

**CLAIM FOR COMMUNITY UNEMPLOYMENT BENEFIT**

**Form to be transmitted by the former agent to his/her former employing institution and to PMO, within EIGHT days after the end of service**

**I, the undersigned, Mr/Ms** (Cross out the irrelevant title) .....

**TEMPORARY AGENT/CONTRACT AGENT/ACCREDITED PARLIAMENTARY ASSISTANT**  
(Cross out the irrelevant titles)

**PERSONNEL NUMBER:.....**

**CATEGORY/FUNCTION GROUP-GRADE-STEP .....**

In service from the ..... to the ..... with .....  
(Mention the institution)

**I REQUEST**

- the granting of the unemployment allowance, in accordance with Articles 28a/96/135 and 136 of the Conditions of employment of other servants (complementary);
- the continuation of the sickness insurance cover as provided for in Article 72 of the Staff Regulations (supplementary cover);

**I DECLARE THAT**

- 1) The termination of my service is not the result of resignation or of a disciplinary measure;
- 2) I did not introduce a request for a community pension in parallel to this current request;
- 3) I am unemployed since the .....
- 4) My place of residence is/will be (Cross out the irrelevant word(s)):  
Street: .....Nr: ..... Postal code: .....  
Town:.....Country: .....Email: .....  
Private phone: 00..... Mobile ph.: 00..... Fax: 00.....
- 5) My personal data are:  
Date of Birth: ..... Nationality: ..... Civil Status: .....
- 6) My partner's personal data are:  
Surname: ..... First name: .....  
Professional activity: ..... Annual income: .....  
(Before deduction of tax)  
Work with a European institution: .....His/her personnel number: .....
- 7) For people having children and/or who maintain any other person (see item 11):  
I confirm that I will request as soon as possible or that I have already made a request for national family allowances (household allowance and/or dependent child allowance and/or education allowance and/or any equivalent allowance);
- 8) I (or my spouse) receive(s) from other sources family allowances of the same kind as the household allowance, dependent child allowance or education allowance:
  - No (reason .....) )
  - Yes (attach supporting document)

- 9) I confirm that I will request as soon as possible or that I have already made a request for national unemployment benefit  
(Attach supporting documents, both in case of the receipt of benefits, indicating the amount, and also in case of refusal; in the second case - only in exceptional cases like sickness, maternity leave or other justifiable reason - the EU complementary benefit can be granted in case of refusal);
- 10) I confirm having made or to make as soon as possible a request for national sickness cover:  
(Attach supporting documents granting benefits or coverage refusal or indicate any other reason for which the coverage is guaranteed by virtue of a spouse);
- 11) I/my spouse (Cross out the irrelevant person) maintain(s) the following children (including persons treated as dependent children):

Name and first name	Date of birth	Receiving academic or vocational training (attach certificate of attendance)	Name of educational establishment	Income, if any, received by child - including study grants (show amount with supporting document)	Living at home	Family allowances of same kind received from other sources (show amount with supporting document)
1.		YES/NO		YES/NO Amount: .....	YES/NO	YES/NO Amount: .....
2.		YES/NO		YES/NO Amount: .....	YES/NO	YES/NO Amount: .....
3.		YES/NO		YES/NO Amount: .....	YES/NO	YES/NO Amount: .....
4.		YES/NO		YES/NO Amount: .....	YES/NO	YES/NO Amount: .....
5.		YES/NO		YES/NO Amount: .....	YES/NO	YES/NO Amount: .....

**Supporting documents:**

**Must be MANDATORY attach to this form:**

- 1) Copy of employment contract(s) plus any prolongations;
- 2) Document confirming the end of service;
- 3) Copy of last pay slip;
- 4) Financial identification sheet with new details or confirming no change to them: [http://ec.europa.eu/budget/info\\_contract/ftiers\\_fr.htm](http://ec.europa.eu/budget/info_contract/ftiers_fr.htm);

