



**COUNCIL OF
THE EUROPEAN UNION**

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**STAT 53
FIN 256**

LEGISLATIVE ACTS AND OTHER INSTRUMENTS

Subject : Joint Rules on sickness insurance for officials of the European Communities

JOINT RULES
of
on sickness insurance
for officials of the European Communities

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Staff Regulations of Officials and the Conditions of Employment of Other Servants of the European Communities laid down by Regulation (EEC, Euratom, ECSC) No 259/68¹, as last amended by Regulation (EC, Euratom, ECSC) No 3736/90², and in particular Article 72 of those Staff Regulations and Article 28 of those Conditions,

Having regard to the Rules on sickness insurance for officials of the European Communities, and in particular Article 30 thereof,

Having regard to the Opinion of the Staff Regulations Committee,

Having regard to the Opinion of the Management Committee for the Joint Sickness and Insurance scheme,

¹ OJ L 56, 4.3.1968, p. 1.

² OJ L 124, 27.4.2004, p. 1.

Whereas:

It is the responsibility of the Institutions of the European Communities to draw up by agreement rules on insurance against the risk of disease applicable to officials of the Communities,

Having regard to the common accord between the institutions of the European Communities ¹,

HAS ADOPTED THESE RULES ²:

PART 1

GENERAL PROVISIONS

TITLE I

SCOPE

Article 1

Under Article 72 of the Staff Regulations, a Sickness Insurance Scheme common to the institutions of the European Communities (JSIS) is hereby set up. Within the limits and on the conditions set forth in these Rules and under the general implementing provisions adopted on the basis of Article 52 thereof, the Scheme shall guarantee to the persons covered by it the reimbursement of expenses incurred as a result of illness, accident or confinement and the payment of an allowance towards funeral expenses.

¹ These Rules have been adopted by all the Institutions, common accord having been recorded by the President of the Court of Justice of the European Communities on

² Rules amended by the Rules adopted by all the Institutions, common accord having been recorded by the President of the Court of Justice of the European Communities on 5 December 1990, 28 November 1991 and 20 January 1999.

The Scheme shall apply to its members and to persons covered under them.

References to the institutions in these Rules shall be understood to include the Community agencies.

TITLE II

MEMBERS

CHAPTER 1

COMMON PROVISIONS

Article 2

Membership

1. The following shall be members of this Scheme:
 - permanent officials,
 - temporary agents,
 - contract agents who have not applied for their sickness insurance cover to be maintained in the country in which they were last covered in accordance with Article 112 of the Conditions of Employment of Other Servants.

2. The following shall be members of this Scheme under the rules determining their emoluments, whether they are in activity or after they have ceased their employment:

- the President, Vice-Presidents and Members of the Commission,
- the President, Judges, Advocates-General and Registrar of the Court of Justice,
- the President, Members and Registrar of the Court of First Instance,
- the President and Members of the Court of Auditors,
- the European Ombudsman,
- the European Data Protection Supervisor and Deputy Supervisor.

3. The following shall also be members of this Scheme:

- former officials and temporary staff in receipt of a retirement pension,
- former contract agents in receipt of a retirement pension provided that they have been employed for more than three years as contract agents,
- persons in receipt of an invalidity pension or disability allowance,

- persons whose service has been terminated under Council Regulations 259/68, 2530/72 ¹, 1543/73 ², 2150/82 ³, 1679/85 ⁴, 3518/85 ⁵, 2274/87 ⁶, 1857/89 ⁷, 2688/95 ⁸ or 2689/95 ⁹,
- persons whose service has been terminated under Council Regulations 1746/2002 ¹⁰, 1747/2002 ¹¹ or 1748/2002 ¹² provided they are not in receipt of income from gainful employment,
- persons in receipt of an early or deferred retirement pension provided they are not in gainful employment,
- permanent officials, temporary staff and contract agents on unpaid leave on personal grounds, at their request and provided they are not in gainful employment.

