

**DG HR Newsletter** 

### OCTOBER - DECEMBER 2019 #24

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## **Pension payments**

### Your pension hasn't been paid into your bank account yet?

Always wait until the last working day of the month before taking action. If it hasn't been paid by then, please contact the Pensions Unit:

<u>PMO-PENSIONS@ec.europa.eu</u> for retirement/invalidity pensions, <u>PMO-SURVIE@ec.europa.eu</u> for recipients of a survivor's/orphan's pension,

or **+ 32 (0)2-297 88 00** on working days from Monday to Friday between 9.30 and 12.30.



### **SCREENING PROGRAMMES – WHAT'S GOING TO CHANGE?**

### 1. A new programme for a different age group

A programme for men and women aged between 18 and 44 is now available. This brings to eight the total number of programmes on offer to members, whether working or retired, on the basis of age/gender (see programme outlines below).

# 2. An initial consultation, examinations and a closing consultation

Each screening programme starts with an initial consultation, during which the doctor decides which examinations are necessary on the basis of your medical history, and ends with a closing consultation during which the doctor will review all the results.



You will be able to choose whether to have these consultations with a doctor from the approved medical centre or with a doctor of your choice. We advise that you choose the same doctor for both consultations.

Choose an approved centre because it will allow you to do everything in the same place, including the initial and closing consultations.

### 3. Structured presentation of examinations

In each programme, the examinations are currently broken down into two sections (except for GYN 1 and GYN 2, which are specific). The first section contains all the standard examinations; the second contains optional examinations which might also be prescribed for you. The doctor will decide, at the initial consultation, which standard or optional examinations you should undergo, depending on your medical history. Some of the optional examinations are subject to prior authorisation. If the doctor prescribes an examination which is not in the programme at all, you should request prior authorisation.

#### 4. The invitation and its annexes

Once you request an invitation for a screening programme, you will receive the following documents:

#### Letter of invitation

This will specify whether it is an invitation to an 'approved centre with direct billing' (i.e. the JSIS will be invoiced directly as you have opted for an approved centre) or 'without direct billing' (if you have opted for a free choice of non-approved centres). The letter of invitation contains instructions for you and for the medical centre.

### Note for the doctor who will conduct your initial/closing consultations

This explains the background to JSIS screening programmes and contains useful information.

#### · Annex 1

The screening programme corresponding to your age and sex should be completed and signed by you and by the doctor.

#### · Annex 2

Declaration on your participation, to be signed by you.

### 5. Role and responsibilities of each party

The documentation provided with the letter of invitation also details the role and responsibilities of each party concerned: the participant, the screening centre, the prescribing doctor, the JSIS. For example, if you do not wish to undergo one of the examinations prescribed, you may indicate this in writing, as the programme documentation now has a specific section for this. We recommend that you read carefully all the documents attached to your letter of invitation.

### 6. Approved centres

The JSIS is continuing in its efforts to sign agreements with as many centres as possible, in as many Member States as possible.

The list of approved centres is updated as agreements are reached. If you don't have an approved centre in your country of residence, you can make a free choice of (non-approved) centres in which to undergo the relevant screening programme, pay for the services and then apply for reimbursement. Please note however that these services are subject to ceilings published on the <a href="Health screening programmes web page">Health > Preventive health > Health screening programme</a>).

You are of course free to choose an approved centre in a country other than your country of residence to undergo your health-screening programme.

### WHEN WILL THE NEW PROGRAMMES START?

The new programmes will be available from 1 October 2019.

### ARE THE NEW PROGRAMMES AVAILABLE BEFORE THAT DATE?

If you have an invitation dated between 28 February 2019 and 4 September 2019 and the start date for your programme is before 1 November 2019, keep your appointment and go ahead with your health screening programme.

In other cases, you have two choices:

- either keep your appointment and go ahead with your health screening programme,
- or have a look at the new programmes and request a new invitation for the new programmes/new centres:
  - for staff in active service: via the Staff Contact portal (click on 'Contact us' on the right of the 'Health screening programmes' web page);
  - · for retired staff:
    - either via Staff Contact (click on 'Contact us' on the right of the 'Health screening programmes' web page);
    - or via JSIS Screening Tel: +32 2 29 53866 (between 9.30 and 12.30).