**Must be MANDATORY sent within 30 days:**

- |   | <b>I ATTACH</b>          | <b>I UNDERTAKE TO SEND</b> |
|---|--------------------------|----------------------------|
| 5) Document attesting the partner's income, if applicable;                              | <input type="checkbox"/> | <input type="checkbox"/>   |
| 6) Proof of residence;  | <input type="checkbox"/> | <input type="checkbox"/>   |
| 7) "EC-FTSC" form duly filled in and signed by national authorities;                    | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8) Refusal of national sickness insurance coverage, if applicable (to be sent to JSIS); | <input type="checkbox"/> | <input type="checkbox"/>   |
| 9) Document proving the application for national family allowances, if applicable;      | <input type="checkbox"/> | <input type="checkbox"/>   |
| 10) Family structure certificate (in case of recent modifications);                     | <input type="checkbox"/> | <input type="checkbox"/>   |

(Place and date) ..... (Signature).....



# FINANCIAL IDENTIFICATION

Guide – ANN. II

PRIVACY STATEMENT

[http://ec.europa.eu/budget/execution/ftiers\\_fr.htm](http://ec.europa.eu/budget/execution/ftiers_fr.htm)

## ACCOUNT NAME

ACCOUNT NAME<sup>(1)</sup>

ADDRESS

TOWN/CITY

POSTCODE

COUNTRY

CONTACT

TELEPHONE

FAX

E - MAIL

## BANK

BANK NAME

BRANCH ADDRESS

TOWN/CITY

POSTCODE

COUNTRY

ACCOUNT NUMBER

IBAN<sup>(2)</sup>

REMARKS:

**BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE**

(Both Obligatory)<sup>(3)</sup>

**DATE + SIGNATURE ACCOUNT HOLDER :**

(Obligatory)

DATE

- (1) The name or title under which the account has been opened and not the name of the authorized agent  
(2) If the IBAN Code (International Bank account number) is applied in the country where your bank is situated  
(3) It is preferable to attach a copy of recent bank statement, in which event the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder is obligatory in all cases.

## ANNEX

## Guide – Annex III 1/3

## EUROPEAN COMMUNITIES

## EC — FTCS FORM (1)

**CERTIFICATE OF REGISTRATION AS A PERSON SEEKING EMPLOYMENT/UNEMPLOYED PERSON AND ENTITLEMENT TO UNEMPLOYMENT BENEFIT OF A FORMER MEMBER OF THE TEMPORARY/CONTRACT STAFF OF THE EUROPEAN COMMUNITIES**

[third subparagraph of Article 28a(2) and third subparagraph of Article 96(2) of the Conditions of Employment of Other Servants of the European Communities]

1. Institution to which the form is addressed
.....

2. Information concerning the former member of temporary/contract staff of the European Communities
2.1. Surname: .....
2.2. Forename: .....
2.3. Address: .....
.....

**Part A — Registration and control**

3. It is hereby certified that the above-mentioned person:
- 3.1.  registered as seeking employment/unemployed on (dd/mm/yyyy) \_\_/\_\_/\_\_ with the employment authority of .....
- 3.2.  was registered as seeking employment/unemployed from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_
- did not meet the conditions laid down by national law from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_
- Reason: .....
- .....

4. National institution issuing the certificate (Part A)	
4.1. Name: .....	
4.2. Address: .....	
4.3. Stamp:	4.4. Date:
	4.5. Signature:

(1) EC: European Communities  
 FTCS: Former member of the temporary or contract staff

## Part B — Application for unemployment benefit

## Guide – Annex III 2/3

5. It is hereby certified:
- 5.1.  that the person mentioned in Box 2 has made an application for unemployment benefit dated  
    \_\_/\_\_/\_\_
- 5.2.  that this application is being examined
6. The person mentioned in Box 2:
- 6.1.  is not entitled to unemployment benefit  
    Reason: .....
- 6.2.  is entitled to unemployment benefit or similar allowances
- 6.2.1. from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_
- 6.2.2. for ... days
- 6.2.3. for a gross  daily  weekly  monthly amount of: .....
- 6.2.4. The calculated amount of the monthly allowance is based on:  
     calendar days  
     5 working days per week  
     6 working days per week
- 6.2.5. The number of days excluded from benefit (holidays, leave, other) in the period concerned is: .....
- 6.2.6. Net amount of the allowance paid for the month under consideration: .....
7. Payment of benefit was:
- 7.1.  suspended from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_  
    Reason: .....
- 7.2.  terminated  
    Reason: .....
8. For the second and subsequent months of control:  
     It is hereby certified that the person mentioned in Box 2 is not entitled to national benefits and that there is no change to report in relation to the certificate for the previous month.

