

# Bulletin

**Information bulletin for members of the Association**

**October 2019**

## **SEPS secretariat can be reached**

**by telephone: +32 475 472 470**

Please leave a message if you have no answer

or by internet: [info@sfpe-seps.be](mailto:info@sfpe-seps.be) [www.sfpe-seps.be](http://www.sfpe-seps.be)

***Version française au verso***

**14.11.2019**  
NM/52/1921 EN

## **SEPS Administrative Board**

President	Serge Crutzen
Vice-president	Brigitte Pretzenbacher (active staff)
Vice-president	Hendrik Smets (legal affairs)
Vice-president	Philippe Bioul (health)
Luxemburg section	Jean-Louis Cougnon
Treasurer and Members management	Marc Maes
Secretary	Nicole Caby
Members:	Pierre-Philippe Bacri ; Monique Breton; Giustina Canu; Jean-Marie Cousin; Patrizia De Palma; GinaDricot; Helen James; Annie Lovinfosse; Antonio Pinto Ferreira; Rosalyn Tanguy.

### **Bulletin editorial team**

Nicole Caby; Serge Crutzen; Annie Lovinfosse; Brigitte Pretzenbacher; Hendrik Smets; Yasmin Soezen; Rosalyn Tanguy

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

## **Membership fee : 30 €**

**It is requested in January and no longer on the anniversary date of SEPS / SFPE membership**

**However, new members who have registered after June 30, 2019 by paying the membership fee, must not pay a new fee for the year 2020. The next payment must only be made in January 2021.**

**Bank account : IBAN: BE 37 3630 5079 7728  
BIC: BBRUBEBB**

## **Changes of address**

Many members forget to inform us of their change of postal address. A telephone call to +32 (0)2 475 472 470, or e-mail or note to our secretariat would avoid several weeks' gap in receiving news.

---

**SEPS/SFPE**, 175 rue de la Loi, bureau JL 02 40 CG39, BE-1048 Bruxelles  
105, avenue des Nerviens, bureau N105 00/010, BE-1049 Bruxelles  
**Tel : +32 475 472470** ASBL N°: 806 839 565  
Email : [info@sfpe-seps.be](mailto:info@sfpe-seps.be) .Web : [www.sfpe-seps.be](http://www.sfpe-seps.be)

## **General Data Protection Regulations (GDPR).**

Dear Member

We take the protection of personal information very seriously and we commit ourselves to respect the General Regulation on the Protection of Data (GRPD).

Our contact information is used exclusively to ensure our responsibility towards you, as a member, for frank and transparent information on the activities of the Association and the decisions taken by the Administrative Board.

The information you have confided to us is used entirely for internal purposes; it is not made available to third parties (PMO, DG HR, ...) without your express permission.

The Association commits itself to protect this information against any form of dissemination and not to make it available to anyone, except where obliged to under the law or when undertaking an act at your request, within the limits of the social objectives of the Association.

Of course, you can access, rectify or delete this information at any time. You may object to the use of your information and have the right to withdraw your consent at any time by sending us an e-mail or a request by post.

Serge Crutzen  
For the SEPS/SFPE Management

## **General Assembly and Information Meeting**

*Location :Au Repos des Chasseurs\*\**

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

**Tuesday 5 December 2019**

On the basis of the traditional programme, from 10h30 to 16h30

- ✓ SEPS/SFPE General meeting (2020 Budget proposal)
- ✓ Election of the 2020-22 Management Board – Call for candidates
- ✓ Information about SEPS/SFPE
- ✓ Christmas lunch
- ✓ Pensions and Multiannual Financial Framework (MFF 2021-27)
- ✓ Health insurance – JSIS GIPs Evolution
- ✓ Problems encountered by members
- ✓ Questions

Do not forget to contact the Secretariat

- ✓ **To make a reservation for lunch and choose your lunch**
- ✓ **To indicate the number of persons who are accompanying you**

Financial contribution: €35 per person

**Payment should ideally be made to the ING account of SEPS**

IBAN: BE37 3630 5079 7728 BIC: BBRUBEBB

(Participants can also pay on the spot, well before 10h30, please)

# Table of Contents

	Page
I. Letter of the editor	4
II. Elections for the AB 2020-2022, call for candidates	5
III. MFF 2021-2027 and our pension scheme	6
IV. JSIS – revision of the 2007 General Implementation Provisions	7
V. Discussions on the recognition of serious illnesses	9
VI. LIFE BADGE	11
VII. Important information	
1. Adaptation of salaries and of the contribution rates to the pension	14
2. Afiliatys, the affinity club of the European Institutions	15
3. Too much confusion relating to the complementary health insurances	16
4. Declaration of Allianz Care	17
5. The end of all social contributions for those who are not subject to the French social security system	18
6. How to contact the PMO services and the social services	20
VIII. Annexes	
Annex 1 Some provisions from the electoral regulations	21
Annex 2 Preventive health care	21
Annex 3 In memriam	25
Annex 4 Order form for useful documents	27
Annex 5 Application form	29
Annex 6 Standing order form	31

## **I. Letter from the Editor**

There is a subject which our Bulletin cannot ignore: climate change

Even if certain experts of our generation are “climate sceptics” it is necessary to adhere to the majority. We must understand the challenges and evaluate the measures put forward. Our duty is to back the solutions proposed with our children’s and our grand children’s needs in mind. Our familiarity with consensus, negotiations, and dialogue should enable us to discern which proposals and actions are motivated primarily by the financial interests of some rather than the search for economically acceptable solutions viable for the long term.

We must be ready to participate at discussions concerning the reduction of greenhouse gases. However, it is appropriate to protect our well-being even whilst accepting that this notion may need to be adjusted in the future.

We must understand the problem, be aware of the differences between the energy systems available: it is not possible to talk about the rationalisation of transportation and the production of electricity in the same way. We should not mix up pollution and climate change. We must be informed in order to be able to make a judgement and participate in the decisions.

We must be aware that within the EU, about one quarter of the greenhouse gas emissions emanate from transport in general, another quarter comes from manufacturing, construction and

heating... a third quarter derives from the production of energy in general and of electricity in particular. It is not enough to look at just one of these sources. Thinking that the measures taken within the framework of transport are also applicable to the production of energy is wrong. Saying that one could reduce consumption by 30% may be acceptable within the context of construction, in certain industries, but probably not in the context of future electricity requirements given that electricity is being proposed to combat pollution! It is optimistic to believe that all future needs for electricity can be provided by wind turbines or by solar panels, given that these systems make us dependent on climatic conditions! Indeed it is clear that increasing the production capacity of un-channelled energy does not enable the reduction of channelled energy production! Or then there would be the need for gigantic energy stocking systems.

SEPS/SFPE organises four information meetings per year. Every one of these meetings puts the accent on the defence of our acquired social rights: pensions and health insurance. It is becoming increasingly necessary to find a little time to talk about subjects relating to the major preoccupations of the moment: those generated by climate change. We need to be capable of understanding the technical and political positions which are or will be expressed so as to be in a position to influence the decisions which will be taken.

Serge Crutzen

## **II. Elections for the Administrative Board** **2020-2022.**

### **Call for candidate administrators.** Annex 1

The SEPS / SFPE Convention stipulate that the Administrative Board be renewed every 3 years.

The elections for this renewal of the AB will be launched on 5 December 2019 (General Assembly) and will end on 31 January 2020 in order to inaugurate the new AB by 13 February 2020.

A call for candidates was launched during the General Assembly of 6 June 2019 and during the information meeting of 10 October 2019.

It is necessary to find candidates who are genuinely available to lead SEPS/SFPE.