4. The following shall also be members of this Scheme:

- surviving spouses or surviving recognised partners in receipt of a survivor's pension,
- surviving spouses or surviving recognised partners of persons as referred to in paragraph 2 under the rules determining their emoluments,
- surviving divorced spouses in receipt of a survivor's pension,
- persons in receipt of an orphan's pension at their request or at the request of their legal representative where they cannot be covered by a member's insurance.

¹ OJ L 272, 5.12.1972, p. 1.

² OJ L 155, 11.6.1973, p. 1.

³ OJ L 228, 4.8.1982, p. 1.

⁴ OJ L 162, 21.6.1985, p. 1.

⁵ OJ L 335, 13.12.1985, p. 56.

⁶ OJ L 209, 31.7.1987, p. 1.

⁷ OJ L 181, 28.6.1989, p. 2.

⁸ OJ L 280, 23.11.1995, p. 1.

⁹ OJ L 280, 23.11.1995, p. 4.

¹⁰ OJ L 264, 2.10.2002, p. 1.

¹¹ OJ L 264, 2.10.2002, p. 5.

¹² OJ L 264, 2.10.2002, p. 9.

Article 3
Contribution

1. The amount of the contribution to this Scheme shall be 5,1% of the basic salary, retirement pension, invalidity pension, disability allowance, survivor's or orphan's pension, or the allowance provided for in Council Regulations 1746/2002, 1747/2002 or 1748/2002, at the rate of one-third to be paid by members and two-thirds to be paid by the institutions or agencies concerned.

If a person is in receipt of a retirement or survivor's pension the contribution may not be less than that calculated by reference to the basic salary for grade 1, step 1 ¹.

2. In the case of full-time parental or family leave, the entire contribution shall be calculated by reference to the most recent basic salary and shall be borne by the institution or agency concerned.

In the case of half-time parental or family leave, the contribution borne by the institution or agency concerned shall be calculated as the difference between the full basic salary and the basic salary reduced proportionately.

In respect of the portion of the basic salary actually paid, members' contributions shall be calculated by applying the same percentages as if they were working full-time.

3. In the case of part-time work, the contribution shall be calculated by reference to the full basic salary of the member according to the proportions provided for in paragraph 1.

¹ For the period from 1 May 2004 to 30 April 2006: grade D*1, step 1.

4. In the case of unpaid leave on personal grounds, members may continue to be covered by this Scheme provided they pay half the contribution to the Scheme, calculated by reference to the most recent updated basic salary for their grade, in the first year and the full contribution from the second year on.

5. In the case of leave for military service, members shall not be covered by the Scheme. However, persons covered under them shall continue to be covered by the Scheme as provided below:

- in the case referred to in the second subparagraph of Article 42 of the Staff Regulations, without members having to pay contributions;
- in the case referred to in the third subparagraph of Article 42 provided members pay their contribution calculated by reference to the most recent updated basic salary for their grade and step.

Article 4

Compulsory membership of another sickness insurance scheme

Where permanent officials, temporary staff or contract agents are employed in a country in which they are required by the law of that country to join a compulsory scheme of sickness insurance, the contributions due under that scheme shall be paid in full from the budget of the institution to which the persons concerned belong. In this event, Article 22 shall apply.

CHAPTER 2

SPECIAL PROVISIONS APPLYING TO PERMANENT OFFICIALS

Article 5

Unpaid secondment

Permanent officials on unpaid secondment under Article 39(f) of the Staff Regulations may continue to be covered by the Scheme until they are required to resign, provided they pay all the contributions calculated by reference to the updated basic salary for their grade and step.

Article 6

Non-active status and retirement in the interests of the service

1. Officials in receipt of the allowance provided for in Articles 41 or 50 of the Staff Regulations may continue to be covered by this Scheme provided that they:

- are not gainfully employed, and
- pay one third of the contribution to this Scheme calculated by reference to the updated basic salary for their grade and step.

Officials may recommence cover under this Scheme on duly justified written application when all gainful employment has ceased.

2. Officials not in receipt of the allowance provided for in Articles 41 or 50 of the Staff Regulations or of a pension may continue to be covered by this Scheme provided that they:

- are not gainfully employed, and
- pay one half of the contribution to this Scheme calculated by reference to the updated basic salary for their grade for the first six months and the full contribution from the seventh month on.