### Exceptional temporary measure:

If your place of employment or your residence is in the UK or a Scandinavian country, there is no approved health centre in the country and it proves difficult or impossible to find a doctor or to carry out the tests as part of a screening programme: you can always approach one of the centres listed below (1), which are specialised in the field, and ask to have your full programme carried out there. If the full programme cannot be completed, you can do as many as possible of the tests listed in your programme and others of the same type/with the same objective which may be proposed to you.

You must pay for the tests and apply for reimbursement using the 'paper application form' procedure.

In such cases, if your costs are considered reasonable by the JSIS, it will exercise flexibility and due concern when reimbursing them.

### **Specialised centres**

DENMARK	
FALCK HEALTHCARE MEDICINSK TEST CENTER	1264 COPENHAGEN
FALCK HEALTHCARE MEDICINSK TEST CENTER	8000 AARHUS
ALERIS-HAMLET HOSPITALS	2860 SOBORG
ALERIS-HAMLET HOSPITALS	9200 AALBORG
THYGESEN HEALTH	2942 SKODSBORG
FINLAND	
TERVEYSTALO OY HELSINKI	TURKU-TAMPERE
MEHILAEINEN (ALL LOCATIONS)	HELSINKI- TURKU-TAMPERE
SWEDEN	
CARLANDERSKA	40545 GOETEBORG
CITYAKUTEN I PRAKTIKERTJAENST	AB 11137 STOCKHOLM
UNITED KINGDOM	
BUPA HEALTH CENTRE	Various addresses: London Austin Friars, London King's Cross, Bristol, Glasgow, Leeds, Manchester, Whalley Range, Reading, Solihull
ROODLANE MEDICAL LTD	Various addresses: London: New Broad Street, Fleet Street, Tooley Street, Canary Wharf Glasgow

A special issue on screening will be sent out to you shortly. In the meantime, all the details are available on the <u>Health screening programmes web page</u> (MyIntracomm>Staff matters > Health > Preventive health > Health screening programme).



### ANNEX 1

Date: [../../..]

Screening programme 1: women aged 18 to 44

### Frequency: every 5 years

Our references: [reference]

Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

To be completed by the doctor at the initial consultation
dard' tests
consultation (with your own GP or with a GP at an approved centre): detailed medical history + physical ation (blood pressure, weight, height, BMI)
Dermatological examination to screen for melanoma Blood test    Total cholesterol, HDL, LDL
<ul> <li>HIV (serology) (unless written refusal from the participant)</li> <li>Fasting glycaemia or glycated haemoglobin</li> </ul>
<ul> <li>Haemoglobin, haematocrit and red blood cell count</li> <li>Leucocytosis and leucocyte count, platelets</li> <li>Creatinine, uric acid, potassium, calcium</li> </ul>
GOT, GPT, gamma GT  Urine analysis: albumin + urinary glucose
ng consultation (with your own GP or with a GP at an approved centre)
ional tests (optional)
refused by the participant:
report to be sent to:
report to be sent to: Participant's address:
report to be sent to:
report to be sent to: Participant's address:
report to be sent to: Participant's address:
report to be sent to: Participant's address:

This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for

reimbursement of the initial and closing consultations (participant).



# ANNEX 1

Date: [../../..]

### Screening programme 2: women aged 45 to 59

### Frequency: every 4 years

Our references: [reference]

Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

To be completed by the doctor at the initial consultation		
'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)		
<ul> <li>□ Dermatological examination to screen for melanoma</li> <li>□ Ophthalmological examination (visual acuity test / optical correction and tonometry)</li> <li>□ Blood test</li> <li>○ Total cholesterol, HDL, LDL</li> <li>○ HIV (serology) (unless written refusal from the participant)</li> </ul>		
<ul> <li>Fasting glycaemia or glycated haemoglobin</li> <li>Haemoglobin, haematocrit and red blood cell count</li> <li>Leucocytosis and leucocyte count, platelets</li> <li>Creatinine, uric acid, potassium, calcium</li> </ul>		
<ul> <li>GOT, GPT, gamma GT</li> <li>Urine analysis: albumin + urinary glucose</li> <li>Examination by a cardiologist: electrocardiogram at rest and during exercise (if advised by the doctor, cf. cardiovascular risk)</li> </ul>		
+ Closing consultation (with your own GP or with a GP at an approved centre)		
Additional tests (optional)		
<ul> <li>☐ Hepatitis B - Hepatitis C - Syphilis (serology)</li> <li>☐ Examination of the colon (from age 50):         <ul> <li>○ Faecal immunochemical test based on a single sample and</li> <li>○ optical colonoscopy EVERY 10 years</li> <li>○ or virtual colonoscopy EVERY 10 years</li> </ul> </li> </ul>		
Tests refused by the participant:		
Final report to be sent to:		
□ Participant's address:□ GP's address:		
Date Doctor's signature and stamp:		
Participant's signature (for agreement):		

