



EUROPEAN COMMISSION
OFFICE FOR THE ADMINISTRATION AND PAYMENT OF INDIVIDUAL
ENTITLEMENTS

PMO/3 – Sickness and accident insurance
Head of Unit

ANNEX

DECLARATION

Staff No:

Surname and first name:

To complete your file of documents required for prior authorisation, please let us know whether you receive complementary financial assistance from a statutory and/or compulsory or private insurance scheme. If so, please indicate below the amount of support that you receive and send the completed form back to us.

Please note that if you fail to return a duly completed, signed copy of this form, your prior authorisation application will not be processed and will be returned to you.

Complementary financial assistance

BENEFICIARY – surname and first name:

- Carer(s)

- Convalescent or nursing home

- Other:

- insurance provider:

- amount received: country: currency:

No complementary financial assistance received

Date:

Signature:

➤ **To be sent to your Settlements Office**

Staff of the Commission and the Executive Agencies:

http://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/sources/Pages/index.aspx

Staff of the delegations and Publications Office and staff who are retired, on secondment or on leave on personal grounds (CCP):

https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/Pages/index.aspx

Other EU institutions and other agencies: http://myintracomm.ec.testa.eu/hr_admin/en/sickness_insurance/Pages/index.aspx