Officials may recommence cover under this Scheme on duly justified written application when all gainful employment has ceased.

Article 7

Final termination of service

Officials whose service has been terminated may continue to be covered by this Scheme for a maximum period of six months provided that they:

- are not gainfully employed, and
- pay one half of the contribution to this Scheme calculated by reference to the updated basic salary for their grade and step.

Application for cover must be made before the end of the first month following the date of final termination of employment.

The above conditions do not apply in the case of serious or protracted illness contracted before termination of employment and notified to the institution before expiry of the six-month period provided for in the first paragraph, provided that the person concerned undergoes a medical examination arranged by the institution.

Article 8

Forfeiture of remuneration

Officials forfeiting the right to remuneration as a result of unauthorised absence or disciplinary measures may, at their written request in the month after the date of the decision, continue to be covered by this Scheme provided they pay one third of the contribution calculated by reference to the updated basic salary for their grade and step.

Article 9

Dismissal for incompetence

Officials in receipt of the allowance provided for in Article 51 of the Staff Regulations may continue to be covered by this Scheme during payment of the allowance provided that they:

- are not gainfully employed, and
- pay one half of the contribution to this Scheme calculated by reference to the updated basic salary for their grade and step.

CHAPTER 3

SPECIAL PROVISIONS APPLYING TO TEMPORARY STAFF AND CONTRACT AGENTS

Article 10

Resignation – end of contract

Servants who have resigned or reached the end of their contract may continue to be covered by this Scheme for a maximum of six months provided they:

- can prove that they cannot obtain reimbursement under another legal or statutory sickness insurance scheme,
- pay one half of the contribution to this Scheme calculated by reference to the updated basic salary for their grade and step.

Application for cover must be made before the end of the first month following the date of resignation or of the end of the contract.

The above conditions do not apply in the case of serious or protracted illness contracted before termination of employment and notified to the institution before expiry of the six-month period provided for in the first paragraph, provided that the person concerned undergoes a medical examination arranged by the institution.

Article 11

Unemployment

Servants in receipt of Community unemployment benefit shall be covered by this Scheme while that benefit is being paid.

This top-up cover does not require a contribution.

Servants may benefit from primary cover under this Scheme on duly justified written application if they cannot obtain cover under another legal or statutory sickness insurance scheme.

TITLE III

PERSONS COVERED BY MEMBERS' INSURANCE

CHAPTER 1

SPOUSES AND RECOGNISED PARTNERS

Article 12

Insured persons

The following are covered by members' insurance under the conditions set out in Articles 13 and 14:

- spouses, unless they are already full members of the Scheme,

- recognised partners of members of the Scheme even if they do not satisfy Article 1(2)(c)(iv) of Annex VII to the Staff Regulations,
- spouses or recognised partners taking unpaid leave on personal grounds as provided for in the Staff Regulations.

Article 13

Primary cover

Insured persons shall benefit from primary cover under this Scheme if they have no income of their own from gainful employment or if such income is so low that they cannot be covered by another compulsory legal or statutory sickness insurance scheme.

Income from gainful employment shall be understood to mean any salaries, fees, emoluments, benefits, allowances or pensions arising from current or former gainful employment, excluding allowances towards costs.

Article 14

Top-up cover

1. If insured persons are in receipt of income from gainful employment they may benefit from top-up cover under this Scheme provided:

- their annual taxable income, before tax and after deduction of social welfare contributions and professional charges, does not exceed the basic annual salary of an official in the first step of grade 2¹ multiplied by the correction coefficient for the country in which the income is received, and

¹ For the period from 1 May 2004 to 30 April 2006: grade C*2, step 1.

- they are fully covered for the same risks under any other legal or statutory provisions.
2. In order for insured persons to continue to benefit from top-up cover under this Scheme members must provide, in the first half of each year, proof of income received by their spouse or recognised partner for the previous fiscal or calendar year.
 3. Members are obliged to report any changes in the employment circumstances of their spouse or recognised partner which may give rise to changes in entitlements under this Scheme.