For any test not included in this programme, the participant must submit a separate request for prior authorisation.

This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for

reimbursement of the initial and closing consultations (participant).



### ANNEX 1

Date: [../../..]

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

### Frequency: every 2 years

Our references: [reference]
Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

reimbursement of the initial and closing consultations (participant).

Valid until: [date of end of cover or 18 months]

To be completed by the doctor at the initial consultation			
'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 □ Total cholesterol, HDL, LDL □ HIV (serology) (unless written refusal from the participant) □ Fasting glycaemia or glycated haemoglobin □ Haemoglobin, haematocrit and red blood cell count □ Leucocytosis and leucocyte count, platelets □ Creatinine, uric acid, potassium, calcium □ 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. cardiovas risk)	cular		
<ul> <li>□ Gynaecological consultation and cervical smear test</li> <li>□ Colposcopy if necessary</li> <li>□ Mammography (up to age 75)</li> </ul>			
+ Closing consultation (with your own GP or with a GP at an approved centre):			
Additional tests (optional)			
<ul> <li>□ Hepatitis B - Hepatitis C - Syphilis (serology)</li> <li>□ PCR test for chlamydia and gonorrhoea</li> <li>□ Examination of the colon (up to age 75):         <ul> <li>○ Faecal immunochemical test based on a single sample and</li> <li>○ optical colonoscopy EVERY 10 years</li> <li>○ or virtual colonoscopy EVERY 10 years</li> </ul> </li> <li>□ Bone density scan (DEXA)(once only)</li> </ul>			
Tests refused by the participant:			
inal report to be sent to:			
Participant's address:			
☐ GP's address:			
Date: Doctor's signature/stamp:			
Participant's signature (for agreement):			
or any test not included in this programme, the participant must submit a separate request for prior authorisation.  nis document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the reque	est for		



### **ANNEX 1**

Date: [../../..]

Screening programme 4: men aged 18 to 44

### Frequency: every 5 years

Our references: [reference]
Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

To be completed by the doctor at the initial consultation	
'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 □ Blood test	
<ul> <li>Total cholesterol, HDL, LDL</li> <li>HIV (serology) (unless written refusal from the participant)</li> </ul>	
<ul> <li>Fasting glycaemia or glycated haemoglobin</li> </ul>	
<ul> <li>Haemoglobin, haematocrit and red blood cell count</li> <li>Leucocytosis and leucocyte count, platelets</li> </ul>	
<ul> <li>Leucocytosis and leucocyte count, platelets</li> <li>Creatinine, uric acid, potassium, calcium</li> </ul>	
o GOT, GPT, gamma GT	
☐ Urine analysis: albumin + urinary glucose	
+ 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	
Tests refused by the participant:	
Final report to be sent to:  □ Participant's address:	
□ Fatticipant's address.	
☐ GP's address:	
Date: Doctor's signature/stamp:	
Participant's signature (for agreement):	
i antopanto signature (toi agreement).	
For any test not included in this programme, the participant must submit a separate request for prior authorisation.	
This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for	
reimbursement of the initial and closing consultations (participant).	



### **ANNEX 1**

Date: [../../..]