**Being a member of the AB requires a real commitment as stipulated in our regulations (Art. 15).**

The elections for the renewal of this Board will be launched on 5 December 2019 (General Meeting) and will end on 31 January 2020 so that the new Board can be called on February 13, 2020.

***All paid-up members of the Association, who have been members for at least one year by 5 December 2019, can become a candidate (Exceptions are possible if decided by the AB). Simply send a note of motivation, a brief CV and a photo to the Secretariat by 5 December at the latest (limit of 1 A4 page, including photo).***

By end December 2019 or early January 2020 all members will receive an envelope containing:

- Voting slip (giving the names of the candidates)
- The voting instructions
- The note of motivation, CV and photo of each candidate
- A white envelope and a brown envelope addressed to SEPS/SFPE

Voting by post, internal mail or by internet will be possible, or by dropping off the envelopes at the offices of SEPS/SFPE at Avenue des Nerviens 10 (Mondays, Tuesdays and Thursdays).

The Administrative Board hopes that several members will volunteer to become administrators and that a significant proportion of members will take the time to vote.

### **III. Our pensions scheme and the MFF**

#### Discussions of 10 October 2019 during the SEPS information meeting

The Bulletins of June 2018 and October 2018 explained that Chapter VII (European Public Administration) of the MFF (Multi-annual Financial Framework 2021-2027) has been presented with a footnote (note 18) which has been the subject of several discussions. A reminder was made in the December 2018 Bulletin:

“In the context of the mid-term review of the Multi-annual Financial Framework in 2023, the Commission plans to undertake a study on the feasibility of creating a pension fund for EU staff through market capitalization.”

Article 83 of the Staff Regulations and Annex XII define the notion of a notional pension fund which is guaranteed by a debt of the Member States. To constitute a real capitalised pension fund would imply that the €80.4 billion of this notional fund would become material. An amount of this magnitude is probably best guaranteed by a debt of the Member States (Art. 83 of the Staff Regulations) rather than by the financial markets.

The representatives of active and retired staff all agree that the current system needs to be preserved.

During the negotiations concerning the Multi-annual Financial Framework, several Member States asked for savings. Five Member States already made this known in 2013, during the signature of the new Staff Regulations of 2014. The Netherlands, Austria and France have already written to the Council on this matter. CoRePer has asked the Commission to foresee a reduction in the pension budget. The most explicit request has come from France in October 2019:

*“France supports measures to generate savings such as the adoption of a new ceiling to reduce the overall staff levels, a targeted review of the Staff Regulations to guarantee the sustainability of the pensions system, to revise the automatic salary adjustments and to modernise the allocations system, promotions or even the modernisation of the tax system for European civil servants”.*

**However, we have paid for our pensions and the pensions system has been declared to be “in balance” by the Member States. The five-yearly report approved by the Council and the Parliament confirms this:**

*“Since its introduction in 2014, Annex XI of the Staff Regulations and its Article 66.2 has been successfully implemented by the Commission. The Method for up-dating salaries and pensions, which has been defined therein by the European Parliament and the Council, has proven its efficiency and effectiveness over the five year annual cycle since its implementation (2014-2018). The method has attained its objectives and has lain to rest the inter-institutional tensions and the court cases of the past.”*

During meetings between the staff unions and Commissioner Oettinger, this subject of “savings on pensions” was raised in the margins of discussions on the points of the agenda.

- √ It appears that the Commission considers that it will have to respond to the demands of the Member States: propose savings on pensions.
- √ The proposal for the creation of a real capitalised pension fund would be considered for the future, without changing the notional pension fund which concerns present pensions and the pensions to come for the currently active staff. This fund would be financed by Chapter VII of the Multi-annual Financial Framework.
- √ The Commission is not thinking of touching the acquired rights since the legal system has always respected acquired rights.
- √ Pensions form part of the attractiveness (already reduced) of the European Civil Service.

**It will be necessary for the representatives of pensioners, on the occasion of the social dialogue meetings which will certainly be organised during 2020, to strongly defend our system and our notional pension fund, which on 31.12.2018 was calculated to stand at €80.479 billion.**

However, considering the tracts of the staff union “Generation 2004” we can fear the worst: a scission within the work force!

This staff union complains to Commissioner Oettinger that “...a large number of our pensioners, the majority of whom have been recruited before 2004, are receiving pensions which are higher than the salaries of comparable active colleagues, the majority of whom have been recruited after 2004” and regrets that the “solidarity levy” has not been applied to these pensions. *“If the special solidarity levy had been applied both to active staff and to pensioners and if more attention had been paid to the docility of the persons concerned, its average value could have been fixed at a substantially lower level”.*

Generation 2004 appears to have forgotten that we have paid for our pensions and that the notional fund which derives from this is a reality enshrined in Article 83 of the Staff Regulations. Moreover, our pension deductions have already been subject to various levies and taxes.

**The consequences resulting from a split between the staff will be very serious if this division persists during the coming discussions!**

## **IV. JSIS – Revision of the General Implementation Provisions of 2007 (GIP)**

### **Preventive health care – The new programmes are available**

The new programmes have been defined, as indicated in earlier Bulletins.

Because of the need to protect personal data, the agreements with the screening centres have not yet all been established. **The list of currently authorised centres is given in Annex 2.**

The new screening programmes have been examined by a number of specialist doctors who have pointed out certain limitations, which are no doubt the result of PMO's need for prudence with respect to cost.

**It is important to remind colleagues that these examinations can be proposed by their family doctor, independently of these screening programmes, or complementary to them.**

Some of these examinations may require prior authorisation to be totally reimbursed otherwise they will be reimbursed at the rate of 85%.

## **Handicap and the JSIS**

The European mediator has requested that, following his inquiry on the way in which the European Commission acts with regard to handicapped persons within the framework of JSIS, the GIP be reviewed in such a manner that henceforth handicapped persons be treated in a fashion that respects the United Nations Convention on the rights of handicapped persons (UNCRPD).

The mediator has insisted on the need to consult with associations for handicapped persons or the family members of the handicapped throughout the process, in a substantive and on-going fashion. Pensioners' Associations may also have an interest in being associated in this process.

The CGAM has proposed a change in the recognition granted to serious illnesses along these lines. The Commission's DG HR has already undertaken joint meetings on the subject. The article given in point V below provides a summary of the situation as of end October 2019.

## **Increase in the contribution to JSIS?**

Remember that the Member States are against an increase in contributions to the JSIS. This decision was taken in 2013, at the time of the signature of the new Staff Regulations of 2014.

The staff unions would like to increase these contributions in order to provide cover for certain social situations and for dependency.

## **JSIS Report of 2018 – Extracts from the report**

Thanks to the combination of promotions, the yearly salary adaptation, step increases and demographic growth, receipts to JSIS arising from staff contributions have increased by 3.7% in 2018 compared to 2017.

However, the accounts for the year 2018 show a deficit of about 1.5%, given the number of late bills that were paid in 2018. Expenditure will need to be watched closely, the Annual Report warns us.

A significant part of expenditure concerns the reimbursements of costs relating to serious illnesses. After the increase of generic medication it became possible to control this category of



expenditure. However the arrival on the market of very expensive drugs is increasing the financial pressure on JSIS. Expenditure relating to dental care is rising again.

The category of hospital care gives rise to most of the reimbursements. The trend is levelling out. The Central Bureau has, during fiscal year 2018, signed several new conventions with hospital facilities, which helps contain costs.

Costs relating to dependency continue to grow slowly, but surely. Given the continuous aging of the population, this is a chapter of expenditure which will continue to increase.

The trend in costs relating to screening also need to be kept in sight. In fact, these new programmes could, if successful, bring about additional costs.

