developments of the future community. (...) We must, from the inside, remove the barriers within Europe and open her up to herself. We must have an immediate instrument of linguistic communication (...). It would be easy, as demonstrated by the Helvetian example, for every European to fluently speak two other European languages in addition to his own. **Europe is in no cultural danger if English were to become the principle language of communication.** Has it not constituted the language of communication between diverse cultures and ethnic groups in India without corrupting them, without devaluing the regional languages, without superimposing English identity on top of Indian identity? The use of English accompanied by the knowledge of two other European languages would moreover have the advantage of facilitating communication with the rest of the planet.”²*

We should not forget that the European cultures have always functioned according to the paradigm cultural majority/cultural minority. In the past, it was Latin – once a living language – which served

¹ PhD in Law at the University of Luxemburg, European official, the author expresses his strictly personal views. He is also a volunteer member of the executive committee of the Association for support to Immigrant Workers (www.asti.lu). This article is dedicated to Professors Philippe Lavaux (constitutionalist) and Bernard Lory (historian).

² Edgar Morin, *Penser l'Europe*, revised and completed edition, Paris Gallimard, 1990, pp. 232-233

the role of English today. University research was often undertaken in Latin until the Eighteenth century. Subsequently it was French which played the role of world language for two centuries, before being replaced by English. Before Latin, the language of communication in the antique world was Greek: in other words, Europeans have always used common vehicular languages and this has never given rise to opposition. Speaking one or two vehicular languages does not inhibit the (good) use of a third one, or even a fourth national or regional language. Speaking Latin has never prevented or hindered the emergence and the upholding of national cultures.

Unfortunately, the debate on these issues has not advanced much since the mid-20th Century. The French politician Daniel Mayer, Minister of Labour from 1946-1949, spoke about “unity within diversity” as early as 1946. To which the philosopher Julien Benda replied, during the course of a roundtable discussion aired on the radio, that “there is an economic uniformity” which he considered to be the only uniformity required and posed the question “Do you believe that a citizen of Provence would like a Breton”? Daniel Mayer replied: “I really hope so, for the sake of French unity”. Julien Benda did not agree: “no, they do not like each other, but they are united”³. “United in diversity” is now the motto of the European Union.”

III. Some decisions taken by the Administrative Board of SEPS/SFPE on 28 February 2018

1. Nomination of Marc Maes as the Treasurer;

Georges Distexhe, Treasurer of the Association for a number of years, resigned at the beginning of the year.

The members of the Administrative Board, present and represented, approved the nomination of Marc Maes as Treasurer of SEPS/SFPE. He will therefore take care of the accounts and the list of members of the Association.

The Administrative Board would like to thank Georges Distexhe for the years spent at the service of SEPS/SFPE as Treasurer and manager of the list of members. The accounts were maintained in an impeccable fashion and the legal demands imposed by our statute as “ASBL” have always been respected.

Georges was a very active member of the Administrative Board and he assisted systematically and with great professionalism at the various meetings and general assemblies. He contributed

³ Roundtable organised by Radiodiffusion française, broadcast “Tribune de Paris”, aired 1 May 1946. Cf *Papiers, la revue de France Culture*, n° 22, Oct-Dec 2017, pp104-105

conscientiously to the written procedures; he discussed and improved the regulations with Hendrik Smets.

Full of good advice, given his past experience at DG HR, Georges has, in fact participated in the daily management of the association since 2014 and his colleagues have appreciated his rigour and his honesty.

2. The nomination of Annie LOVINFOSSE to the Administrative Board, already approved by the General Assembly and confirmed by the present and represented administrators.

3. Participation in the case initiated by Francis Wattiau⁴ against the overbilling for medical services in Luxemburg

The Administrative Board decided, in accordance with Article 15§3 of the Regulations, to ask its president to undertake the necessary steps so that the Association is added as a plaintiff in the case T-737/17, Wattiau/Parliament, pending at the European Court of Justice, in the name of its members, former civil servants or agents of the European institutions who are all equally dependant on the Joint Sickness Insurance Scheme (JSIS).

Consequently, the President of SEPS/SFPE mandated Lawyers Sébastien Orlandi and Thomas Martin, of 489 Avenue Louise, 1050 Brussels, Belgium, to associate our Association in this legal case and to take any further action required in the case in the name of the Association.

This legal case is centred on the overbilling in Luxemburg, but it is destined to apply to other countries of the Union.

4. Duty station services – call for more volunteers

It is necessary to strengthen the group of volunteers who man the duty station at Avenue des Nerviens, 105, Tuesdays and Thursdays or simply to answer the telephone for SEPS for a few hours.

Volunteers obviously need to be able to respond to the usual questions or to pass them on to someone who can reply (use of the Vade-Mecum part 3, the dossier on the health insurances, acquaintances and professional relations).

It is evident that whoever volunteers needs to be available as regularly as possible. Experience shows that it is difficult to readjust duty station times each time.

⁴ Francis Wattiau, President ff of AIACE International.

Currently (31.03.2018) the group is constituted by

1. Patrizia De Palma, Giustina Cano (Tuesday at Nerviens 105)
2. Helen James, Nadine Froment (Thursday at Nerviens 105)
3. Serge Crutzen, Nicole Caby, Anne Giovannelli (Tuesday at Juste Lipse at the Council)
4. Serge Crutzen on the phone continuously
5. Nadine Froment, Brigitte Pretzenacher, occasionally on the phone

In the event of illness, travel, other.... it is necessary to be able to reorganise duty station times. A call for volunteers was launched on 13 March during the Information meeting. This call is extended hereby via this Bulletin.