Screening programme 5: men aged 45 to 59

### Frequency: every 4 years

Our references: [reference]

Beneficiary: [first name, surname]
Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

	To be completed by the doctor at the initial consultation
	dard' tests
	consultation (with your own GP or with a GP at an approved centre): detailed medical history + physical ation (blood pressure, weight, height, BMI)
	Dermatological examination to screen for melanoma Ophthalmological examination (visual acuity test / optical correction and tonometry) Blood test  Total cholesterol, HDL, LDL HIV (serology) (unless written refusal from the participant) Fasting glycaemia or glycated haemoglobin Haemoglobin, haematocrit and red blood cell count Leucocytosis and leucocyte count, platelets Creatinine, uric acid, potassium, calcium
	○ 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)
± Cloci	ng consultation (with your own GP or with a GP at an approved centre)
	ional tests (optional)
	Hepatitis B - Hepatitis C - Syphilis (serology)
	PCR test for chlamydia and gonorrhoea
	PSA test (from age 55)
	Examination of the colon (from age 50):
	<ul> <li>Faecal immunochemical test based on a single sample and</li> </ul>
	o optical colonoscopy EVERY 10 years
	o or virtual colonoscopy EVERY 10 years
Tests	refused by the participant:
Einel	report to be sent to:
ı ıııdı	Participant's address:
	i attiopatito addreso.
	GP's address:
Date:	Doctor's signature/stamp:

This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for

reimbursement of the initial and closing consultations (participant).



### **ANNEX 1**

Date: [../../..]

### Screening programme 6: men aged 60 and over

### Frequency: every 2 years

Our references: [reference] Beneficiary:

[first name, surname] Staff/pension No: [xxxxxxx]

[date of end of cover or 18 months] Valid until:

To be completed by the doctor at the initial consultation	
'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 □ Total cholesterol, HDL, LDL □ HIV (serology) (unless written refusal from the participant) □ Fasting glycaemia or glycated haemoglobin □ Haemoglobin, haematocrit and red blood cell count □ Leucocytosis and leucocyte count, platelets □ Creatinine, uric acid, potassium, calcium □ 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):     ○ faecal immunochemical test based on a single sample and     ○ optical colonoscopy EVERY 10 years     ○ or virtual colonoscopy EVERY 10 years	
☐ Ultrasound screening for abdominal aortic aneurysm (once only)  Tests refused by the participant:	
rests refused by the participant.	
Final report to be sent to:  □ Participant's address:	
□ GP's address:	
Date: Doctor's signature/stamp:	

Participant's signature (for agreement):

> For any test not included in this programme, the participant must submit a separate request for prior authorisation.

reimbursement of the initial and closing consultations (participant).

This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for



### **ANNEX 1**

Date: [../../..]

Screening programme GYN 1: women aged 18 to 44

### Frequency: every 2 years

Our references: [reference]

Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

	To be completed by the dector during the consultation
	To be completed by the doctor during the consultation
Gynae	cological test and summary report
	Cervical cytology Colposcopy if necessary PCR-based HPV smear test PCR test for chlamydia and gonorrhoea
Tests r	refused by the participant:
Final re	eport to be sent to:
	Participant's address:
	GP's address:
Date:	Doctor's signature/stamp:

Participant's signature (for agreement):

- > For any test not included in this programme, the participant must submit a separate request for prior authorisation.
- > This document and Annex 2, completed and signed, must be attached to the invoice (approved centre).



# ANNEX 1

Date: [../../..]

### Screening programme GYN 2: women aged 45 to 59

### Frequency: every 2 years

Our references: [reference]

Beneficiary: [first name, surname]
Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

To be completed by the doctor during the consultation		
Gynaecological test and summary report		
	Cervical cytology Colposcopy if necessary PCR-based HPV smear test PCR test for chlamydia and gonorrhoea Mammography (from age 50)	
Tests	refused by the participant:	
Final I	report to be sent to: Participant's address:	
	GP's address:	
Date:	Doctor's signature/stamp:	

Participant's signature (for agreement):

- > For any test not included in this programme, the participant must submit a separate request for prior authorisation.
- > This document and Annex 2, completed and signed, must be attached to the invoice (approved centre).

### Retired spouses in JSIS complementary cover - simplification

With reference to Article 14 of the Joint Rules, spouses receiving pension deriving from previous gainful employment may be entitled to JSIS topup cover, which is normally granted for one year starting on 1st July and expiring on 30th June. In order to extend the coverage for a further year, you have to send the latest tax declaration stating your spouse's income to JSIS before 30 June every year.

