

EUROPEAN COMMISSION

Joint Sickness Insurance Scheme



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NOTE TO THE MEMBERSHIP TEAM

Subject: Request for continued coverage under the JSIS on resignation

I the undersigned	
will be resigning from the Institutions on	and I would like to remain
covered by the Joint Sickness Insurance Sch	eme until
Personnel number:	Official / temporary agent / contract agent ¹
Home address and phone number:	
Private E-mail:	

Please answer below the questions relevant to your request for continued JSIS cover	
Will you be in gainful employment?	
If so, on what date do you begin your new job?	
Approximately how much will you be earning (annual taxable income)?	
In which country will you be living after your resignation?	
Can you be covered by the national sickness scheme?	
If not, why not? ²	
If yes, will the contributions you would be required to make for sickness insurance	
represent 20% or more of your annual taxable income? ³	
Are you suffering from a recognised serious illness? Date of decision:	
Are you pregnant? Due date of birth?	

I have been informed of the amount of the contribution and undertake:

- to pay the contributions required to the JSIS
- to inform the JSIS of any alteration in circumstances which could require revision of this application viz, as appropriate, my employment status.

Signature: Date:

Telephone: direct line (32-2) 299.77.77 E-mail: PMO-CONTACT@ec.europa.eu Update: 22/08/2007

¹ Please delete as appropriate

² Please provide written proof of why you cannot be covered by another scheme

³ Please provide written proof