9. National institution issuing the certificate (Part B)	
9.1. Name: .....	
9.2. Address: .....	
9.3. Stamp	9.4. Date: __/__/__
	9.5. Signature: .....

**INSTRUCTIONS FOR THE USER OF THE FORM**

Guide – Annex III 3/3

(The form should be completed in capitals using only the dotted lines.)

**A. Instructions for the services of the European Communities**

1. The competent service of the institution of the European Communities in which the former member of the temporary or contract staff was employed should complete Boxes 1 and 2.
2. It should supply five copies of the form thus completed to the former member of staff.

**B. Instructions for the national authority**

1. When the individual registers as a person seeking employment, the competent national institution should complete at least Item 3.1, Box 4 and Item 5 of the form, which the former member of the temporary or contract staff is required to submit to it. The former member of staff should then send the form thus completed to the institution of the European Communities mentioned in Box 1.
2. Each month thereafter it should complete Item 3.1, Box 4 and Items 5 or 8 at least and the other items as appropriate.

**C. Instructions for the former member of staff of the European Communities**

To qualify for the unemployment allowance provided for in the third subparagraph of Article 28a(2) and the third subparagraph of Article 96(2) of the Conditions of Employment of Other Servants of the European Communities,

you must:

1. register as seeking employment/unemployed with the unemployment authority of the Member State where you are taking up residence before the end of the month following the end of your employment as a member of the temporary or contract staff;
2. comply with the obligations in unemployment matters laid down by the law of the Member State where you are registered as seeking employment/unemployed;
3. submit one copy of the form to the national authority for completion when registering as seeking employment/unemployed and once a month thereafter (point B above);
4. submit the form thus completed to the institution to which the form is addressed (Box 1).



### SWORN STATEMENT



To be completed only where the EC-FTCS form cannot be used



FOR THE MONTH OF ..... (\*)

Surname: .....

Forename: .....

Personnel No ..... (see payslip)

I declare on my honour that:

1. my place of residence is:

.....

.....

.....

2. **(Please tick one of the following 3 boxes) :**

I am seeking employment but cannot register with the competent national body of the Member State in which I live because I am on:

maternity leave – from ...../...../..... to ...../...../..... (please attach medical certificate) (\*\*)

long-term sick leave – from ...../...../..... to ...../...../..... (please attach medical certificate) (\*\*)

other ..... (please specify and attach supporting document) (\*\*)

3. **(Please tick one of the following 3 boxes) :**

I am not entitled to national unemployment benefit (please attach supporting document) (\*\*)

I receive national unemployment benefit (please attach proof of payment) (\*\*)

I receive an allowance in lieu: ..... (please specify, e.g. mutual health insurance association) (attach proof of payment) (\*\*)

4. **(Please tick one of the following 2 boxes) :**

I was gainfully employed in the month in question:

YES

For ..... day(s) and from ...../...../..... to ...../...../..... (please attach supporting document) (\*\*)

NO

Done at ..... on ...../...../..... (\*) Signature .....

(\*) To be completed at the end of the month concerned and returned in the first two weeks of the following month.

(\*\*) All supporting documents submitted by the declarant are subject to a detailed examination by the departments responsible.

**APPLICATION FOR SEVERANCE GRANT**

I, the undersigned,

Surname, first name: .....

NUP number (see payslip): .....

Personnel number (see payslip): .....

Starting date of contract ..... End of contract .....

- hereby apply for the severance grant pursuant to Article 12 of Annex VIII of the Staff Regulations and article 39 of the CEOS
- request that the payment be made into my bank account

Nr .....

Name of the bank.....

***NB: should there be any changes and/or new bank account, please return a new bank slip, a financial identification and a copy of your passport.***

wish to receive all correspondence from (date).....

at the following address : .....