As it is very unlikely that a pension, once established, changes significantly over the years a simplification decision was taken on extending the JSIS complementary coverage to lifelong for the retired spouses who meet the following criteria:



- the annual pension of the spouse does not exceed 90% of the JSIS threshold,
- at least one complete annual tax declaration has been submitted to the JSIS.

If your spouse fulfils the above-mentioned criteria, you would be (or have already been) informed by a letter explaining that you no more need to send in the annual tax declaration and that the right to JSIS top-up cover for your spouse is extended to lifelong.

Of course, the obligation to inform PMO promptly of any change occurring in your spouse's financial situation remains effective. Also, if your spouse's income reaches or exceeds the limit of 90% of the official threshold, you would have to notify JSIS accordingly via the Staff Matters Portal (<a href="https://webgate.ec.europa.eu/staffcontact/app/#/staff/Membership/form">https://webgate.ec.europa.eu/staffcontact/app/#/staff/Membership/form</a>) or by surface mail to the address of your Settlements Office. The lifelong coverage could consequently be revised.

The Administrative Information concerning the spouse's complementary coverage will nevertheless continue to be published every year. However, if you have already received the letter mentioned above, you will only have to check that your spouse's income does not exceed 90% of the updated income threshold. If this is the case, you do not have to send again the tax declaration and you can rely on the fact that your spouse's life-long JSIS top-up coverage is effective.

- Managing 'JSIS entitlements' questions and requests by post:
  - · Bruxelles:

Telephone: + 32 2 29 97777 - from Monday to Friday between 9.30 and 12.30 Fax: + 39 0332 78 54 79
European Commission
JSIS Ispra Membership entitlements
PM0.6 TP. 730
Via Enrico Fermi, 2749
21027 Ispra (Varese)
Italy

### · Ispra:

Telephone: + **39 0332 78 57 57 -** from Monday to Friday between 9.30 and 12.30

Fax: + 39 0332 78 54 79 European Commission JSIS Ispra Membership entitlements PM0.6 TP. 730 Via Enrico Fermi, 2749 21027 Ispra (Varese)

### · Luxembourg:

Italv

Telephone: + **352 4301 30655** - - from Monday to Friday between 9.30 and 12.30

Fax: + 352 4301 36019
European Commission
JSIS Luxembourg - Membership entitlements
DRB B1/061
L-2920 Luxembourg
Luxembourg

- Telephone assistance JSIS Contact:
  - **Brussels:** + 32 2 29 97777 from Monday to Friday between 9.30 and 12.30
  - **Ispra:** + **39 0332 78 57 57** from Monday to Friday between 9.30 and 12.30
  - Luxembourg: + 352 4301 36100 from Monday to Friday between 9.30 and 12.300

### **AIACE International annual conference**

In 2020, AIACE will hold its <u>annual conference</u> in Loutraki, Greece, from 4 to 10 May. Loutraki is a small spa town on the Gulf of Corinth, some 80 km west of Athens. The programme will include a day touring the region, a day of conferences/debates on subjects of general European interest, a general assembly day, a meeting between representatives of the various institutions, four workshops on subjects of particular interest to pensioners (sickness insurance, pensions, social services and communication, insurance), a non-stop helpdesk to respond to participants' needs as regards Commission IT applications, and a meeting of the



AIACE Management Board. The conference will also enable participants to discover the region, which has many areas of natural beauty and interesting archaeological sites. Meeting new people and renewing old acquaintanceships will be facilitated by convivial meals together, an aspect which is very much appreciated by the participants. Lodging and meetings will be at the Club Hotel Casino Loutraki, where two categories of room will be available. The hotel is by the sea, a 10- or 15-minute walk from the town centre. You can fly direct to Athens airport from most European cities; Athens-Loutraki transfers will be provided. The full programme will be published in the autumn in the AIACE magazine, on the AIACE international website and on the conference website.

**3 AIACE Internationale** -105, Avenue des Nerviens, Office 00/036, 1049, Brussels.

The secretariat is open from Monday to Friday, between 9.30 and 12.30 and 14.30 and 16.00.