5. Membership dues

There are many of our members who forget to pay the annual subscription of €30 a year. The reason for this lies in the method for the payment of these dues: the date of the first inscription.

Reminders will be sent out after Easter but the decision has been taken to ask for the payment of the annual subscriptions to be made in January of each year.

The principle below will be applied so that no one who joined the Association in midyear feels cheated.

The membership of new members takes effect from the first payment of the dues and will be valid for the current year and also until 31 December of the following year.

The call for the payment of dues will therefore be sent to all members at the beginning of the year (at the same time as the Bulletin of December is sent out).

The first call on the basis this procedure will be launched in January 2019 and whoever becomes a member of the Association between January and December 2018 will only need to renew their dues in January 2020.

6. Agreement with the staff unions for collaboration and « joint affiliation »

This subject has been considered in the past, but no decision has ever been taken.

Two staff unions have revived the issue (Save Europe and FFPE Council of the EU). The hope is to collaborate with interested staff unions, who could help pensioners, who are members both of these

unions and of SEPS, which does not have access to all the information available to the staff unions. A joint affiliation by several interested persons, to their staff union and to SEPS, will become possible on the basis of the specific modalities of each situation (or Institution).

Given its rules and regulations, SEPS needs to make a valid offer to any staff union that expresses interest. Even though the decision has been taken in principle by the Administrative Board, the modalities still need to be defined in detail.

IV. Overbilling of Health care Services in Luxemburg, in the Netherlands and elsewhere

1. Letter to the Commissioner for Health (December 2016)

In October 2016 SEPS sent a letter to the Commissioner for Health, Mr Vytenis ANDRIUKAITIS, drawing his attention to the fact that several Member States do not respect directive 2011/24/EU “cross-border health care” which guarantees the non-discrimination between European citizens regarding the costs of health care.

“The Member States guarantee that the health care services apply, on their territory, the same scale of fees for health care to patients from other Member States as to their own national patients who suffer from a similar medical condition, or that they apply a cost calculated on the basis of objective and non discriminatory criteria, if there is no comparable cost for national patients.

This paragraph does not infringe provisions in the national legislation which authorise health care practitioners to fix their own fees, provided that they do not discriminate against patients of other Member States.”

The reply received on 21 December 2016 was not satisfactory and a second letter was sent on 29 January 2017, insisting on the need to eliminate any form of discrimination.

2. Reply from PMO (March 2017)

In the guise of a reply, it was Mrs Veronica Gaffey, Director of PMO, who wrote on 17 March 2017 to assure us that “PMO and its colleagues in DG HR are continuing to evaluate the situation in the Member States and will pursue, with the help of specialists in the field of coordination of social security schemes and of cross-border health care from DG Employment and DG Health to evaluate possible solutions.”

3. Petition in Luxemburg

In Luxemburg, DG Personnel launched a petition (5,205 petitioners) to demand the suppression of the agreement which allows a 15% surcharge to be applied to health care services to European civil servants and other agents of the European Institutions. This resulted in a discussion at the Luxemburg Parliament on 19 October 2017. 6 signatories of the petition were at the table at the Parliament, including Monique BRETON, our representative. The solutions proposed cannot really be applied: join the Caisse nationale de Santé (CNS). A concession has, however, been made: CNS will help to calculate the costs and control the surcharge.

In response to the promise of Mrs Gaffey and to the response from the Luxemburg Parliament, a technical commission has been set up in Luxemburg by PMO (Mrs Gerikaite) in the hope of undertaking a documented research into the real costs of health services in Luxemburg with the help of CNS. This is work in progress.

4. Participation of SEPS/SFPE in the court case T-737/17

In the meanwhile Francis Wattieu⁵, pensioner of the European Parliament in Luxemburg has launched a legal case against the overbilling which has been applied to him (Case N° T-7373/17).

This case should be supported by the pensioners' associations:

- AIACE is providing financial support
- The SEPS/SFPE Administrative Board has decided to take a more active part in this action by becoming a co-plaintiff (lawyer Orlandi – March 2018) (Cf III.3 above).

5. Letter to Commissioner Oettinger on the subject of overcharging in the Netherlands

At the beginning of March 2018, Commissioner Oettinger, in charge of staff and the budget, sent a letter to the Minister of Health, Wellbeing and Sport of the Netherlands asking that action be taken to resolve a recurrent difficulty faced by both active staff and pensioners of all the Institutions and Agencies of the Union, with respect to their access to health services and the tariffs which are applied to them, which are higher than those applied to insured nationals of the Netherlands for services delivered by the health services in the Netherlands.

The Commissioner recalls that the national legislation of the Member States should permit affiliates of the JSIS to have identical access to health services (recognition of the certificate of coverage issued by JSIS) at a non-discriminatory fee level compared to that applied to nationals. Consequently, any national practice contrary to the principle of non-discrimination would give rise to

⁵ President ff of AIACE International

a procedure for violation as provided for by Article 258 of the Treaty on the operations of the European Union.

We await the next steps!

V. Evolution of JSIS – Discussions at the CGAM

1. JSIS/CGAM Day on 24 January 2018 for the CSC at the Commission

The Central Staff Committee (CSC) of the Commission organised a day of discussion on the JSIS and its management committee, the CGAM.

The conclusions of the CSC are given hereafter:

“This day has produced the following results concerning the JSIS: request for a roundtable meeting CSC/HR/PMO to open a debate on the appropriate level to fix for the reserve, on the use to be made of the funds thus released, on the partial or larger opening of the DGE of 2007 in order to improve the level of reimbursement...”

With regard to the Committee itself, it is proposed that a minimal level of training be developed for those who are mandated to sit at the CSC and that the attention of the CPCP be drawn to the need for stricter discipline among the staff representatives, who should in future coordinate more closely among themselves and respect the common positions reached when it comes to voting.

