

EUROPEAN UNION
J.S.I.S.

Application for a Sickness Insurance Carnet
All persons who are *fully covered* by the JSIS are entitled to a carnet.

Please return one form per person - completed in capital letters -
together with a recent photograph, to the address of your Settlements Office. (*)

Member's name and forename (Official/Temporary Agent):

Date of birth:

Personnel number:

If Temporary agent, date of end of contract:

Office Address: Tel.:

Home address (only if pensioner/on CCP/etc.):

..... Tel.:

Carnet requested for the following person (fully covered by the JSIS)
(please attach a recent photograph with name, forename/personnel/pension n° on the back)

Name and forename:

Date of birth:

Nature of kinship with member (spouse/child):

Place: Date :

Signature of member:

(*) Settlements Offices:

Brussels (Belgium and other countries):
European Commission
Caisse de Maladie (B-28 03-190)- 200, rue de la Loi - B-1049 Bruxelles

Luxembourg (Luxembourg, France, Switzerland):
European Commission
Caisse de Maladie (WAG C2/10) - Plateau du Kirchberg - L-2920 Luxembourg

Ispra (Italy, Greece, Portugal, Spain):
Ufficio Liquidatore
Centro Comune di Ricerca - Stabilimento d'Ispra - I-21020 Ispra (Varese)

Karlsruhe (Germany, Austria, Denmark, Finland, Sweden, United Kingdom)
Gemeinsame Forschungsstelle - Europäisches Institut für Transurane
Abrechnungsstelle Krankenkasse - Postfach 2340 - D-76125 Karlsruhe