The amount of the reserve has grown a small amount as interest rates are extremely low and it is difficult to avoid negative rates.

Supplying the Caisse maladie with the correct IT equipment, compatible and linked with the national systems would make it possible to respond to several needs: electronic billing, communication with affiliates, exchange of data between national systems and JSIS, limitation of risks, efficient controls.

## **V. Discussions on the recognition of serious illnesses**

### **Serious illnesses – Handicap - Dependency**

As follow-up to the request of the mediator on the subject of reimbursements granted to persons affected by a handicap and so that the legal basis for the recognition of a serious illness can correspond to the situation on the ground, PMO-JSIS proposes to rewrite the directive concerning the recognition of serious illnesses.

The text proposed by DG HR D for an administrative level consultation was discussed by SEPS/SFPE during its information meeting of 10 October 2019.

Several members present approved the negative position expressed by several speakers among whom Dr Philippe Bioul and Pieter Kerstens.

The problem with the proposed amendment is that it is attempting to reconcile Article 72§1 of the Staff Regulations, written during the 60s and which relates strictly and only to serious illnesses, with the problems relating to handicap and that which is becoming increasingly important, to the dependency of aging entitled affiliates. This is like fitting a square into a round hole, totally impossible without substantially changing the wording of this article of our Staff Regulations.

Moreover, since 2007, for the implementation of this article, 4 criteria for serious illness were introduced more for purely administrative and budgetary reasons than for any medical or scientific reason.

The current proposal is as follows:

*The following are recognised as serious illnesses, namely tuberculosis, poliomyelitis, cancer, mental illness, and other illnesses recognised by the AIPN as having comparable gravity. The latter concern cases which fulfil at least one of the following four criteria:*

- *Reduction in life expectancy*
- *Chronic evolution*
- *Need for heavy diagnostic and/or therapeutic measures*
- *Presence of a handicap or risk of a serious handicap*

*These criteria form part of a global appreciation relating to the seriousness of the consequences of the illness or of the handicap in question.*

It is when considering the proposed modification hereafter that the discussion evolved and gave rise to consider the problem as a whole: how to look at the three chapters both fairly and administratively:

- The case of serious illness (as recognised by JSIS) and its objective recognition for 100% reimbursement
- The support given to handicapped persons which should not be covered by the chapter for illness but by a chapter for “social services”
- The inadequacy of the JSIS chapter relating to dependency, which should have its own regulations and independent financing

During the administrative coordination of 18 October 2019 it appeared that DG HR D viewed matters in the same way as us, namely, that it is currently impossible to modify Article 72 of the Staff Regulations and the budgetary constraints, whilst remaining tied to earlier decisions.

For PMO it is an issue of making the ‘legal base’ as established by the GIP, that is, the recognition of the serious illnesses as decided by PMO in past years, correspond as much as possible to the reality of today,

If JSIS is there to cover serious illness and handicap is assimilated within the framework of illness, **DG HR D is trying to cover assistance to the handicapped through the budget heading of social services (DG HR D1).**

Commissioner Oettinger has released €1M in order to increase this budget and in order to make this assistance less unpredictable. DG HR D1 is making contact with the social services of the other Institutions to come to an agreed methodology and an effective budget for this chapter on social assistance to handicapped persons, something very different from that of JSIS.

It is necessary to understand that until now, the Staff Regulations has not covered handicapped persons, which means that the Member States are pushing us back to the national systems. The CGAM reminds us that it is entirely legal to use the national health systems or the social services in complement with JSIS or vice-versa, in as much as this facility is available. For example for those who have kept a national pension, however small it may be.

Dependency is a subject of profound discussions within the CGAM. The challenge is huge: it is necessary to modernise the support offered for the dependency of an ever ageing population and to make it compatible with certain national uses or even national demands (NL). Should one propose an independent system, complementary to JSIS, financed on an intergenerational basis?

Following the position expressed by DG HR D and above all the results of the activities currently underway, SEPS may soften its position.

A second administrative consultation is foreseen for 19 November 2019.

## **VI. LIFE BADGE**

Dr. Lucien Bodson, Honorary Head of Clinic – CHU Liège

Sold by LIFE BADGE s.a. since 2001, the product consists of a health file accessible via internet (wifi, 3G, 4G) 24h/24h throughout the world. There is, to our knowledge, no other such product on the market. A copyright of the concept has been registered (COPYRIGHT DEPOT)

<https://secure.lifebadge.org/site/index.php?lang=fr>

### **The prudence card**

#### ***“what if something happens to me?”***

This may well be a question you are asking yourself at the approach of holidays, even if your diabetes is perfectly under control. If there is a problem, how can you be sure to obtain the necessary treatment from the local health services, especially in a country where you do not speak the language?

With LIFE BADGE you can undertake all your travel plans without worrying.

“In emergency situations medical secrecy can work against the interests of the patient!”. Dr Lucien Bodson, head of clinic at the CHU in Liège does not speak aimlessly. Anaesthetist, reanimator and emergency doctor, with 40 years’ experience behind him, he knows that “in order to provide adequate treatment in an emergency or semi-emergency situation the doctor needs a maximum of information, which is rapidly and easily available. If the patient is unconscious or incapable of expressing him/herself – following a heart attack, for instance – or simply separated from the health care providers by a language barrier, this information can obviously not be obtained directly from the patient him/herself.” And his/her medical file, complete or not, is protected by medical secrecy, which already makes it difficult to access for a Belgian emergency doctor and practically impossible from outside.

However, emergency admittance is nothing exceptional. Belgium alone, has up to 5,000,000 emergency admissions per year, with an annual increase of 3% and 30-40% of hospital patients are admitted through the emergency services. “The proportions are the same in all European industrialised countries as well as in the USA” says Dr Bodson. The work load is consequently enormous.

Unfortunately, most often, the emergency services start with nothing. There is a possibility that a little paper might be found in the wallet or purse of a patient, next to the identity card, stating for example “I am a diabetic, treated with insulin”. It is this little piece of tattered paper, discovered with the identity documents of many diabetics, allergy sufferers, heart disease patients, those with renal insufficiency that inspired Lucien Bodson, already 20 years ago, with the idea from which some 2+ million persons throughout the world can today benefit. “This little piece of paper enabled the patient to express him/herself, even if he/she was unconscious”

explains Dr Bodson. Unfortunately these bits of paper are often hardly legible, too succinct, never up-dated and written out in one language only.

“I therefore wanted to use the power of information technology to replace those bits of paper with a health file which could be consulted in any part of the world, with any internet connection, 24/24, 365/365, which can be permanently up-dated and indicates all that the patient wishes to have known about him/herself...” Persons to contact, insurances subscribed, on-going treatments, starting with allergies, hereditary illnesses, possible implants, medical and surgical history, vaccinations, and even addictions. LIFE BADGE makes room for all useful information. Your choice! “To fill in this health file the patient can seek help from his/her general practitioner, his/her chemist or a treating consultant” states Lucien Bodson, “but it is the patient him/herself who decides what he/she wants to indicate and to be made known. If he/she only wants to tick one or two boxes among the 200 or so proposed, that is strictly his/her right. And if he/she wants to add additional information, he/she can use the free text zones available”.

In contrast to the medical file, which is managed by doctors and protected by medical secrecy (even if, in the framework of the law on the rights of the patient, the patient can ask for a copy of it and make whatever use of it he/she feels necessary), the health file is strictly that of the patient him/herself and is not subject to any medical secrecy. “In fact, the health file and the medical file are complementary” insists Dr Bodson. The first is, in principle, more complete but more voluminous, and therefore more difficult to consult. The second is more summarised and more accessible”.