These results have been officialised by the CSC during its plenary session of 25 and 26 January...their implementation will follow...”

2. Use of the financial reserve of the JSIS

The reserve of JSIS corresponds to several months of expenditure⁶.

The CGAM would like to prevent this reserve from being “borrowed” by the Commission’s budget, in the way this happened to the funds of our pension system.

The CGAM considers that this reserve could allow an improvement in certain chapters of JSIS, for example better coverage under the chapter on dependence (long term care). It could also allow for the “lifting” of certain reimbursement ceilings. It could allow for the application of the United Nations convention on the rights of handicapped persons.

PMO considers that the reserve should be divided into three parts:

- One part would provide an operating fund
- One part would be for risks, such as epidemics
- One part would be for the costs of dependence (long term care), which everyone agrees will increase substantially

⁶ Around €280 million

3. Dependence – increasingly important

The effective organisation of a system to cover dependence (long term care) is being discussed by the CGAM.

Various solutions had already been considered in 2003, among which the possibility of a chapter, separate from JSIS, funded by a supplementary contribution from affiliates.

The idea which dominates now is to improve the coverage of dependence and handicap in order to conform to the requirements of the United Nations convention on the rights of handicapped persons. This convention is legally covered by the EU laws, including in the statutory law.

It is true that expenditure will increase in the coming years. Bruno Fetelian, Head of Unit PMO3 – JSIS, expects this expenditure to reach €20 million a year for the chapter “Dependence” rising to €50 million a year within a few years. It is therefore necessary to imagine a contribution from the future pensioners and from current pensioners towards a strengthened system of dependence (intergenerational solidarity).

Monique Breton has offered an article on this subject (cf VI hereafter)

The questions that were considered by the CGAM:

- Should there be a dependence (long term care) insurance underwritten by an external insurer, as is the case for accidents?
- Should this chapter be managed internally within the JSIS?
- Should there be a supplementary contribution by the staff without a contribution from the Member States? (Maximum contribution to JSIS: 6% of salary)
- Should handicapped persons be treated separately from dependent persons?
- Should a ceiling be introduced for expenses in retirement and care homes?
- Should the income and the expenses of the affiliate be taken into account?

4. Profit from national systems?

Certain of the CGAM's conclusions invite affiliates to use the national systems. This is not foreseen in our basic regulations and the contribution to JSIS cannot be abandoned. However, PMO has established agreements with certain regions in Spain.

Whoever can maintain a minimum right to a pension in the country of his/her origin can have the right to access that national health system.

The possibility of transfers of national coverage from one country to another, as a function of residence, can provide the advantage of a wider coverage for dependence.

5. Preventive health care – revision of the programs

There have been many complaints from our retired colleagues who have voiced their discontent about the programs for preventive health care and how 'light weight' they have become.

During the last meetings of JSIS the question of revising the programs positively has been raised.

The new programs will concern adults only, not minors.

These programs will be improved and permit better individualisation. They will be based on the principle of anamnesis, that is, on the basis of the information provided to the doctor by the affiliate on his illnesses or hereditary risks. From there the evaluation of the potential risks is easier to make and the pertinent examinations are then undertaken. It will therefore be recommended that you visit your general practitioner (GP) to determine which are the most useful examinations to undertake and subsequently to discuss the results with him.

For active staff it is recommended to exploit all the possibilities offered in the context of work place health care.

It is foreseen to initiate negotiations to strike agreements with health centres in the main cities of posting. Those costing more than Brussels will then serve to fix the ceilings for excessiveness in the private domain. Equalising coefficients would be applied elsewhere than in Belgium. If an affiliate cannot find a centre cheaper than the reimbursable amounts, he could then send an estimate together with his request for prior authorisation and the Settlements Office may decide to grant derogation. Similarly, if examinations can be undertaken more cheaply for the price of a trip, the Settlements Office may be prepared to reimburse the costs of transport and accompaniment.

Ceilings for excessiveness are to be fixed for colonoscopy and mammography. For the part relating to anamnesis, the maximum to be reimbursed would be 2x the price of a basic consultation with a GP. Figures will be published so that affiliates know what to expect.

The preventive health care programmes will be subject to a prior authorisation procedure, which should prevent unpleasant surprises, since their cost will be covered 100%. In this way, if a price is not covered 100%, the affiliate will know that in advance.

The finalisation of this process is going to take another few months. If everything goes well, the new system should be in place and operating in autumn 2018.

6. Revision of the GIP (General Implementing Provisions - DGE)

The Staff Unions would like the GIP to be revised in order to improve reimbursement rates, to adapt ceilings to the evolution of prices so that the rates of 80%, 85% and 100% foreseen by Article 72 of the Staff Regulations can be respected. The financial freedom of PMO is however limited, even when using a part of the reserve. The idea is to first define the parts that the CGAM wants to revise and above all to avoid an open-ended revision which risks the opening of Pandora's Box.

VI. Thoughts on the coverage of Dependence

Monique Breton, member of the Administrative Board

The Association Seniors of the European Public Service is opening a debate on the coverage of dependence, a subject which preoccupies pensioners more than it does active staff. The necessary assistance is composed of a medical heading, to be covered by JSIS, and of a social heading to be covered by the institutions. Expenditure continues to increase because pensioners are becoming more numerous and their income is diminishing as a result of the modifications to the Staff Regulations since 2004. The surviving spouses will be even more exposed to the risk of poverty.