Article 15

Divorce – dissolution of partnership

1. Divorced spouses of members or their recognised partners whose non-marital partnership status is dissolved may be covered under this Scheme for a maximum of twelve months from the date of decree absolute of the divorce or dissolution of the partnership provided they are not in gainful employment.
2. In the event of the member's death, if the recognised partner covered by the member's insurance is not entitled to a survivor's pension he/she shall continue to be covered by this Scheme under the conditions set out in paragraph 1.

CHAPTER 2

DEPENDANTS

Article 16

Dependent children

1. Dependent children within the meaning of Article 2 of Annex VII to the Staff Regulations shall be covered by this Scheme.

If dependent children are eligible for reimbursement of medical care under another legal or statutory sickness insurance scheme, the Community Scheme shall provide top-up cover.

2. The age limit and exceptions to recognition of dependent children shall be as defined in Article 2(3)(b) and (5) of Annex VII to the Staff Regulations.

3. Dependent children shall not be covered by this Scheme during their civil or military service.

Dependent-child cover may be granted after the age of 26 for a maximum of 12 months provided that he/she is not in gainful employment.

Article 17

Other dependent persons

Persons recognised as dependent on the member within the meaning of Article 2(4) of Annex VII to the Staff Regulations may be covered by this Scheme provided they cannot be covered by another legal or statutory sickness insurance scheme.

Article 18

Extension

Provided they do not exercise any gainful employment, beneficiaries may continue to be covered by this Scheme for a maximum of twelve months from the date on which:

- they cease to be dependent children or persons treated as dependent children;
- they lose entitlement to an orphan's pension.

PART TWO

REIMBURSEMENT

TITLE I

BASIC PRINCIPLE

Article 19

Freedom of choice

1. Persons covered by this Scheme shall be free to choose their practitioners and hospitals or clinics.
2. The principle of freedom of choice does not automatically imply reimbursement of any resulting travel costs; the rules for reimbursing this type of cost are set out in the general implementing provisions.
3. Freedom of choice shall apply to beneficiaries of top-up cover only after the possibilities offered by the primary scheme have been exhausted.

TITLE II

RULES

Article 20

General reimbursement rules

1. For the purpose of protecting the financial equilibrium of the Joint Sickness Insurance Scheme and respecting the principle of social security cover forming the basis for Article 72 of the Staff Regulations, reimbursement ceilings for certain benefits may be set in the general implementing provisions.

If the costs claimed by the member are lower than the ceiling, reimbursement shall be calculated on the basis of costs claimed.

2. In the case of benefits for which no reimbursement ceiling has been set, the proportion of the costs deemed excessive by comparison with normal costs in the country where the costs have been incurred shall not be reimbursed. The portion of the costs deemed excessive shall be determined on a case-by-case basis by the Settlements Office after consulting the Medical Officer.

3. The cost of treatments deemed to be non-functional or unnecessary by the Settlements Office after consulting the Medical Officer shall not be reimbursed.

4. The cost of benefits not provided for in the general provisions implementing these Rules may be covered up to a rate of 80% after the opinion of the Medical Officer of the Settlements Office has been obtained. Members shall be regularly notified of such information.

5. In order to ensure equality of treatment for benefits paid for in any of the Member States of the European Union, parity coefficients shall be adopted at least once every two years by the Heads of Administration after consulting the Management Committee. Members shall be notified of the coefficients.

6. In accordance with Article 72(1) of the Staff Regulations, costs shall be reimbursed in full in the case of tuberculosis, poliomyelitis, cancer, mental illness and other illnesses recognised by the appointing authority as of comparable seriousness after consulting the Medical Officer of the Settlements Office.

The Medical Officer's opinion shall be delivered on the basis of general criteria laid down in the general implementing provisions after consultation of the Medical Council.

The costs linked to early detection screening provided for in the general implementing provisions and to confinement shall also be reimbursed in full.

However, for the purpose of protecting the financial stability of the Joint Sickness Insurance Scheme and respecting the principle of social security cover forming the basis for Article 72 of the Staff Regulations, special ceilings for reimbursing certain benefits may in exceptional circumstances be set in the general implementing provisions.

