



REQUEST FOR A PRIORITY TREATMENT OF A CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

May apply for priority treatment Members covered primarily by the JSIS who incur medical expenses in excess of 600 € over the 15-day period preceding the claim for reimbursement and wish to request accelerated treatment of the claim

This form should be placed as a cover page to your request for reimbursement
to alert your Settlement Office of its priority status

To be sent to your Settlement Office of the Joint Sickness Insurance Scheme (JSIS) – please see address below

Name and first name of member: Pers./Pension No:
Institution and place of employment: Office address:Tel.:
Private address if you are retired:
Date of termination of employment/ date of end of contract:.....(for temporary staff or contract staff)

Request in respect of (tick the appropriate box):

member of the Scheme spouse or recognised partner child person treated as a dependent child.

Name and first name: Date of birth:

Tick the relevant box

Date that medical expenses were incurred :

Postal date of the request for reimbursement to PMO (maximum 15 days following the settlement of costs):

Amount paid (more than 600 €):

I have read and understand the rules and regulations governing the accelerated reimbursement of medical expenses and hereby accept said conditions

Date

Signature

Send back to

**Brussels Settlements Office
European Commission**
SC27 0/05
B-1049 Brussels

**Ispra Settlements Office
European Commission**
PMO/06 - TP 740
Via E. Fermi, 2749
I-21027 Ispra (Va)

**Luxembourg Settlements Office
European Commission**
DRB - B1/061
L-2920 Luxembourg

<https://ec.europa.eu/pmo/contact/>

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