This situation leads to reviewing the model for the coverage of the costs relating to long term care. It is necessary to take into greater account the resources available to the person to provide for his/her needs. It would therefore be equitable, on the one hand, to improve the coverage of costs of persons with modest incomes, who would otherwise not be able to make ends meet and, on the other hand, reduce the level of assistance for the wealthier pensioners. It is not enough to refer just to the amount of the pension paid by the EU. It would be necessary to take into account the need for assistance on the basis of the level of dependence and the global economic situation of the person concerned - all his income and all his expenditure - in order to calculate how much he can contribute to the coverage of his own needs. Such a system exists in various Member States which offer a high level of social protection.

It is probably useful for active staff not to transfer the totality of their national pension rights to the EU pension scheme in order to retain, to the extent possible, the right to dependence coverage by their national health system.

In order to balance the finances, the system to be applied to EU pensioners must be defined by JSIS, the social security systems and the needs.

Discussion

The president of the CGAM has until now floated the idea of taking as reference the amount of the pension. This is not at all satisfactory. One needs to take the global situation of the person into consideration, all his income and all his obligatory expenses. Within obligatory expenses one takes account of any dependent persons, taxes, loans that need to be repaid, rents, costs relating to household maintenance, insurances, water, electricity, gas or other heating costs, the costs which are acknowledged within civil processes in France for the calculation of the true income available to someone. Simple reference to the pension would be highly disadvantageous to those whose career was made under the pre-2004 Staff Regulations. If a part of the costs relating to home nursing, home help, medical retirement homes, need to be covered by the pensioner, this cost needs to be limited to what the pensioner can effectively afford; this is not about making him bankrupt.

In the Nordic countries, children have no domestic obligation towards their parents. It should not be suggested that the income of the children be taken into account for the benefit of their old parents, otherwise according to the civil rights rules, sometimes the children need to contribute, sometimes not. This would be a factor of inequality and of complications.

However, it will be necessary to regularly repeat the recommendation to active staff not to transfer the totality of their national pension rights, so as to retain a right of access to their national social services. This is all the more important now that the free movement of economically non-active persons is going to improve. Within the pillar of fundamental rights, it is foreseen to facilitate access to social services in the country of residence. One should not expect to have full access, as those countries with a high level of social protection do not want to see hordes of poor people arriving from other EU countries, claiming generous social services. Civil servants and other active agents who have worked in several Member States of the EU are advised to retain pension rights in the countries where the social protection is the most extensive for older persons, particularly in a country which offers good coverage in the event of dependence. From this perspective it is not worth choosing the country which offers the best maternity insurance, the best unemployment benefits, the best invalidity coverage, as the person concerned will no longer need such benefits when he retires.

VII. Home nursing care after a surgical intervention

Annie Lovinfosse, member of the Administrative Board

Everywhere in Europe patients remain in hospital for shorter and shorter periods following treatment or a surgical intervention.

In Belgium (figures from INAMI and insurers) for the same treatment or the same intervention, the hospital stay is reduced on average by one day every five years. The financing of hospitals being based, among others, on the length of hospitalisation, the hospitals strive to reach this average or to remain under it, and send patients home as soon as possible.

The various political decisions taken in 2017 have catalysed this phenomenon, which has been followed up by legally constraining provisions⁷.

This premature return home implies more assistance and more expenses at the cost of the INAMI patient, but also for the JSIS affiliate resident in Belgium and de facto subject to the Belgian hospital provisions.

Seen from the point of view of the government, the shortening of hospitalisation represents only advantages: lower costs per patient on the Belgian health care system. For the hospital, the

⁷ Loi coordonnée sur les hôpitaux et autres établissements de soin, M.B. modif. 03.04.2017, 22.05.2017, 28.07.2017

statistics on nosocomial illnesses are reduced, any such illness developed by the patient on his return home is not counted as a nosocomial illness; still for the hospital, to the extent that a portion of the insured hospitalisation is paid by the patient himself, the financial risk is reduced in line with the reduced hospital stay.

On his return home, the patient needs to call on a company offering nursing care at home. This can work if the care offered carries the same guarantees as the services formerly supplied by the hospital.

However, experience shows, and several affiliates bear witness to this, what happens when the patient, with his prescription in hand is left to himself and comes across a team which

- Disputes the prescription of the surgeon and refuses to act on it? (“I am going to do as I have always done in cases like this and not what is written”);
- Disputes the new Belgian law on the monitoring of services? (“I am not going to take a photo of your ID card, I haven’t got a mobile phone”);
- Does not appear at the appointed time/day: how does a sick patient then get his daily injection?
- Disputes the services he is supposed to offer in Belgium, when he is a graduate from another Member State. (“I am a nurse, not a health care worker. In Belgium nurses have to do the same work as health care workers and I do not agree with that”)

Without taking account, for example, of 13 days of prescribed treatment, during which time 11 different nurses turn up, of which, within the space of one day, one gave notice and three were beginners.

The aim is not to stigmatise professionals who may be overworked, sometimes not so well paid, often subject to the weight of a hierarchy and work which is beyond them – or in a precarious work organisation.

It is only necessary, for the JSIS EU affiliate, to limit the risks to his health.

It is therefore important to call on a team of professional nurses who offer all the necessary guarantees. If not, in the absence of timely foresight, the problems begin to pile up. Certain hospitals, aware of this problem, have put in place a system of “home hospitalisation”, which offers a wide range of care services. However, most often, the post-operative prescription contains only one or several of the following care needs: treatment of wounds, renewal of bandages, blood test, antibiotic therapy by injection, injections.

The Head of JSIS, Alexandre Jacobs, told us at the General Assembly that the EU’s JSIS could not make publicity for health care services. Impeccable deontology. The Secretariat of SEPS/SFPE may be able to help you instead.