7. Reimbursement in full shall not apply in cases of occupational disease or injury resulting in the application of Article 73 of the Staff Regulations.

Article 21

Special reimbursement rules for benefits received outside the European Union

1. Expenses incurred in a country outside the European Union where costs are particularly high shall be reduced by applying a reimbursement-level coefficient enabling reimbursement rates to be applied to costs made comparable to the average in the European Union.

The coefficients shall be established on the basis of official health cost indices comparable among the various countries. They shall be reviewed periodically and notified to the members.

2. The reimbursement-level coefficient shall not be applied where the amount of the costs incurred to be reimbursed is lower than or equal to the reimbursement ceiling provided for in Article 20(1) and the fourth subparagraph of Article 20(6).

3. If there is no equivalent medical treatment in the European Union, in case of medical emergency or for retired members living in such a country, a top-up reimbursement shall be paid so that the actual payment amounts to 50% of the total cost actually incurred if, after the application of the reimbursement level coefficient, the portion of the costs not reimbursed by the Scheme exceeds 50% of the total cost actually incurred.

The top-up reimbursement shall not apply to benefits which are subject to the reimbursement ceilings provided for in Article 20(1) and the fourth subparagraph of Article 20(6).

4. In the event of a serious illness as provided for in Article 20(6) where there is no equivalent medical treatment in the European Union, the reimbursement-level coefficient shall not be applied by the Settlements Office, after consultation of the Medical Officer as required for prior authorisation.

Article 22

Reimbursements from another sickness insurance scheme

1. Where a member or a person covered by his insurance may claim reimbursement of expenses incurred under any other legal or statutory sickness insurance, the member shall:

- (a) notify the office responsible for settling claims;
- (b) in the first instance apply, or have the person concerned apply, for reimbursement under the other scheme;

However, if obliged to pay into two schemes, members of this Scheme may choose the scheme to which they apply for reimbursement of the benefits they have received in the knowledge that the Community Scheme will be available as a top-up scheme in cases where it does not act as the primary scheme;

- (c) attach to any application for reimbursement made under this Scheme a detailed original statement, together with supporting documents, of reimbursements which the member or the person covered by his insurance has obtained under the other scheme.

2. The Community Scheme shall act as a top-up scheme for reimbursement of benefits provided the other scheme has previously reimbursed the benefits covered by it.

If a benefit is not covered by the primary scheme but is covered by the Community Scheme the latter shall act as the primary scheme.

3. If the total reimbursements received by members or by persons covered under him/her exceeds the reimbursement provided for in this Scheme, the difference shall be deducted from the amount to be reimbursed by the latter.

Reimbursements obtained from a private top-up health insurance scheme intended to cover that portion of the costs not reimbursed by this Scheme shall not be included in this calculation.

Article 23

Exclusion of certain costs from reimbursement

1. Where, as a result of the medical examination on recruitment, it is decided in accordance with the second subparagraph of Article 28 and Article 93 of the Conditions of employment of other servants that a temporary official or contract agent shall not be entitled to reimbursement of certain expenses, the result of the medical examination shall be forwarded to the medical officer of the Settlements Office; the medical officer shall inform the Office of any treatment in respect of which expenses incurred shall not be reimbursable.

2. Upon expiry of a period of two years from the date on which the temporary official or contract agent is recruited, the authority empowered to conclude contracts of employment on behalf of the institution to which the person concerned belongs may remove the restriction imposed if it is the opinion of the medical officer of the institution that the sickness or invalidity has not reappeared or given rise to unusual sequelae in the course of the said period.

Article 24

Special reimbursement

1. Special reimbursements may be granted under Article 72(3) of the Staff Regulations for that portion of the costs which is not reimbursed provided that those costs do not exceed:
 - 50% of the cost corresponding to 100% of the reimbursement ceilings provided for in Article 20(1) and the fourth subparagraph of Article 20(6);
 - and, in the case of benefits not subject to a ceiling, 50% of the amount corresponding to 100% of the costs actually reimbursed according to the rates in force, excluding the top-up reimbursement referred to in Article 21(3) and after application of Article 20(2) and/or Article 21(1).

