



# REQUEST FOR AN ADVANCE ON HIGH MEDICAL COSTS FOR BENEFICIARIES OF PRIMARY COVER UNDER THE JSIS

**Members of the Scheme may request an advance if their pension or basic salary is equal to or less than the basic salary of an official in grade AST2/1 BUT only if the monthly costs exceeds 20% of their pension or basic salary**

In accordance with the provisions of Chapter 4 of Title III of the General Implementing Provisions

To be returned to the Joint Sickness Insurance Scheme Settlements Office - **see details overleaf** U

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 for an advance on high medical costs in respect of <sup>1</sup> :**  
 member of the Scheme     spouse or recognised partner     child     person treated as a dependent child.  
 Name and first name:..... Date of birth:.....

| Type of medical expenses <sup>1</sup>                                   | Estimated amount | Estimated date |
|---|------------------|----------------|
| <input type="checkbox"/> Spectacles/lenses <sup>2</sup> :               | .....            | .....          |
| <input type="checkbox"/> Hearing aid <sup>2</sup> :                     | .....            | .....          |
| <input type="checkbox"/> Denture <sup>3</sup> :                         | .....            | .....          |
| <input type="checkbox"/> Orthodontic appliance <sup>3</sup> :           | .....            | .....          |
| <input type="checkbox"/> Orthopaedic shoes <sup>4</sup> :               | .....            | .....          |
| <input type="checkbox"/> Hair replacement/wig <sup>4</sup> :            | .....            | .....          |
| <input type="checkbox"/> Artificial limb/segment of limb <sup>4</sup> : | .....            | .....          |
| <input type="checkbox"/> Sleep apnoea equipment <sup>4</sup> :          | .....            | .....          |
| <input type="checkbox"/> Hospital-type bed <sup>4</sup> :               | .....            | .....          |
| <input type="checkbox"/> Pressure relief mattress <sup>4</sup> :        | .....            | .....          |
| <input type="checkbox"/> Wheelchair <sup>4</sup> :                      | .....            | .....          |
| <input type="checkbox"/> Other <sup>4</sup> (please specify):           | .....            | .....          |
| .....   |                  |                |
| <input type="checkbox"/> Cost of home nursing care <sup>4</sup> .....   |                  |                |
| Valid from ..... until .....  |                  |                |

**Amount of the advance**  
 The amount of the advance is fixed at:  
 - 80% of the reimbursement ceiling for the treatment/item concerned, or 80% of the estimated amount if that amount is less than the ceiling,  
 - 80% of the estimated amount in the case of treatment/items not subject to a reimbursement ceiling.  
 Where an advance is paid in respect of the cost of home nursing care, it will be made as a single payment and will be recovered only during the last month for which the prior authorisation is valid.

**I am aware of and undertake to comply with the conditions and the rules in force (see overleaf)**(members who do not use the advance for the purposes for which it was intended or who fail to comply with the three-month deadline for submitting the claim for reimbursement of the corresponding expenses, will be refused any further advance in the future)

Date .....

Signature .....

<sup>1</sup> Please tick the appropriate box  
<sup>2</sup> It is essential to attach a copy of the order form  
<sup>3</sup> It is essential to attach a copy of the dental estimate  
<sup>4</sup> It is essential to mention the reference n° of the prior authorisation granted

## Chapter 4 of Title III of the General Implementing Provisions

In accordance with Article 30 of the Joint Rules advances may be granted to members to enable them to meet major items of expenditure. Direct billing is the primary form of assistance, although advances may be granted under exceptional circumstances.

Persons who are only eligible for JSIS top-up cover will not be granted direct billing unless it can be established, by means of the necessary documentation, that the JSIS is to take the place of the primary scheme in accordance with the provisions of this Title on top-up cover.

### **Advances**

On the basis of a reasoned request from a member with primary cover, an advance on reimbursement may be granted in the form of a transfer to the member's bank account if his or her pension or basic salary is equal to or less than the basic salary of an official in grade AST2/1 and if the monthly medical costs likely to be incurred by the member total more than 20% of such pension or basic salary.

**The advance is automatically recovered if the member does not submit a claim for reimbursement of the medical expenses within three months of receiving the advance, unless the treatment is for a longer period of time and it is not possible to obtain an interim invoice before the end of the treatment.**

### **Extract from Article 30(2) of the Joint Rules**

Advances on medical expenses shall be recovered, either from any amount owed to the member under this Scheme or from the remuneration or pension or from any amount owed to the member by the institution or from the survivor's pension following the member's death.

### **Addresses of the JSIS Settlements Offices**

|  |  |   |
|--|--|---|
| <b>Brussels Settlements Office<br/>European Commission</b><br>SC27 0/05<br>B-1049 Brussels                     | <b>Ispra Settlements Office<br/>European Commission</b><br>PMO/06 - TP 730<br>Via E. Fermi, 2749<br>I-21027 Ispra (Va) | <b>Luxembourg Settlements<br/>Office<br/>European Commission</b><br>DRB - B1/061<br>L-2920 Luxembourg |
| <a href="https://ec.europa.eu/pmo/contact/">https://ec.europa.eu/pmo/contact/</a><br><b>+ 32 (0)2 29 97777</b> |  |   |