An additional advantage: whereas the medical file is established in the language of the patient, the IT platform of LIFE BADGE is available in 18 different languages. You plan on travelling to Tokyo tomorrow? You just need to click on “Japanese” and if you need to deal with a doctor in Japan, he will be able to consult all the information about you – except, of course, those parts that have been added by you in free text zones, unless you have had them translated on your own initiative – in his own language. “And even if your holidays will take you to a corner of the world where there is no internet – in the mountains of Turkey, for example – you go to your LIFE BADGE file and you chose the language “Turkish”, explains Dr Bodson. All the questions will appear in Turkish and you simply need to print out your file – it consists of a single recto-verso page – and save that in your personal travel documents. If, once you are there, you need urgent medical assistance, you will be able to pull out your health file, already translated into the language of the country concerned, to assist the emergency services or any medical health services guide their diagnostic and therapeutic choices.

In fact, whether abroad or in Belgium, in any situation where time is of the essence – car or work place accident, fall, heart attack, diabetic crisis, etc., - LIFE BADGE not only enables the health carers to view all the information about your health status, but also to transmit it instantaneously from one hospital to another, throughout the world, and thereby avoiding stress, delays and costs relating to redundant medical examinations. Under the heading “Images”, the sub-heading “Luggage space” allows you to add in your last electrocardiogram results or an X-ray of your lungs. All the details concerning your current diabetes treatment, the evolution of your parameters and examinations (eyes, heart, kidneys, nervous system,...) that you have undertaken recently can find a place under the sub-heading “Special pathologies”.

Even for a person in perfect health, LIFE BADGE can be useful. “When one needs to take charge of a patient”, states Dr Bodson, “knowing this person has no allergies, no medical history, and that he/she is not taking any medication, is important”.

LIFE BADGE, which takes the form of a bank card, provides empowerment to a patient, since it allows him/her to take part in his/her own admission; it has no magnetic band or chip, just a personal number consisting of a 23-digit number, which is the key to your health file: With this number or a QR Code, doctors and emergency services can access your data within a few seconds. After having completed the 12 medical headings relating to your health, simply slide your LIFE BADGE card into your wallet/purse, instead of the little tattered paper of the past. One day this may save your life!

**Marie-Françoise Dispa**

**Article written for the ABD, Belgian Diabetes Association (2018)**

### **Summary of the LIFE BADGE characteristics:**

1. **Fast access**, within a few seconds, via a personal 23-digit number (without the need for a password), or via a QR code
2. **Accessible via PC/MAC, tablet or smartphone**
3. **Compatible with any existing medical file** (with a hypertext link which makes the path to the medical file easier, as in the Wallonia or Brussels health network, but needing therefore an ad-hoc identifier).
4. **Managed exclusively by the patient** him/herself (with his/her 23-digit number and a secret code): this marks the difference with the “professional” file, yet maintains the same veracity value as any information communicated verbally by the patient (first informant...); the patient alone can dispose, as he/she deem best, of the information available to him/her; rather than write this information on a sheet of paper, he/she can place this data in his/her internet file (and only gives that information which he/she wants to communicate to strangers in the interest of his/her own security); the file can be modified by the patient as often as desired, 24h/24h, 365 days/year
5. The patient him/herself can determine (empowerment) whether or not to add in information obtained by his GP/consultant or hospital(s) such as reports/protocols/images
6. **Standard questions translated into 18 languages** (for students – travellers – emigrants – immigrants – tourists)
7. **Worldwide interoperability**
8. Multiple medical errors can be avoided: allergies, medical incompatibilities, rare illnesses (8% of the population), and ignorance about important antecedents (on-going cancer treatment, renal insufficiency, etc. :...) vaccinations, etc.
9. It allows patients to **indicate specific wishes** such as ‘organ donation’, ‘refusal of blood transfusion’, etc.
10. It dispenses with redundant examinations and analyses
11. It allows “one-way” simultaneous communication to several files
12. There are currently more than 2,000,000 files throughout the world
13. **Very low cost** (a few € per year/per file)

## **VII. Important information**

Information offered in this section of the Bulletin does not concern all members but may be of interest to many of them.

Information under this heading is also established on the basis of the experience of members of SEPS/SFPE who ensure the telephone assistance duties.

The requests for assistance justify the transcription into the Bulletin and the Vade-Mecum of several texts taken from My IntraComm, since a good number of members do not or no longer access My IntraComm<sup>1</sup>.

This information has been adapted by SEPS/SFPE to the case of members of the association who prefer to receive a document in the post, rather than have to search for the information on the internet.

This information may also duplicate the information given in the Information Bulletin of DG HR D1 "Info SENIOR" as also information provided in earlier Bulletins of SEPS/SFPE. **It is very important to insist on certain rules and to recall them: the services of PMO ask us to do this.**

### **1. Adaptation of salaries and of the contribution rates to the pensions scheme**

1.1. The contribution of active colleagues to the pensions system is currently (July 2018-June 2019) 10% of gross salary.

A change is foreseen for 2019-2020: 9.7% instead of 10%. This change is the result of:

- Updating of financial estimates: effect of - 0.2%
- Updating of demographic estimates: 0%
- Updating of the population: - 0.1%

Total: - 0.3%. This difference will be applied for the period from July 2019 to June 2020.

1.2. Adaptation of salaries (salaries and pensions) for the period July 2019 – June 2020 has been defined by Eurostat : it is positive and will generate retroactive payments.

This adaptation will be published in the Official Journal before 15 December 2019 and will be applied to salaries and pensions of December 2019, but it will still need to be communicated officially to the Council and to Parliament.

This adaptation will therefore not be communicated in writing before 15 December 2019.

1.3. The correction coefficients are also adapted for the period July 2019 - June 2020. Many of these coefficients are rising. They will be released in December 2019

---

<sup>1</sup> It is necessary to have an EUlogin  
SEPS-SFPE

## **2. The affinity club of the European Institutions**

**AFILIATYS** is a non profit association (ASBL) under Belgian law, with a membership of some 38,000, consisting of present and former staff of the European Institutions, of the agencies and European offices, of the European schools, but also of the diplomatic and consular corps of the Member States and the international organisations situated in Brussels, Luxemburg and Strasbourg.

**AFILIATYS** aims primarily to :

- Contribute to the wellbeing of its members, particularly with a view to improve and protect their health and that of their family members,
- Undertake social activities for the benefit of its members and their families,
- Facilitate the integration of its members into the life of their host country, notably through undertaking volunteer activities,
- Support charitable activities in favour of those who suffer from serious illnesses or who are fighting against poverty and social exclusion.

### **Advice to members of SEPS/SFPE who are members of Afiliatys**

Make sure that Afiliatys has your internet address. Do not hesitate to contact the secretariat: [info@Afiliays.eu](mailto:info@Afiliays.eu)

Afiliatys works and communicates essentially through the internet. For those who do not have access to internet and would like to benefit from certain activities, please contact SEPS/SFPE.

### **Administration Board**

**President** : Daniel Germain

**Vice-presidents** : Jean-Pierre Hennart et Pascal Erauw,

**Treasurer** : Francis Pay,

**Administrators** : Serge Crutzen, Pasquale Gambino, Luc Janssens, Dominique-Philippe Levieil, Evelyne Pichon, Christophe Stas, Hans Torrekens, Marcel van de Voorde, Fabienne Van Muijlder, Stéphane Veramme,

### **Address**

Avenue des Nerviens, 105 NERV-105 00/009

B-1040 Brussels - Belgium

On duty Tuesdays and Thursdays between 9h00 et 15h00

**Telephone:** +32 (0)2 298 50 00 Tuesdays and Thursdays between 9h00 and 15h00

**Email:** [info@afiliatys.eu](mailto:info@afiliatys.eu)

**Website :** <https://www.afiliatys.eu>

### **3. Too much confusion regarding complementary health insurances**

Afiliatys and SEPS/SFPE have informed colleagues about the change in management of the complementary health insurance Hospi Safe (hospitalisation contract BCVR 8672).