VIII. Multi-annual Financial Framework (MFF) and pensions

Follow-up to articles in the Bulletins of June, October and December 2017

The Bulletins of April 2016, June 2017, October 2017 and December 2017 have already warned us about the possible revision, in the not too distant future, of our pension scheme.

Article 83 of the Staff Regulations guarantees our pensions⁸ as a debt to the Member States. The system is based on a notional fund recalculated and updated every year.

As this debt forms part of the EU's budget, its burden is shared between the 28 Member States, through their respective contributions to the budget.

On 01.01.2017, the notional fund for our pensions was calculated to stand at more than €67 billion.

A new element needs to be considered in the already lengthy list of 'disruptive elements' linked to the recognition and the stability of our pensions system: the preparations relating to the next Multi-annual Financial Framework (MFF).

Discussions on the MFF for the Union for the next 7 years after 2020 have already been started, with Brexit as background, which will deprive the Union of a substantial part of the budget.

Savings will therefore be proposed and certain Member States have already communicated their proposals, in particular the Netherlands:

“Administrative expenditures cannot be exempted from budget adjustment. In order to control expenditures, the Netherlands calls upon the Commission to propose reforms, including reforms in the EU pension system. Measures should apply to all EU staff, including transition regimes.”

Commissioner Oettinger informed staff representatives that he expected to have the Multi-annual Financial Framework approved as from 2019.

During the structured meeting which was held on 19 December 2017 with all the staff union representatives, Commissioner Oettinger indicated that he wishes to see the staff unions again soon to discuss the next MFF. To this end he invited the staff representatives to communicate their suggestions on the MFF to the administration, with particular attention to chapter 5 “Administration”.

⁸ Art 83: The payment of remuneration foreseen by the present system of pensions constitutes a charge to the budget. The Member States collectively guarantee the payment of this remuneration in accordance with the weightings fixed for the financing of the Union budget.

During the meeting on 27 March 2018 with all the staff union representatives, Commissioner Oettinger spoke about BREXIT, MFF and new framework contract with the unions ...

About MFF, Unions report that he expressed again his wish to limit any reduction of chapter 5 but that he could be obliged, at the end, to accept a small reduction of, for example, 1 or 2 %. They also stress the fact that he refused to speak on pensions.

It is therefore necessary to continue to defend our acquired rights.

The staff unions should profit of the calm before the storm to put in place an effective framework for an inter-institutional social dialogue, worthy of its name, before the start of negotiations.

IX. Important information

The majority of these items of information of the Bulletin are based on the experiences of members of SEPS/SFPE who man the permanent telephone line.

The requests for assistance justify the transcription into the Bulletin and into the Vade Mecum of several texts taken from My IntraComm, knowing that many members consult My IntraComm infrequently or no longer.

This information is adapted by SEPS/SFPE to the situation of members of the association, who often prefer to receive a document through the post rather than having to search for it on the internet.

This information may also replicate information already provided in previous SEPS/SFPE Bulletins. It is however important to insist on some rules and regulations and to remind members of them.

1. Countries outside the EU and the refusal of PMO to accept direct billing

Several cases which have been reported to us by colleagues, demonstrate that in countries outside of the EU, where medical care is expensive (e.g. Switzerland) the reimbursements from JSIS can indeed be below 50%, as is foreseen by the regulations.

In countries outside the EU (e.g. Switzerland), where medical care is expensive, PMO does not deliver direct billing authorisations for hospitalisation except in urgent and well justified cases. The colleague who needs to be hospitalised has to advance the down payment and pay the bill at the end, both of which can be very costly.

It is therefore once again important to emphasise the need to obtain assistance insurance (e.g. Europe Assistance) for urgencies, on the spot treatment, repatriation to another country than that of your residence especially if this is to a country outside the EU where medical care is expensive.

Reference: Article 21 of the JSIS (2005) Special rules for reimbursement of treatment outside the EU

1. *Expenses incurred in a country outside the European Union where costs are particularly high, are subject to a reduction by the application of an average reimbursement coefficient which permits the amount to be reimbursed to be compared to the average costs applied in EU countries.*

This regulation is strictly applied since 1 January 2015.

2. Pensioners and coverage of accidents in private life

a. Coverage of medical costs following an accident

The rules of the Joint Sickness Insurance Scheme (JSIS) covers beneficiaries for medical costs relating to illness, to ACCIDENT or to maternity, including the payment of a forfeit amount for funerary costs.

Beneficiaries are the affiliates, i.e. permanent officials, temporary agents, contractual agents, PENSIONERS or beneficiaries of an end of work allocation and in certain cases members of the institutions and persons who are insured through them.

Pensioners are therefore duly covered by JSIS (within the limit of 80/85%) for accidents in private life.

b. Complementary insurance for expenses relating to an accident

Complementary health insurances to JSIS cover accidents as well as illness according to the rules fixed by the general conditions (hospitalisation only, if the complementary insurance is for hospitalisation!)