Telephone: +32 2 295 29 60 Email: <u>aiace-int@ec.europa.eu</u> https://aiace-europa.eu

- 6 AIACE International conference website: https://aiace-europa-assises.eu/?lang=en
- 1 Club Hotel Casino Loutraki website: https://www.clubhotelloutraki.gr/en/

### **Communication from Afiliatys: HOSPI SAFE insurance**

Many pensioners have asked AFFILIATYS about the change of contract management for HOSPI SAFE, the complementary health insurance policy it offers.



Following the call for tenders launched by AFFILIATYS, ALLIANZ CARE will manage the HOSPI SAFE policy from 1 January 2020.

It is important to note that this change of management only concerns the HOSPI SAFE group of insurance policies offered by AFFILIATYS. It doesn't affect any other complementary, health or accident insurance policies. AFFILIATYS wishes to be absolutely clear about this, as many of the messages show that there is a good deal of confusion about this matter.

We would also like to remind you that the JSIS does reimburse 80-85% (with ceilings) of all medical costs arising from accidents just as it does for illnesses, whether you are working or retired.

Staff who are still working are also covered by a complementary insurance policy under the Staff Regulations which offers a top-up reimbursement for accidents and which may provide a lump sum in the event of recognised permanent invalidity or death: see Article 73 of the Staff Regulations.

Retirees (and staff on invalidity) are not covered by Article 73 of the Staff Regulations, but may take out an accident insurance policy offered by AIACE - CIGNA, which offers the same top-ups. **This accident insurance is not affected by the change of management referred to above.** 

HOSPI SAFE ACCIDENT/MALADIE (accident/illness) tops up the reimbursement of medical costs arising from an accident requiring hospitalisation.

HOSPI SAFE MALADIE (illness) is a new option available from January 2020 that does not cover medical costs arising from an accident. It is valid for those who have complementary cover for accidents, such as Article 73 for active staff, or a specific accident insurance for retirees. The annual premiums for this option are lower than for the preceding policy.

**AFILIATYS** - 105, Avenue des Nerviens, Office 00/09 – 1040, Brussels Staffed Tuesday and Thursday from 9.00 to 15.00 – Telephone: + 32 2 298 50 00 Email: <a href="mailto:info@afiliatys.eu">info@afiliatys.eu</a>
www.afiliatys.eu

### **SEPS/SFPE – Communications initiatives**

On 3 October 2008, the Association of Seniors of the European Civil Service (SEPS-SFPE) was set up as a non profit making association ('ASBL' under Belgian law – company number 806 839 565), without any political, trade union or religious affiliations.

The principal objective of SEPS/SFPE is the effective defence of pensioners' acquired rights: the sickness insurance scheme (JSIS), pensions, the method of adjusting salaries to take account of the cost of living, allowances, etc., and any other relevant issues. Assistance is often provided to members, especially to help them defend their rights.



Communication is the second objective of the association.

Providing information to pensioners is essential to understanding their position on developments in the rules which affect them. This is a somewhat difficult task as pensioners live all over Europe and many of them don't use the internet (or don't use it any more). A very simple newsletter is distributed to communicate important information on the rules of the association, the ways in which these rules can be changed, the decisions taken by PMO or the Commission, the recommendations of these services, correction of communication errors, contact with services dealing with pensioners, etc.

The SEPS-SFPE newsletter is distributed to members by post four times a year.

Information meetings are organised four times a year to allow members to discuss and understand the major problems of the day. These 'Thursday meetings' from 10.30 to 16.30, during which anyone can speak, pinpoint the issues which need to be dealt with. A convivial lunch is also held on those days, for which members are asked to contribute € 35.

For the last three years, these meetings have been held at the restaurant 'Au Repos des Chasseurs' in Boitsfort, which has several meeting rooms.

Pensioners or staff on invalidity or near retirement, and their spouses, are invited to these meetings, which are very often attended by members of the PMO or the social welfare offices of the Commission or the other institutions. The next meetings are on 5 December 2019, 12 March 2020 and 4 June 2020.

**3 SFPE** - 175 rue de la Loi, Office JL 02 40 CG39, BE-1048 Brussels (by appointment). 105 Avenue des Nerviens, Office N105 00 010, BE-1049 Brussels (Monday, Tuesday and Thursday from 10.00 to 15.00 or by appointment.

Telephone: +32 (0) 475 472 470

Email: <u>info@sfpe-seps.be</u> www.sfpe-seps.be