Many colleagues have confused Hospi Safe with other insurances, many colleagues have imagined that they needed to supply their personal data, many colleagues have been made aware of new complementary insurance to JSIS offered by this insurance as well as by others,

...

Volunteers from Afiliatys and SEPS, responsible for insurances have received daily questions many of which go beyond this simple change of management.

In order to find the responses, 50 questions have been put together in one « FAQ » document, available on the websites of both Afiliatys and SEPS/SFPE<sup>2</sup>.

It is important to highlight the most frequent confusions :

- **The complementary health insurance of AIACE/Cigna : Gros Risques et Accidents is not concerned by this change**, which only affects the insurance Hospi Safe of Afiliatys/Cigna.
- **The accident insurance offered by AIACE/Cigna is not concerned by this change** in management either.

It is useful to remember that JSIS reimburses all medical costs relating to an accident, as in the case of illness, at the rate of 80 or 85% (with ceilings) both for active and retired staff.

Active staff<sup>3</sup> benefit additionally from a complementary staff insurance which ensures the total reimbursement of costs and which can offer a capital payment in the event of recognised permanent invalidity or in the event of death: Article 73 of the Staff Regulations.

Pensioners (including persons on invalidity) do not benefit from this Article 73 of the Staff Regulations but can subscribe to an accident insurance offered by AIACE-CIGNA, which offers the same sort of top-up.

-----

The complementary health insurances offered by Afiliatys, the HOSPI SAFE range, also cover accidents in line with their respective general conditions: hospitalisation (Hospi Safe) or hospitalisation and day care (Hospi Safe Plus).

**HOSPI SAFE** provides the top-up on medical costs following **illness or an accident which require hospitalisation**.

Annual fees in 2020:

---

<sup>2</sup> SEPS/SFPE: <http://sfpe-seps.be/> for access to documents:

Login:sfpe-seps

Password: seniors

<sup>3</sup> Also staff under Article 42C  
SEPS-SFPE



Age	0-2	3-18	19-35	36-50	51-60	61+
Annual fee (€)	0,00	72,33	86,78	130,15	173,56	242,99

**HOSPI SAFE ILLNESS**, a new option available from January 2020, does not cover medical expenses relating to hospitalisation following an accident, but **only those that result from illness**. HS ILLNESS is valid for those who have subscribed to a complementary insurance for accidents, in the same way as Article 73 for active staff or a specific accident insurance for pensioners. The annual fees for this option are lower than for HOSPI SAFE.

Annual fees in 2020

Age	0-2	3-18	19-35	36-50	51-60	61+
Annual fee (€)	0,00	52,51	64,21	96,15	128,32	178,41

## **4. Declaration from Allianz Care**

The Afiliatys complementary health insurance with Allianz Care will soon be here.

### **Who is Allianz Care?**

**Allianz Care is the Health department of Allianz Partners**

Allianz Care is delighted to be the new Administrator of your **Hospi Safe** complementary Health insurance scheme from 1<sup>st</sup> January 2020 onwards.

Our focus is on protecting the health and wellbeing of our clients and their families, through services and plans from the Afiliatys members.

Rest assured, the change of administrator will have no impact on your current cover and insurance benefits, **Hospi Safe stays Hospi Safe**.

Addresses and telephone numbers for your claims will be modified from 1<sup>st</sup> January 2020. You will be provided with these new contact details in advance.

### **What is Allianz Care doing between now and 1st January 2020?**

Our aim is to make the transition to us for you as smooth as possible and are working with the current administrator Cigna to directly transfer the necessary member data to implement the health benefits.

### **What do I need to do in 2019?**

Early December, Allianz Care will send an email or a letter to invite you to confirm your membership details and renew or modify your cover.

Monitor your mail from 4<sup>th</sup> December 2019 onwards, and follow the instructions when received. Please contact Afiliatys if you have never provided Cigna with an email address, or if the contact information Cigna holds for you is no longer in use.

If you have not received an email from Allianz Care by 13<sup>th</sup> December 2020, please call us on +353 1 630 1301.

## **What do I need to do from 1<sup>st</sup> January 2020?**

Nothing.

Allianz Care will provide you with regular updates and information as we get closer to the transition date on 1<sup>st</sup> January 2020.

## **5. French taxes**

### **The end of all social contribution obligations for those who are not subject to French social security**

#### **1. Introduction**

1.1 Until now, following the decisions of the European Union Court of Justice: ruling Ruyter of 26 February 2015 and of Lobkowicz of 10 May 2017, France has retained only the imposition of the social security contributions on salaries: solidarity contribution.

1.2 With the ruling Dreyer, in a very short act (only 40 considerations), the Court also rejected the validity of this latter imposition. This means that none of the so-called 'social' impositions of the past, can now be considered to be compatible with European legislation.

#### **2. Decision Dreyer of 14 March 2019-11-13**

2.1 This case is interesting because it concerned French fiscal natives who were subject to Swiss social security. However France deducted the social contributions from their dividend earnings.

2.2 The European Community and its Member States on the one hand, and the Swiss Confederation on the other, had, on 21 June 1999, signed seven agreements, one of which was on the free movement of persons.<sup>4</sup> These seven agreements entered into force on 1 June 2002.

As a result Regulation 883/2004 is applicable to Swiss citizens and to those of the Member States of the EU. Article 11 of this Regulation foresees that:

“Those persons who are covered by the present regulation are subject to the legislation of a single member state. The legislation in question is determined on the basis of this title.”

2.3 The court ruling condemns the imposition of this solidarity tax as contrary to European legislation and it is this that interests us in particular.

This tax aims to finance three French organisms, notably the solidarity fund for old age (hereafter “FSV”), the fund for the relief of the social debt (hereafter “CADES”) and the national solidarity fund for autonomy (hereafter “CNSA”)

2.4 Considering that the benefits managed by the FSV, CADES and CNSA, funded by the contributions and levies under consideration are in truth social security contributions, the couple Dreyer, addressing themselves to the administrative tribunal of Strasbourg (France), contested their liability for the said contributions and levies, given that they were already affiliated to the

---

<sup>4</sup> OJ 2002, L 114, p. 6  
SEPS-SFPE

Swiss social security system and that they were not liable for contributing to the financing of the French social security system by virtue of the principle of unicity of the social legislation deriving from Regulation 883/2004. By ruling of 11 July 2017, the administrative tribunal of Strasbourg ruled in favour of the Dreyer couple by exempting them from the said contributions and levies.

2.5 The Minister of Action and of Public Accounts appealed this judgement at the jurisdiction of referral, the administrative appeals court of Nancy (France).

2.6 Initially the latter confirmed, in agreement with the administrative tribunal of Strasbourg, that the Dreyer couple be exempted from a part of the contributions and levies, namely those attributed to FSV and to CADES.

2.7 However, the tribunal expressed reservations as to whether the part of the contributions and levies attributed to the CNSA, that is to say a part of the social security dues and the additional contribution, could be considered to be contributing to the financing of social security benefits.