.....

Country .....

phone number .....

E-mail .....

Fax .....

I declare not to be in the process of recruitment as a temporary agent, official or contract agent within one of the European institutions or agencies. If effective new recruitment occurs, I declare that I will immediately inform the Unit PMO4.3.Pensions and refund, if necessary, the amounts already received under the severance grant.

Signed in ....., Date ..... Signature.....



**REFUSAL OF TRANSFER OF PENSION RIGHTS**

I the undersigned (first name/surname): .....

NUP number (see payslip): .....

Personnel number (see payslip): .....

Official Temporary agent following article 2a), 2c) or 2d) of the CEOS

Address:.....

.....

Declare having been informed on the contents of article 11§1 of annex VIII to the Staff Regulation which states that :

**An official (1) who leaves the service of the Communities to:**

- enter the service of a government administration or a national or international organization which has concluded an agreement with the Communities;
- pursue an activity in an employed or self-employed capacity, by virtue of which he acquires pension rights under a scheme whose administrative bodies have concluded an agreement with the Communities, shall be entitled to have the actuarial equivalent of his retirement pension rights in the Communities transferred to the pension fund of that administration or organization or to the pension fund under which he acquires retirement pension rights by virtue of the activity pursued in an employed or self-employed capacity. »

I have been informed that this type of transfer is actually possible towards certain national pension systems and a number of international organisations. I understand that this type of transfer is not possible any more once I benefited of the payment of the severance grant following article 12 of annex VIII of the Staff Regulations.

**I declare :**

- **Not having taken any personal commitment to make use of article 11§1 of annex VIII of the Staff Regulations at the time of a transfer of pension rights towards the pension system of the European Communities.**
- **That in my case, a transfer of pension rights acquired under the European Communities' pension system to a national or international system is not possible and I free the European Commission from all responsibility in this matter.**

Signed in ....., Date ..... Signature.....

(1) Or by analogy the temporary agent following article 2a), 2c) and 2d) of the CEOS

**PERSONAL DECLARATION SEVERANCE GRANT**

I, the undersigned,

Surname, first name: .....

NUP number (see pay slip).....

Personnel number (see pay slip).....

Starting date of contract ..... End of contract .....

request that the payment of my severance grant be made into my bank account

Nr .....

Name of the bank.....

**NB: should there be any changes and/or new bank account, please return a new bank slip, a financial identification and a copy of your passport.**

wish to receive all correspondence from (date).....

at the following

address :.....

.....

Country .....

phone number .....

Fax .....

E-mail .....

**!!! Except adverse opinion, the calculation of the Severance Grant will reach you via your E-mail address !!!**

I declare not to be in the process of recruitment as a temporary agent, official or contract agent within one of the European institutions or agencies. If effective new recruitment occurs, I declare that I will immediately inform the Unit PMO4.3.Pensions and refund, if necessary, the amounts already received under the severance grant.

Signed in ....., Date ..... Signature.....

**PERSONAL DECLARATION – TRANSFER**

I, the undersigned,

Surname, first name: .....

NUP N° (see payslip):.....

Personnel N° (see payslip):.....

Starting date of contract .....End of contract.....

**wish to receive all correspondence from (date) .....**

at the following

address : .....

.....

Country .....

phone number .....

Fax .....

E-mail .....

**Please mark in the corresponding box your choice of language version for the administrative documents intended for the pension fund.**

EN	FR	DE
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**I declare not to be in the process of recruitment as a temporary agent, official or contract agent within one of the European institutions or agencies. If effective new recruitment occurs, I declare that I will immediately inform the Unit PMO4.3. Pensions and refund, if necessary, the amounts already received under the severance grant.**

**Signed in ....., Date ..... Signature.....**

**PERSONAL STATEMENT  
DEROGATION UNDER ARTICLE 1252 OF ANNEX VIII**

I, the undersigned,

Name, first name : .....

NUP No. (see salary statement) : .....

Personnel No. : .....

Starting date of the contract ..... End date of the contract .....

I declare that, in order to establish or maintain my pension rights, I have, since taking up my duties, paid into:

- a national pension scheme\*: .....

