



CONFIDENTIAL DECLARATION

For the purposes of Article 72 (in particular paragraph 4) of the Staff Regulations and Articles 12-17 and 22 of the Joint Rules on Sickness Insurance for Officials of the European Communities.

<input type="checkbox"/> NEW MEMBERSHIP	<input type="checkbox"/> AMENDMENT	Effective from:
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Institution/Agency/School: Personnel/Pension No:

Surname: First name:

Date of birth: Gender: M F

Nationality: Mother tongue:

Statutory Link: Category: Grade:

Date of entry into service (or of retirement)/beginning of secondment:

Office address:

Private address:.....

Private email address / mobile number:.....

End of contract/secondment:

Contact details when leaving the service/end of secondment:

.....

Civil status: single married recognised partnership
 widow(er) divorced legally separated

Date of marriage or divorce or beginning/end of partnership:

INFORMATION ON THE MEMBER'S SPOUSE/ UNMARRIED PARTNER*/ OTHER PARENT IF SINGLE WITH CHILD(REN)					
Surname	Official forename	Date of birth	Nationality	Gender	Place of residence

* Hereafter in this document, the term "spouse" shall include also an "unmarried partner", as defined in Art. 72 of the Staff Regulations

Is your spouse an EU official/ EU temporary staff?
 Spouse's **personnel no:**

Is your spouse gainfully employed?
 YES **Since when?**
 NO **Since when?**

employee self-employed other (please specify)

Name and address of current employer:.....

Does your spouse receive a pension or any other income from previous employment? For example: retirement pension, survivor's pension, invalidity pension, unemployment benefit, maternity benefit, parental leave, long-term sickness benefit, disability benefit, or other (please specify):

YES NO

If you answered "YES" to one of the two previous questions:

- please specify your spouse's total annual income from employment, pension, allowances, etc. before tax, excluding benefits, allowances for expenses and social security contributions:

- **If your spouse wishes to benefit from JSIS top-up cover, please enclose a complete copy of the most recent official tax certificate for income from employment, or in the absence of such a certificate, a detailed statement of income in the previous year issued by the employer.**

Can your spouse be covered under a legal or statutory primary sickness insurance scheme other than JSIS?

YES NO

If so, name and address of the insuring scheme:

DEPENDENT CHILDREN					
who are dependent within the meaning of Article 2(1), (2), (3) and (5) of Annex VII to the Staff Regulations					
Surname	Official forename	Date of birth	Nationality	Gender	Place of residence

Can the child(ren) be covered under a primary sickness insurance scheme other than the JSIS in the other parent's right?

YES NO

If not, please provide a certificate from the sickness insurance scheme, clearly confirming the reason for non-coverage and the respective period. If yes, please provide name and address of the insuring scheme:

.....

Can that coverage be done without payment of extra contributions for the child(ren)? YES NO

If not, please attach a certificate from the insuring scheme identifying the extra amount to be paid.

PERSONS TREATED AS DEPENDENT CHILDREN					
within the meaning of Article 2(4) of Annex VII to the Staff Regulations. (please enclose a copy of the appointing authority's decision)					
Surname	Official forename	Date of birth	Nationality	Gender	Place of residence

Can the person(s) be covered under a legal or statutory primary sickness insurance scheme within the meaning of Article 17 of the Joint Rules on Sickness Insurance? YES NO

I undertake to give immediate written notification of any change in the information given on this form (change in marital/partnership status, composition of family, resignation, unemployment, resumption of spouse/partner's paid employment, increase or decrease in spouse/partner's annual income, etc.) and to supply complete supporting documents.

I confirm that my spouse agrees with the submission of his/her income statement to allow the JSIS Membership Rights Team to assess his/her entitlement to the JSIS top-up cover.

I certify that the above details are correct (see Article 34 ("fraud") of the Joint Rules on Sickness Insurance).

Place: **Date:** **Signature:**.....