The two allowances of the CNSA financed by a part of the contributions and taxes in question, namely the personalised allowance for autonomy (hereafter “APA”) and the compensatory allowance for handicap (hereafter “PCH”) the Administrative Appeals Court of Nancy considers that the APA and the PCH could be deemed as not being attributed without an individual appreciation of the personal needs of the beneficiaries, given that their sum depends on the resources available to the beneficiaries or varies as a function of these resources.

2.8 In these conditions, the Administrative Court of Appeals of Nancy decided to defer judgement and refer the case to the Court in the following terms:

“Are the levies attributed to the [CNSA], which contribute to the financing [of the APA and the PCH] directly related and sufficiently pertinent to certain branches of the social security service enumerated in Article 3 of the regulation [N° 883/2004] and do they fall within the field of application of this regulation solely on the basis of these services being related to one of the risks enumerated in the said Article 3 and are granted without discretionary appreciation purely on the basis of a legally defined situation?”

2.9 In as far as the basic reason for this question is concerned, it is appropriate to consider the distinction between the allocations relating to the areas covered by Regulation N/ 883/2004 and those which are excluded therefrom, and this rests essentially on the constitutive elements of each allocation, namely the purposes and the conditions for their granting.

2.10 What thus emerges from the consistent jurisprudence of the Court is that an allowance can be considered to be a “social security benefit” or it can be granted to the beneficiaries, on the basis of a legally defined situation, regardless of any individual appreciation or discretion on their own part, or again, the benefit relates to one of the risks expressly enumerated in Article 3, §1 of Regulation N° 883/2004.

2.11 The Court concludes that the calculation of the effective amount of the APA and of the PCH does not imply an individual appreciation of the personal needs of the beneficiary by the competent authority, but is undertaken on the basis of objective, legally defined criteria.

As a consequence, Regulation 883/2004 applies and any imposition on this basis is contrary to European legislation.

### **3. Consequences**

3.1 For the 2019 fiscal declaration (income from 2018):

To benefit from the exoneration of all social security contributions: tick boxes 8SH and 8SI of your income tax return.

If one of the 2 partners benefits from the French social security system (this is not the case if a French pension alone is drawn) mention under headings 8RF, 8RV and 9RG half of the income from the estate, or if married under the regimen of separation, pure and simple, of goods, indicate the income from this which is liable for social security deductions.

By Ministerial decree of 29 July 2019, the French state has however demanded that the beneficiaries should sign an honour bound declaration in order to benefit from the said dispensation from social security contributions.

3.2 For those who have not previously been taxed:

If you have been taxed by paying a contribution to the National Solidarity Fund for Autonomy (CNAS) and other taxes for which you have not yet requested reimbursement, submit your request as soon as possible as after 31 December you will lose one year of reimbursement (the statute of limitations is 3 years from the date of the ruling). There is no need to call on the services of a lawyer.

However, Mr Michel PETITE, 1 rue Astor , 75377 Paris (Cabinet Clifford Chance) tel: +33144055252, fax: +33144055200, formerly Director General of the Legal Service at the European Commission, has volunteered to defend his colleagues who live in the Paris region for free.

Our Secretariat is at your disposal for the text on the declaration on honour and a model letter for requesting reimbursement for earlier years (2016 (income from 2015) to 2017).

Hendrik Smets  
Vice-President in charge of Legal matters

## **6. To contact the Pension Unit (PMO 4)**

- √ SYSPER Pensions by “my Remote” <https://myremote.ec.europa.eu>
- √ [PMO-PENSIONS@ec.europa.eu](mailto:PMO-PENSIONS@ec.europa.eu) for old age pensions and invalidity pensions
- √ [PMO-SURVIVAL@eu.europa.eu](mailto:PMO-SURVIVAL@eu.europa.eu) for the beneficiaries of a survivor pension or an orphan’s pension.
- √ A new single telephone number (+32(0)2 297 88 00) is accessible during working days, Monday to Friday from 09h30 to 12h30.
- √ Postal address: PMO (3 or 4) MERO B-1049 Brussels

## **VIII. Annexes**

### Extracts of the electoral rules

See Annex 1 of the French version

### How to benefit from a health screening programme? Extracts from My IntraComm

#### Step 1: meet the conditions

##### 1. JSIS cover

- Are your JSIS membership rights in order?
- Are you a member of the JSIS on a primary basis?
- Or affiliated on a complementary basis?

##### 2. Age

- At least 18 years

##### 3. Periodicity

- Depending on your gender/age

#### Step 2: Select one of the options

##### 1. In an approved centre (with whom the JSIS has concluded an agreement)

- **Either** you complete the whole screening programme in an approved centre:
  - Initial consultation
  - All examinations prescribed under the programme
  - Final consultation.
- **Or** you ask the doctor of your choice for the initial/final consultations **and** you carry out all the examinations prescribed in your programme in an approved centre.

##### 2. In a non-approved centre

- **Either** because it is impossible to choose an approved centre (i.e. not available in the country of posting or residence).
- **Or** because you prefer to go to a centre of your choice.

#### Step 3: request a letter of invitation

Even if you have already used the preventive medicine system in the past, it is important to now request a letter of invitation to the new health-screening programmes.

- If you are in active employment in the institutions and agencies, you can request the invitation letter for yourself and possibly for your spouse and/or children, via the JSIS online application;
- If you are no longer in active employment (e.g. pensioners, etc.), you can request the invitation letter for yourself and possibly for your spouse and/or children:
  - via JSIS online;

- by clicking on the "Contact us" button on the right on this page;
- by telephone: + 32 2 295 38 66 — Monday to Friday from 9:30 to 12:30;
- - by post: European Commission — JSIS Brussels — Health Screening — 1049 Brussels.

You will receive the following documents:

- 1. The letter of invitation
- 2. A note to the doctor
- 3. Your gender/age screening programme; to be completed and signed by the doctor and by you during the initial consultation (Annex 1)
- 4. A declaration related to your participation in the screening programme (Annex 2) valid for a maximum of 18 months. Does not mention the name of the screening centre.

### **Step 4 : Passing the tests**

The tests provided for in the programme (Annex 1 to the letter of invitation) are grouped under two headings:

1. "Standard tests"

2. "Possible additional tests" without prior authorisation

"Possible additional tests" subject to prior authorisation (due to the frequency foreseen in our rules not being complied with). If they are prescribed:

- you will need to apply for prior authorisation from the JSIS
- they will be invoiced to you
- you will have to pay them yourself
- If you obtain authorisation, you will be able to apply for a reimbursement at the rate of 100 % via the JSIS reimbursement procedure of type "health screening programmes". If not, the costs will be reimbursed at the usual rate by applying for a normal reimbursement.

If tests, which are not part of the programme, are prescribed:

- you will need to apply for prior authorisation from the JSIS
- they will be invoiced to you
- you will have to pay them yourself
- if you obtain authorisation, you will be able to apply for reimbursement at the rate of 100 % via the JSIS "Health screening programmes" reimbursement procedure. If not, the normal rules for reimbursement will apply.

If you do not respect your appointments:

- service providers will be able to claim compensation
- this compensation allowance will not be reimbursed by the JSIS.

**Note:** The principle of excessive costs will apply to the fees of all medical services performed outside approved centres and/or outside the programmes.