- a private insurance scheme or an other pension fund\*: .....

which satisfies the requirements set out in Article 1251b

\* name and address of the organisation

and that I would like the actuarial value of my pension rights acquired with the Community scheme to be paid into my bank account number .....  
with .....

***NB: If you have changed your account or opened a new one, please attach a new bank details form, a legal entity form and a photocopy of your identity card.***

All correspondence can be sent to me at the following address from .... / ..... / ..... :

Street and number .....

Town/city and postcode .....

Country .....

Phone: .....

E-mail, Fax .....

***I declare that I am not in the process of being recruited as a member of the temporary staff, official or member of the contract staff in any of the European institutions or agencies. If I am recruited I undertake to notify PMO4.3-Pensions immediately and if necessary repay any amounts I have already received by way of severance grant.***

Done at ....., on .....

Signature.....

<b>PERSONAL STATEMENT APPLICATION OF THE ARTICLE 42 OF THE STAFF REGULATIONS</b>
--

I, the undersigned,

Name, first name : .....

NUP No. (see salary statement) : .....

Personnel No. : .....

Starting date of the contract ..... End date of the contract .....

I declare requested the application of the article 42 since my entry in the institutions.

I would like the actuarial value of my pension rights acquired with the Community scheme to be paid into my bank account number .....  
with .....

***NB: If you have changed your account or opened a new one, please attach a new bank details form, a legal entity form and a photocopy of your identity card.***

All correspondence can be sent to me at the following address from .... / ..... / ..... :

Street and number .....

Town/city and postcode .....

Country .....

Phone: .....

E-mail, Fax .....

***I declare that I am not in the process of being recruited as a member of the temporary staff, official or member of the contract staff in any of the European institutions or agencies. If I am recruited I undertake to notify PMO4.3.Pensions immediately and if necessary repay any amounts I have already received by way of severance grant.***

Done at ....., on .....

Signature.....



OFFICE FOR THE ADMINISTRATION AND SETTLEMENT OF INDIVIDUAL ENTITLEMENTS  
**PMO.4 Bxl : Pensions – Guim 10 6/32, B-1049 Brussels**  
**PMO.5 Luxembourg : DRB B1/030, L – 2920 Luxembourg**  
**PMO.6 Ispra : TP 063, I – 21020 Ispra (VA) (also for all EU CCRs)**

Surname and forenames: ..... Last DG:.....

Personnel n° : ..... Pension n° .....

To (see PMO address of your last place of work in top header)

**CLAIM FOR RESETTLEMENT ALLOWANCE**

Having left the service of the European Commission on .....  
 I have left (former address) .....

and have resettled at (new address).....

On....., my furniture was removed to my new address.

I hereby apply for the resettlement allowance and adduce evidence(\*) of the transfer of

my residence and

of that of my family, from my old address which I have now left to my new address :

(\*) Any pertinent document can count as evidence but the following must be produced :

- new telephone number : .....
- My/our certificate(s) or other evidence of residence established by a competent authority (local/natl./Consulate),
- recent utility bills: water/elect./internet, TV licence, opening of a bank account, new broadband account, registration with a GP, ...)
- proof of cancellation of personal / family local residence permit(s) at last place of work,
- lodging expenses at my charge : documents relating to the purchase or lease of new apartment or house, ( )
- documentary proof of change of car registration plates (if applicable)

Evidence may also where appropriate include :

- documents showing new employment situation (new post, receipt of unemployment benefit, pension - other than Community pension);
- If a child is also resettling : evidence of schooling before & after the termination of service.

**Profession of spouse: ..... Place of work:..... Since when:.....**

**My spouse benefited or will benefit from a similar allowance: Yes / No.**

**For persons remaining in active employment:**

In the new employment, a similar allowance:

has not and will not be paid

has been/will be paid, amounting to .....  
 (supporting documents are enclosed)

- **certificate of my/my spouse's employer indicating any amounts granted in relation to the (new) occupation (removal expenses, resettlement allowance and travel expenses).**

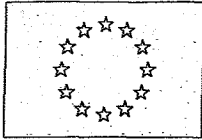
The resettlement allowance requested should, if granted, be transferred to account (pension account is compulsory for retired staff). (If this account is not known at the Commission, please submit Bank details):

n°..... with: .....