Hospi Safe

(Affiliatys – Cigna) covers hospitalisation and corollary health care (to reach 100%)

Hospi Safe Plus

(Affiliatys – Cigna) covers hospitalisation and day patient care (to reach 100% or close to 100%)

Gros Risques and Accidents

(AIACE – Cigna) covers hospitalisation and corollary health care (to reach 100%)

EuroSanté Tranquillité

(US - Allianz Care) covers hospitalisation and corollary health care (to reach 100%)

EuroSanté Optimum

(US – Allianz Care) covers hospitalisation and day patient care (to reach 100% or close to 100%)

DKV Lux

(FFPE – LALUX) covers hospitalisation and day patient care (max 20% of the bill)

EU Health

(Foyer Global Health Lux) covers hospitalisation and day patient care (max 20% of the bill)

EUROSANTE+

(R&D – Santalia) covers hospitalisation and day patient care (max 20% of the bill)

EUCARE+

(FFPE – Santalia) covers hospitalisation and day patient care (max 20% of the bill)

ELP Gold EU

(FFPE – Expat & Co) covers hospitalisation and day patient care (to reach 100%)

c. Capital in case of death or permanent invalidity following an accident

The specific insurance “Accident” (AIACE – Cigna) covers, in complementarity to JSIS, hospitalisation and day patient care (to reach 100%) and in addition, provides cover in the event of death or invalidity with a capital, determined in advance as a function of the insured’s pension. This insurance therefore replaces Article 73 of the Staff Regulations, which concerns active staff only.

NB: the limits and the ceilings set by JSIS and the insurances are not taken into account in this summary.

3. SYSPER Pensions

Currently, 12,000 pensioners out of 24,000 have an EU Login account (they do not necessarily use it regularly).

A “Front Office (FO) of SYSPER Pensions has opened experimentally and progressively, as a function of the deadline for the two-yearly declaration. In this way the first 410 persons whose deadline for their proof of life was in December 2017 were chosen for the launch of this Front Office.

With the proof of life declarations for January and February 2018 a total of 1,183 pensioners received access to SYSPER Pensions.

A personal communication from the Director of PMO was sent by e-mail to inform the pensioners concerned of the opening of their access.

The access to SYSPER Pensions can only be granted to the pensioner who has an EU Login account: this is accomplished via My Remote (<https://myremote.ec.europa.eu/>), which is the new

point of entry to all the applications accessible to pensioners: SYSPER Pensions, JSIS on-line, My IntraComm⁹.

When a new declaration of life is established, SYSPER Pensions sends a notification to the e-mail address of the pensioner concerned.

Pensioners who have access to FO have the possibility to consult their pension pay slips for the year 2017 (earlier years are not available on-line). A notification is sent to the e-mail address of the pensioner as soon as his pension pay slip is available on FO.

All pensioners will continue to receive the proof of life declaration and the pension pay slip in paper form.

In due course, Front Office of SYSPER Pensions will permit pensioners to opt for the electronic version only.

PMO requires only one version of the bi-annual declaration, either the paper or the electronic form.

A further module, currently being developed, will allow pensioners to print fiscal attestations. Pensioners will be able to download and print the same version of the certificate which is sent in paper form. They will also be able to generate the certificate relating to the country of taxation, in the language of choice, with or without mention of amounts,

The fiscal attestations have been sent out in paper form to all pensioners.

How to access SYSPER Pensions

You can access SYSPER Pensions if you have an external EU Login account by connecting via the link <https://myremote.ec.europa.eu>, then clicking on "I have a private device" and proceeding as for JSIS on-line or My IntraComm.

4. Training in informatics

- a. SEPS has organised training for the use of simple informatics tools**, such as tablets or smartphones so as to remain in contact, to be well informed, to overcome solitude, to access My IntraComm, to request reimbursement of medical expenses on-line,...

This training is provided by Mrs Edith GUETTA "Easy Seniors – Digital at the service of seniors". Contact:

- By telephone: Edith GUETTA 0487 63 16 45 or
- By e-mail: easy.seniors@gmail.com or edith.guetta@gmail.com

⁹ WARNING: Currently, access to JSIS on-line requires double identification so as to better protect your medical data. We are working on a more straight forward solution, which is equally effective. You will be the first to be informed when the new connection procedure is operational.

- Price per group: €30 for 2 hours of training
- Price per private lesson: €60 for 2 hours training

Those who are interested should contact Mrs GUETTA to find out what they would like to learn, their level of knowledge and the informatics instruments they would like to work with.

b. Mrs Guetta will leave Belgium in June 2018

SEPS/SFPE will, well before that date, propose an alternative solution for the future.

5. Public procurement by Afiliatys

The framework contract which governs the insurance policy Hospi Safe (Cigna-Allianz BE) ends on 31.12.2019.

A public procurement procedure was launched by Afiliatys at the end of February in order to ensure the continuation of this complementary health insurance, Hospi Safe, for the 22,900 present subscribers.

The closure of the procedure will take place mid-April. The group “Insurances” of Afiliatys will analyse the offers in May 2018 to allow the Governing Board to take a decision which will be proposed to the General Assembly of Afiliatys this summer.

Until end 2019 the insurance ‘Hospi Safe’ in its current form remains in force:

<https://www.eurprivileges.com/en/hospitalisation-active-staff>

6. Potential benefit in maintaining a link with one’s national social security system

It is recommended that active staff be made aware of the interest there may be in maintaining pension rights within a national system in order to obtain, after retirement, access to cover by the national health care system and thereby a European health insurance card. Countries with a high level of social protection have put in place a system intended for persons who are no longer independent. Through a system of transfer to the social protection in the country of residence, a beneficiary of a national retirement or invalidity pension can access a better level of protection than that from the country from which he/she derives his/her pension.

Do not transfer all your national pension rights in order to retain a right to national social security.

This is all the more important as the free movement of persons no longer economically active is expected to improve.

Within the framework of fundamental rights, it is foreseen that access to social services within the country of residence will be facilitated.

NB: Importance to obtain a national pension in addition to an EU pension (cf point 11 hereafter)

7. Creative and relaxation workshop

Do you like knitting, crochet, drawing, mandala, painting, card games or other society games?

Do you want to share moments with active or retired colleagues?

No prior registration is necessary. Just do not forget to take along your pensioner's laissez-passer.