## **Approved screening programmes on 15 October.**

<b>Belgium</b>
Cliniques universitaires Saint-Luc
Polyclinique du Lothier U.L.B – Erasme-Disca ASBL
Universitair Ziekenhuis Brussel
<b>España</b>
Signature en cours / Signature ongoing
<b>Italia</b>
Casa di cura fondazione Gaetano e Piera Borghi di Angelo Borghi & c Sas
Centro Diagnostico Pigafetta S.R.L.
Medical Point S.r.l.
<b>Luxembourg</b>
Organisme / groupe
Fondation Hôpitaux Robert Schuman
<b>Ellada</b>
Athens Medical Group
Athens Pediatric Clinic
Interbalkan European Medical Center
Athens Medical Center - Clinic of Psychico
Athens Medical Center - Clinic of P. Faliro
Athens Medical Center – Clinic of Peristeri

### **Screening programme 3: women aged 60 and over**

#### **'Standard' tests**

- + Initial consultation (with your own GP or with a GP at an approved centre): detailed medical history + physical examination (blood pressure, weight, height, BMI)
- ▣ Dermatological examination to screen for melanoma
- ▣ Ophthalmological examination (visual acuity test / optical correction and tonometry)
- ▣ Blood test
  - o Total cholesterol, HDL, LDL
  - o HIV (serology) (unless written refusal from the participant)
  - o Fasting glycaemia or glycated haemoglobin
  - o Haemoglobin, haematocrit and red blood cell count
  - o Leucocytosis and leucocyte count, platelets
  - o Creatinine, uric acid, potassium, calcium
  - o GOT, GPT, gamma GT
- ▣ Urine analysis: albumin + urinary glucose
- ▣ Examination by a cardiologist: electrocardiogram at rest and during exercise (if advised by the doctor, cf. cardiovascular risk)
- ▣ Gynaecological consultation and cervical smear test

- ▣ Colposcopy if necessary
- ▣ Mammography (up to age 75)
- + Closing consultation (with your own GP or with a GP at an approved centre):

**Additional tests (optional)**

- ▣ Hepatitis B - Hepatitis C - Syphilis (serology)
- ▣ PCR test for chlamydia and gonorrhoea
- ▣ Examination of the colon (up to age 75):
  - o Faecal immunochemical test based on a single sample and
  - o optical colonoscopy EVERY 10 years
  - o or virtual colonoscopy EVERY 10 years
- ▣ Bone density scan (DEXA)(once only)

## Screening programme 6: men aged 60 and over

**'Standard' tests**

- + Initial consultation (with your own GP or with a GP at an approved centre): detailed medical history + physical examination (blood pressure, weight, height, BMI)
- ▣ Dermatological examination to screen for melanoma
- ▣ Ophthalmological examination (visual acuity test / optical correction and tonometry)
- ▣ Blood test
  - o Total cholesterol, HDL, LDL
  - o HIV (serology) (unless written refusal from the participant)
  - o Fasting glycaemia or glycated haemoglobin
  - o Haemoglobin, haematocrit and red blood cell count
  - o Leucocytosis and leucocyte count, platelets
  - o Creatinine, uric acid, potassium, calcium
  - o GOT, GPT, gamma GT
- ▣ Urine analysis: albumin + urinary glucose
- ▣ Examination by a cardiologist: electrocardiogram at rest and during exercise (if advised by the doctor, cf. cardiovascular risk)
- + Closing consultation (with your own GP or with a GP at an approved centre)

**Additional tests (optional)**

- ▣ Hepatitis B - Hepatitis C - Syphilis (serology)
- ▣ PCR test for chlamydia and gonorrhoea
- ▣ PSA test (up to age 69)
- ▣ Examination of the colon (up to age 75):
  - o faecal immunochemical test based on a single sample and
  - o optical colonoscopy EVERY 10 years
  - o or virtual colonoscopy EVERY 10 years
- ▣ Ultrasound screening for abdominal aortic aneurysm (once only)



## Annexe 3

### In memoriam

Nom, Prénom	Naissance	Décès	Instit.	Nom, Prénom	Naissance	Décès	Instit.
KEMENY Gerhard	15-08-28	24-05-19	COM	TORRE Francesco Maria	24-05-45	30-08-19	PE
VERBEECK-MEFFERT Ingrid	27-10-37	20-06-19	COM	BROADY Kenneth	26-06-50	31-08-19	COM
SCHNEIDER Johann	31-05-36	23-06-19	COM	DE GREEF Jeanne	08-06-29	01-09-19	COM
MALEZON Robert	16-03-47	26-06-19	PE	BIGGIO Michèle	14-07-30	03-09-19	COM
RABIER Jacques	16-09-19	28-06-19	COM	VAN DERBEKEN Roger	06-07-29	05-09-19	COM
DELHAYE Gisèle	23-02-25	28-06-19	COM	DENYS Claudine	05-05-47	06-09-19	COM
BOUCHET Jean-Claude	12-05-38	28-06-19	CM	AELAERTS Lisette	13-12-34	07-09-19	COM
DEGRAEVE Huguette	02-02-43	28-06-19	COM	DE MEULDER Monique	26-06-44	08-09-19	COM
FESSAGUET Joel	30-11-42	29-06-19	COM	PIERRON Claudette	16-03-43	09-09-19	CM
FESSAGUET Joel	30-11-42	29-06-19	COM	VAN DONGEN Gerard	26-11-30	10-09-19	CM
LI BASSI Paolo	18-09-21	30-06-19	COM	MC NAMARA Brendan	04-05-29	11-09-19	COM
PIETERS Jean	18-09-21	30-06-19	COM	VAN DER ELST Martine	14-06-56	11-09-19	ERC
BEUVE-MERY Jean-Jacques	18-02-31	01-07-19	COM	LA ZIA-CRAPANZANO Maria	18-10-29	15-09-19	COM
PIRAINO Rosario	22-09-33	02-07-19	PE	COSTANTINO Anna Maria	08-06-39	16-09-19	COM
D'AMBROS Serafino	19-11-20	06-07-19	COM	NARDONE-SEIBT Ingrid	13-08-39	16-09-19	COM
LORTH Franz	21-09-44	06-07-19	CJ	POPPE Albrecht	20-03-29	16-09-19	COM
SCHWARTZ Ivo	31-03-26	08-07-19	COM	BERNARDI-MARZOLLA Piero	24-04-29	19-09-19	COM
PEIGNIER Jean-Marie	03-02-35	08-07-19	CC	BERNASCONI-CAVALLINI E	22-07-46	20-09-19	CJ
MORELLO Carmelo	21-05-39	09-07-19	COM	RWAKAYIGAMBA Pierre	31-07-52	20-09-19	REA
LANNOY Jacques	23-12-23	10-07-19	COM	STEIN Arthur	25-07-37	20-09-19	COM
MOECKEL Peter	28-06-24	11-07-19	COM	RETORE Christiane	13-06-55	20-09-19	COM
RONSECCO Carlo	25-02-36	11-07-19	COM	DAYE-LIESHOUT Marguerite	14-09-37	23-09-19	COM
MALACHE Dominique	05-05-52	14-07-19	CJ	HANCE Renée	30-09-22	23-09-19	COM
MARINHO DE BASTOS Joaquim	28-02-47	14-07-19	CM	KAUT Willi	30-09-22	23-09-19	COM
DAVE-NOVAK Danielle	21-01-39	16-07-19	COM	DUPONT Jean-Pierre	17-11-46	22-08-09	COM
MULE Giovanni	31-05-40	16-07-19	COM	BRANDT DIAS Anne	16-09-49	31-08-19	COM
JACQUET Irène	19-08-30	17-07-19	COM	STUEBER Wolfgang	18-04-30	02-09-19	COM
THIBAUT Josiane	19-08-50	22-07-19	COM	ELPHICK Robert	20-07-30	11-09-19	COM
DE NIL-COPPENS Margriet	10-11-26	22-07-19	COM	FEELY Lis	23-03-39	17-09-19	PE
VERMEIR Nadina	07-01-52	25-07-19	COM	APPELMANS Roger	15-11-42	20-09-19	COM
LAEMMCHEN Tibor	03-07-44	26-07-19	COM	GROBECKER Karl-Heinz	04-01-48	22-09-19	COM
MULLER Denise	08-06-34	05-07-19	COM	MOSER Wolfgang	13-01-43	25-09-19	CM
BRANDT Berthold	25-01-31	15-07-19	COM	DEL GRANDE Anna	15-11-48	26-09-19	COM
HILDERSON Adèle	05-04-30	18-07-19	COM	STURARO Antonio	13-06-51	27-09-19	COM
SEALY Sherwood	31-10-43	23-07-19	PE	WALKISE Roger	14-07-48	27-09-19	CM
CERRI Marco	23-02-34	24-07-19	COM	LEDUC Alain	14-11-45	28-09-19	CES
TRAPANI Agostino	11-06-36	28-07-19	COM	MEDERNACH Yvonne	23-06-30	29-09-19	PE
VAN DEN HEUVEL Andreas	22-01-55	28-07-19	CES	LEY Simona	18-07-24	29-09-19	COM
GUILHERME Antonio	18-05-57	29-07-19	COM	GHIRINGHELLI Carlo	29-05-37	29-09-19	COM
BOUCEFAR Hamid	20-02-74	29-07-19	CJ	BEDITTI Romolo	27-01-38	29-09-19	COM
VOLPI Edoardo	30-11-25	29-07-19	COM	BAGATTINI Pietro	02-10-25	30-09-19	COM
ANASTOPOULOS Panayotis	17-07-48	30-07-19	COM	LEBIS Jenny	23-05-47	30-09-19	COM
MELASECCA Anna	09-07-49	30-07-19	CM	TEILLAIS Yvette	01-05-22	01-10-19	COM
PIRONNET Marie-Christine	15-06-60	31-07-19	COM	HOANG XANTIPPE Ch	11-06-28	04-10-19	COM
ALONSO Angel	02-09-31	01-08-19	COM	CAPIAU Olga	05-01-21	06-10-19	COM
MAGRI Sergio	30-11-43	02-08-19	PE	MECK-MARKOWSKI M	07-11-25	07-10-19	COM
TONELOTTO Mario	19-08-43	03-08-19	PE	PEIL Antonius	22-11-39	09-10-19	COM
GOMEZ CIERCOLES Manuela	07-11-56	03-08-19	COM	VANDEROOST Maurice	23-10-35	10-10-19	COM
FRANKEN Gaston	07-02-25	06-08-19	COM	MOINS LESUEUR Jeannine	06-08-30	11-10-19	CM