The 50% threshold shall be calculated after application, where appropriate, of the parity coefficient provided for in Article 20(5).

Certain benefits subject to a reimbursement ceiling as laid down in Article 20(1) and the fourth subparagraph of Article 20(6) shall be ignored in the calculation of the special reimbursement. The list of these benefits shall be laid down in the general provisions implementing these Rules.

2. Where the non-reimbursable portion of costs not deemed to be excessive, covered by the scope of the general provisions implementing these Rules and incurred by members in respect of themselves or of those covered under them, exceeds half of the average monthly basic remuneration under the Staff Regulations received in any twelve-month period, the special reimbursement provided for in Article 72(3) of the Staff Regulations shall be determined as follows:

The non-reimbursed portion of the above-mentioned costs which exceeds half of the average monthly remuneration under the Staff Regulations shall be reimbursed at the rate of:

- 90% in the case of a member whose insurance covers no other person;
- 100% in other cases.

3. Where members are no longer entitled to a salary or allowance, the basis for the special reimbursement shall be calculated by reference to the most recent monthly basic salary received or the most recent monthly allowance received.

4. Where two spouses or recognised partners are both members of this Scheme they shall by common agreement be entitled to opt for aggregation of the non-reimbursable portions of their sickness costs provided that:

- this is done in respect of the member spouse or partner having the higher basic remuneration under the Staff Regulations;

- the other spouse or partner waives the right to submit a separate claim for a special reimbursement;
 - the twelve-month period is the same for both spouses or partners.
5. Decisions on requests for special reimbursement shall be taken by:
- either the appointing authority of the applicant's institution, on the basis of an opinion delivered by the Settlements Office in accordance with general criteria adopted by the Management Committee after consulting the Medical Council for determining whether the expenses incurred are excessive,
 - or the Settlements Office, on the basis of the same criteria, where it has been empowered by the appointing authority to do so.

Article 25

Allowance towards funeral expenses

The following persons shall receive an allowance towards funeral expenses, the amount of which shall be set by the general provisions implementing these Rules:

- (a) in the event of the death of a person covered under him/her or of a still birth: the member;
- (b) in the event of the death of a member: the spouse, recognised partner, children or, where there are no such persons, any other person who can prove that he/she has borne the funeral expenses.

TITLE III

PROCEDURES

Article 26

Registration

1. Persons covered by this Scheme shall be registered with the Central Office and with one of the Settlements Offices.
2. Persons covered by this Scheme who reside in a country in which a Settlements Office exists shall normally be registered with that office.

Persons covered by this Scheme who reside in a country in which no Settlements Office exists shall be registered with an office designated by the Central Office.

Article 27

Prior authorisation

Where, pursuant to these Rules, reimbursement of expenses is subject to prior authorisation, the decision shall be taken by the appointing authority or by the Settlements Office designated by the appointing authority in accordance with the following procedure:

- (a) the application for prior authorisation, together with a prescription and/or an estimate made out by the attending dentist or doctor, shall be submitted by the member to the Settlements Office, which shall refer the matter to the dental or medical officer if need be. In the latter case, the dental or medical officer shall transmit his or her opinion to the Settlements Office within two weeks;

- (b) the Settlements Office shall take a decision on the application if it has been appointed to do so or shall transmit its decision and, where applicable, that of the dental or medical officer to the appointing authority for a decision. The member shall be informed of the decision forthwith.
- (c) applications for reimbursement of expenditure on treatment for which prior authorisation is required shall not be considered unless the authorisation is requested before the treatment begins. An exception may be made in medically justified emergencies deemed to be such by the medical officer of the Settlements Office.

Article 28

Applications for reimbursement

Applications shall be made by members to the Settlements Office on standard forms accompanied by the originals of the supporting documents; in the case of applications for top-up reimbursement provided for in Article 22, a copy of the original paid invoice accompanied by a detailed statement of the reimbursements received from another scheme must also be attached.