Place: ..... date: .....

Applicant's signature:.....

**ALL OF THE ABOVE DOCUMENTS MUST BE ENCLOSED. INCOMPLETE APPLICATIONS WILL BE RETURNED.** Both the verification of the validity of your request and the time necessary to effect payment mean that it will only be possible after a period of 4 months following the termination of service.



EUROPEAN COMMISSION Guide – Annex XI  
OFFICE FOR THE ADMINISTRATION AND SETTLEMENT OF INDIVIDUAL ENTITLEMENTS

PMO.4 – Brussels, Pensions, GUIM 6/32, B-1049  
PMO.5 – Luxembourg, DRB B1/031/ - L-2920  
PMO.6 – Ispra (VA), TP 063, I-21020 (also for EU CCRs)



**TRAVEL EXPENSES TO PLACE OF ORIGIN:** termination of service on.....

NAME & forename: ..... Personal n°: .....

Administrative Status:  Temporary agent  Contractual agent  Official

I travelled back to:  my place of resettlement: .....

(if this place does not correspond to your place of origin, its revision has to be requested)

Address and phone number after the termination of service (**obligatory**)

.....  
.....

I ATTACH TO THIS FORM THE CERTIFYING DOCUMENTS OF THE CHANGE OF ADDRESS

- ORIGINAL travel documents (tickets, boarding pass, invoice ...)
- Copy of the cancellation of residence permit at the last place of work
- Certificate of new residence + any other residence-related document, e.g. invoice, etc.
- New employment contract (if any)
- Copy of lease/deed of the new residence

**People who travelled and are resettling with me (spouse and/or dependant children)**

Name: .....	Date of birth: .....
.....	.....
.....	.....

Travelling from: .....	Date: .....
to: .....	Date: .....

Trip by:  train  car  plane Total expense: .....

I declare that I have not received any reimbursement from elsewhere.

I declare on my honour that the information given above is complete and accurate and I undertake to notify to the PMO of any change which could affect my current situation.

I acknowledge that according to Article B5 § 1 of the Staff Regulations: "Any sum overpaid shall be recovered if the recipient was aware that there was no due reason for the payment or if the fact of the overpayment was patently such that he could not have been unaware of it"

Date: ..... Signature: .....

**Please send to PMO of last place of work (see address in hereabove header)**

**RESERVED FOR PMO**

Transmitted in order to reimburse the aforementioned person, as follows:

- |                                   |                                    |  |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Official | <input type="checkbox"/> Train     | <input type="checkbox"/> Excess of luggage |
| <input type="checkbox"/> Spouse   | <input type="checkbox"/> Plane     | <input type="checkbox"/> Hotel             |
| <input type="checkbox"/> Children | <input type="checkbox"/> Car ferry | <b>Visa PMO</b>                            |

**Guide – Annex XII**

To:

Pensions Unit PMO.4  
EUROPEAN COMMISSION  
GUIM 06/32

B – 1049 BRUXELLES

PMO-CONTACT@ec.europa.eu  
Tel. : +32-2-299.77.77 – Fax. +32-2-296.53.73

**DECLARATION OF INTENTION OF RESETTLEMENT -  
REQUEST OF REVISION OF MY PLACE OF ORIGIN**

**I the undersigned,** .....

Personal number ...../ Date of birth: ..... **declare to have the firm  
intention to resettle, after my termination of service at:**

ADDRESS : .....

.....

COUNTRY : .....

TEL Nr: ..... As of (date): .....

**For the following reasons:**

.....  
.....  
.....  
.....  
.....  
.....

Date of retirement /termination of service: .....

- I already live at this address since: .....
- I am the owner of this address
- I am renting this address
  
- I intend to make the removal of my personal effects/furniture on (date).....
- There will be no removal

**I enclose herewith the documents that I find pertinent to support my request for the  
change of my place of origin.**

**My present place of origin to be changed is (city + country):** .....

Date: .....

Signature: .....