For more information: HG-AMC-CS11-FIT-AT-WORK@ec.europa.eu

8. Leisure library of the European Commission

The leisure library of the European Commission is pleased to present its 20,000 books (fiction, biographies, essays, reports, ...)

In French, English, German, Dutch, Italian, Spanish, Portuguese, Polish,...

Where? VM 18 REZ 00/23 (rue Van Maerlant 18)

When? Every Tuesday, Thursday and Friday from 13h00 to 14h00
Every Wednesday from 17h30 – 18h30

Site: <http://www.bib-loisirs-ec.blogspot.be>

Subscription: €35 a year and you can take 3 books for 3 weeks

Every month new arrivals are displayed. The on-line catalogues can be consulted at the above mentioned website.

9. Contribution to the SEPS/SFPE Bulletin

Every member of SEPS is invited to contribute to the Bulletin, either in the form of an article or of a commentary to be published (on condition of approval by the Editorial committee)

10. Reminder: PMO – Welcome office

The opening hours of the Welcome office of PMO at MERO (41 avenue de Tervuren, 1040 Brussels) have changed as from 3 January 2018:

Monday – Friday: 09h30 to 13h00

Do not forget that SEPS/SFPE can help you solve certain problems.

11. Non transfer of pension rights – Reminder

Accumulation of a Community pension with a national pension – Reminder

I would like to draw the attention of members to my article on the same subject, which have appeared in earlier versions of our Bulletin.

European officials who have not transferred their pension rights to the Community system and who benefit from a Community pension, can now introduce a request for a pension for the years they have spent working for a national employer.

This is also valid for those who may already have introduced such a request, but who have so far been denied a pension.

I remain available for all those who need guidance in their approach to this issue.

Hendrik SMETS
Vice-President in charge of legal matters

X. Annexes

Annexe 1

Letter from Commissioner Oettinger to the Health Minister of the Netherlands - Overbilling of medical care in the Netherlands.

See Annex 1 of the French version overleaf.

Annexe 2

In memoriam

<i>Nom, Prénom</i>	<i>Date de naissance</i>	<i>Date de décès</i>	<i>Institution</i>
PETERSEN Astrid	06-10-26	02-10-17	COM
HEBEL Wolfgang	20-06-34	11-11-17	COM
BROODCOORENS Yvan	25-09-27	14-11-17	COM
LEMMER-BECK Maria	22-12-30	10-12-17	PE
KUEHL Marlis	31-07-39	14-12-17	COM
O'DORCHAI Cianan	21-06-32	16-12-17	CM
SCHUMANN Louise	18-11-22	17-12-17	COM
BEUSSE Heidemarie	14-03-48	17-12-17	COM
DE CALMER Nicholas	14-09-72	18-12-17	ECA
TIELEMAN Henri	30-03-29	21-12-17	COM
LIDL Marie Armelle	10-10-38	21-12-17	COM

BAUT Pierre	24-08-55	23-12-17	COM
CARTER Roy	27-08-39	24-12-17	PE
THON Werner	22-04-35	25-12-17	COM
LE FLECHER Joseph	17-08-32	26-12-17	COM
LETSCHER Rosemarie	29-12-43	27-12-17	CJ
MORGAN Thomas	15-06-26	27-12-17	COM
ORLANDO Damiano	19-04-50	27-12-17	COM
VAN LEDE Koenraad	17-02-42	29-12-17	COM
ALEXIOU Stephanos	04-03-50	31-12-17	PE
STIVALA Gildo	26-12-30	01-01-18	COM
WINTRINGER Albert	05-04-36	01-01-18	COM
KINDERMANN Friedrich	08-02-34	02-01-18	COM
GRANDIS Valentino	03-04-28	04-01-18	COM
PETERS Eddy	26-06-52	05-01-18	COM
LAUREN Maria	01-12-69	05-01-18	TRA
SUTHERLAND Peter	25-04-46	07-01-18	COM
BOIGELOT Julia Candida	04-08-30	10-01-18	COM
LIBOR Henri	11-07-40	10-01-18	COM
NIED Veit	21-09-36	10-01-18	COM
LOPEZ PENA Antonio	16-11-48	10-01-18	COM
PIUNNO Giovanni	08-03-48	11-01-18	COM
ANDERLINI Mirella	26-09-42	13-01-18	COM
CORYN Robert	28-01-30	15-01-18	CM
RAVASINI Marcelle	22-03-27	17-01-18	PE
BROVELLI Luciano	01-07-26	17-01-18	COM
LANGE Roberto	25-05-42	17-01-18	CM
GUILLEME LOPEZ Jose Antonio	10-05-47	17-01-18	COM
SCHNEIDER Rudolf	25-03-29	18-01-18	COM
GOUTHIER Hannelore	13-05-42	18-01-18	COM
THYS Andree	09-01-47	19-01-18	CM
UHLE Steffen	04-07-66	21-01-18	PE
DEVOILLE Marie-Madeleine	31-12-44	22-01-18	PE
HOUYET-LE CREFF Yvette	23-01-32	23-01-18	COM
BOYADIJAN Brigitte	18-12-59	23-01-18	CJ
SABATTIER Jeannine	28-01-27	25-01-18	COM

DUPONT Christiane	20-04-28	24-08-17	COM
KRISTIANSEN Palle	30-06-43	02-11-17	PE
BOULLET Jean-Jacques	23-09-35	11-01-18	COM
CARO Ineke	04-04-29	17-01-18	COM
FELSENHART Jean-Pierre	09-11-25	19-01-18	CM
GEERS Renate	27-12-54	22-01-18	COM
PATERON Marie-France	30-10-45	23-01-18	CM
COMINI Giovanni	02-01-36	26-01-18	PE