Nom, Prénom	Naissance	Décès	Instit.	Nom, Prénom	Naissance	Décès	Instit.
HERKNER Ursula	24-05-34	08-08-19	COM	PEETERMANS Frans	12-01-41	11-10-19	COM
MELLE Vera	08-05-25	10-08-19	COM	HELIN Willy	22-06-46	11-10-19	COM
DROUVIS Zissis	05-06-35	11-08-19	COM	DE MICCO Fabio	11-05-31	12-10-19	COM
MAINERI Giancarlo	26-11-41	15-08-19	COM	WOLFF-L'HUILLIER A-M	07-02-35	12-10-19	COM
SILFVERHUTH Ritva	22-09-47	18-08-19	EAS	NILSSON Jens	12-01-45	12-10-19	CJ
EVANS Peter	19-11-32	19-08-19	COM	RICHAUT Cecile	18-10-64	13-10-19	COM
RIZZI Genia	19-11-32	21-08-19	COM	VERGAUWEN Guido	16-05-48	15-10-19	COM
LEVY CASTIEL Carlos	04-04-51	21-08-19	COM	MEYER Raymond	25-06-44	15-10-19	PE
LIBERT Ferdy	10-10-38	21-08-19	CM	MACCHIA Stefano	14-08-43	16-10-19	COM
MARCHAND Pierre	06-04-27	21-06-19	COM	BEAUJOIN Daniel	28-09-31	16-10-19	COM
WESTERGAARD Jorgen	20-10-36	11-08-19	COM	JACKSON Christine	22-10-46	16-10-19	COM
GELEE Gerard	26-03-35	20-08-19	PE	MEDEIROS FERNANDES R	09-03-34	18-10-19	COM
VERMOESEN Agnes	21-08-36	21-08-19	COM	GABOLDE Jean	11-02-37	18-10-19	COM
EHM-GIENAPP Ursula	14-08-54	24-08-19	COM	WAINRIGHT Richard	10-06-40	18-10-19	COM
CHEVALIER Robert	13-08-35	24-08-19	COM	RASTRELLI Giovanni	24-06-49	18-10-19	CJ
GIANNETTO Sebastiano	09-07-29	25-08-19	COM	WINTHER Kathryn	27-11-46	19-10-19	ENV
DIETRICH Olaf	16-06-29	28-08-19	COM	MAINO Vincenzo	23-12-34	22-10-19	COM
NABAVI Ginette	26-04-45	29-08-19	COM	SALIMA Santa	14-10-53	25-10-19	CES

**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  
by Post / Email

**SEPS Vade-mecum**

- Part 1 (Procedures – edition august 2015 FR only)  /
- Part 2 (forms /pers. data)  /
- Part 3 (addresses PMO – ADMIN. ...)** Ed. May 2019  /
- Part 4 (reimbursement forms – RCAM/JSIS) (January 2019)  /

**Supplementary health insurances** Edition May 2017  /

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

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

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

**Inheritance (Me. J Buekenhoudt)** (May 2018)  /

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

Please send these documents (by Post or by Email) to :

Surname.....

First name .....

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

Email address: .....

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

To be sent to

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

GSM: +32 (0)475 472470

Email:

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

**APPLICATION FORM**

I, THE UNDERSIGNED (1) .....

Maiden name for married women (1).....

PERSONNEL / PENSION N°: .....DATE OF BIRTH (dd/mm/yy): .....

NATIONALITY: ..... Language desired for documents (2): **FR/EN**

HOME ADDRESS (1).....

.....

HOME Tel: ..... GSM\*: .....

E-mail: .....

FORMER STAFF MEMBER OF (Institution + DG or Dept.): .....

If still active: number of years' service: .....

HEREBY DECLARE MEMBERSHIP OF THE "ASSOCIATION OF SENIORS OF THE EUROPEAN PUBLIC SERVICE " (SEPS), by sending this completed form to SEPS and paying the membership fee..

HEREBY DECLARE THAT I AGREE TO SEPS REGISTERING AND STORING MY ABOVE PERSONAL DATA and to it being kept for the length of my membership.

The Association undertakes to protect your data and will prevent it being distributed, apart from when obliged to by law or in response to a request to do so by you, within the limits of the social purpose of the Association.

DONE AT:.....

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

The annual subscription of **€30** is payable on 1 January. New members joining after 30 June will not be required to pay their second subscription until the second January following their enrolment.

SEPS Bank account N°:

**ING bank, Brussels IBAN BE37 3630 5079 7728 BIC: BBRUBEBB**Communication: **Annual subscription + names and pension Nr.**

Please return this application form to:

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

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

(1) Capital letters please (2) Please cross out where appropriate (\*) optional

---

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

---

To be sent to

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

GSM: +32 (0)475 472470

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

**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, the sum of : € 30

by debit of account N° .....

to: **SEPS - SFPE**  
JL Office 02 40 CG39  
175 rue de la Loi 175  
B 1048 Brussels

Account N° **IBAN BE37 3630 5079 7728** **BIC BBRUBEBB**

**ING Bank** Brussels

**Reference:** Annual subscription + Names and personnel/pension number

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

**To be sent to your bank**