HILBERT Nicolas	01-05-48	26-01-18	PE
GENOLINI Archimede	14-02-31	28-01-18	COM
VAN AKEN Charles	12-12-22	28-01-18	COM
WENGLER Marie-Rose	11-12-38	28-01-18	CES
VOSSEN Helga	17-02-37	29-01-18	COM
HAMER Wilhelmina	30-12-34	29-01-18	COM
VAN HECKE Marc	11-03-48	29-01-18	COM
CAMPAGNARI Francesco	13-02-27	01-02-18	COM
FIEBELMANN Peter	28-10-34	03-02-18	COM
MINK VAN DER MOLEN Jeanne	09-08-29	05-02-18	COM
NELISSEN Paul	07-07-31	05-02-18	COM
PIZZUTI Adolfo	08-12-21	08-02-18	COM
CHEVALLARD Giancarlo	14-02-43	08-02-18	COM
BYK Daniel	08-07-48	08-02-18	COM
WULFF Gisela	13-07-32	09-02-18	CM
TURNER Nigel	25-08-33	09-02-18	PE
NARDI Abele	22-06-26	10-02-18	COM
ZILLI Romain	28-11-40	10-02-18	COM
GRETER Baerbel	17-11-40	10-02-18	PE
KRAHL Ute	11-07-51	10-02-18	COM
VERREPT Paul	20-06-46	11-02-18	COM
VAN MILTENBURG Wilhemus	04-10-28	12-02-18	PE
MATHIEU François	27-04-33	12-02-18	COM
POTMA Johannes	18-04-37	12-02-18	COM
MATHOLET Nicole	29-01-60	13-02-18	COM
ROUILLON Claudette	27-10-39	14-02-18	PE
ESSER Helga	06-12-34	16-02-18	COM
PLANCHAR Robert	08-02-31	16-02-18	COM
FIGUERAS CLARIANA Francisco	10-02-39	16-02-18	COM
KUTSCHER Hans	24-05-28	19-02-18	COM
PRESSER Eva	22-01-31	19-02-18	COM
CONTI Flavio	20-02-39	19-02-18	COM
FILLING Louise	05-08-62	20-02-18	CC
DEVOS Berthe	23-02-39	23-02-18	COM
VILLERS-SUBRENAT Edith	19-09-21	23-12-17	PE
PETERSEN Ib	04-05-38	25-01-18	COM
BECKER Camille	13-04-35	25-01-18	COM
VEENSTRA Rosemarie	18-06-40	06-02-18	COM
UIJLENBROEK Bernardus	10-12-32	18-02-18	COM
WEBER Fernand	30-11-50	19-02-18	PE
BUCHALA Ursula	04-01-41	20-02-18	CM
VARELLI Carlo	31-01-33	22-02-18	COM
MARRIOTT John	28-01-37	26-02-18	COM
FLAMENT Gerda	08-06-56	26-02-18	CES
VLEMINCKX Josée	07-03-34	26-02-18	COM

MANSITO CABALLERO Fernando	27-03-46	27-02-18	COM
SOMMERSCHIED Per	28-09-56	27-02-18	EAS
STEEMERS Theo	19-11-30	28-02-18	COM
STEFANELLI Emilia	31-08-20	01-03-18	COM
RIPA DI MEANA Carlo	15-08-29	02-03-18	COM
PEREZ Evaristo	18-06-27	02-03-18	COM
LALLEMAND Jacqueline	13-12-31	03-03-18	COM
GODAERT Jacques	22-05-35	05-03-18	COM
RUBINLICHT Anny	29-10-32	05-03-18	COM
MACDONALD Neil	07-06-53	05-03-18	COM
WURFT Axel	26-06-42	06-03-18	PE
DE FAYS Philippe	04-01-52	06-03-18	COM
VIGNOUL Servais	10-03-34	07-03-18	PE
ALMQVIST Lennart	19-03-46	08-03-18	REC
HITZ Irmtraud	14-04-36	09-03-18	COM
HEIBERG Beth	11-12-55	09-03-18	CJ
VAN DER STRICHT Etienne	03-09-31	12-03-18	COM
KUEPPERS Ursula	02-11-24	12-03-18	COM
MICHAELIS Hans	29-11-35	12-03-18	PE
LE BOURGEOIS Catherine	11-05-20	13-03-18	COM
LEZZOLI Licione	01-04-40	13-03-18	COM
HORNUNG Helga	10-01-39	13-03-18	CM
TAGALAKI Despina Fotini	13-03-58	13-03-18	COM
NEGRONI Anna	08-02-45	13-03-18	CM
KEIL Helga	20-07-40	14-03-18	COM
CHARRAULT Jean-Claude	07-03-32	15-03-18	COM
HUTSCHENREUTER Irma	29-10-54	15-03-18	CJ
HAASS Jean-Pierre	08-03-47	15-03-18	COM
DE DAPPER Raphael	17-07-27	16-03-18	PE
VATTANI Alessandro	19-09-40	16-03-18	COM
MELLORS Christiane	10-02-39	16-03-18	COM
RITTWEGER Eva	17-12-27	17-03-18	COM
TSOUYOPOULOS George	11-10-30	18-03-18	COM
RICHARD Ivor	30-05-32	18-03-18	COM
ZOEFTING-LARSEN Niels	29-08-25	19-03-18	COM
RUIZ-TOMAS PARAJON Francisco Javier	07-01-57	19-03-18	COM
FRILLIER François	09-03-49	20-03-18	PE
GENETTE Raymond	07-09-27	21-03-18	COM
GRECO Mario	08-09-39	25-03-18	COM

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GSM: +32 (0)475 472470

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