Article 29

Divorce and dissolution of partnership

Provided that they are covered by this Scheme, divorced spouses or recognised partners whose non-marital partner status has been dissolved may submit applications for prior authorisation and reimbursement of costs directly for themselves and, where applicable, for children in their custody, under the same conditions as those in Articles 27 and 28.

Article 30

Advances

1. Advances may be granted to members to enable them to meet major items of expenditure. Such advances shall be allocated primarily in the form of a request for direct billing in the case of hospitalisation.

2. 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. However, the official in charge of the Central Office may, after having informed the Commission's Accounting Officer, waive recovery of an advance in application of Article 73 of the Financial Regulation:
 - where the sum at stake is minimal in relation to the administrative cost of the operation, or
 - where it proves impossible to effect recovery, in particular following the death of a member.

3. Regularisation of the advance must in principle take place at the latest within three years of the date when the advance is granted.

Article 31

Subrogation of rights

Where an accident or illness is caused by a third party, the rights of action of the person concerned or of those entitled under him or her against the third party shall, within the limits of their obligations under these Rules, vest in the Communities, in accordance with Article 85a of the Staff Regulations.

Article 32

Loss of entitlement

1. Where members have not applied for reimbursement of expenses incurred by them or by persons covered under them during a period of eighteen months following the date of treatment, they shall cease to be entitled to reimbursement save where force majeure is duly established.
2. Application for the special reimbursement referred to in Article 24 shall be made within 12 months of the date on which the expenses last incurred in respect of treatment within the 12-month period in question are reimbursed.

Article 33

Recovery of undue payments

Under Article 85 of the Staff Regulations, any undue payment shall be recovered if the recipient was aware of the irregular nature of the payment or if this was so obvious that he/she could not fail to be aware of it.

Article 34

Fraud

Notwithstanding Article 33, a member or recipient who fraudulently obtains or attempts to obtain reimbursement of benefits for himself/herself or for a person covered under him/her shall automatically cease to be entitled to reimbursement of such benefits and shall be liable to disciplinary action.

Article 35

Remedy

1. All persons referred to in these Rules shall be entitled to remedy as provided for in Title VII of the Staff Regulations.
2. Before taking a decision on a complaint introduced on the basis of Article 90(2) of the Staff Regulations the appointing authority or, as the case may be, the Administrative Board shall request the opinion of the Management Committee.

The Management Committee may instruct its Chairman to make further investigations. Where the point at issue is of a medical nature, the Management Committee may seek expert medical advice before giving its opinion. The cost of the expert opinion shall be borne by the Scheme.

The Management Committee must give its opinion within two months of the request being received. The opinion shall be transmitted simultaneously to the appointing authority and to the person concerned.

Should the Management Committee fail to deliver an opinion within the period prescribed above, the appointing authority or, as the case may be, the Administrative Board may take its decision.

PART THREE

ORGANISATION OF THE SCHEME

TITLE I

PRINCIPLES

Article 36

Organs

The Scheme shall operate through a Management Committee, a Central Office, Settlements Offices and a Medical Council.

Article 37

Medical confidentiality

Those working in the Settlements Offices and the Central Office, members of the Management Committee and anyone attending meetings of the Management Committee shall be bound by medical confidentiality with regard to information and/or documents to which they have access in the performance of their duties.

They shall continue to be so bound after termination of their employment in those offices or the Management Committee.

TITLE II

OPERATION OF THE ORGANS

Article 38

Management Committee

1. The Management Committee shall comprise the following full members:
 - four representatives of the Commission, appointed by the appointing authority;
 - one representative of each of the other institutions, appointed in each case by the relevant appointing authority;
 - one representative of the Community agencies, appointed by joint agreement among the relevant appointing authorities;
 - four representatives of the staff of the Commission, appointed by its Central Staff Committee;
 - one representative of the staff of each of the other institutions, appointed in each case by the relevant Staff Committee,
 - one representative of the staff of the Community agencies, appointed by joint agreement among the relevant Staff Committees.

2. Alternate members shall be appointed in the same manner as provided for in paragraph 1.
3. The term of office of the full and alternate members shall be two years. It shall be renewable.
4. Each member, or in his or her absence an alternate member, shall be entitled to vote.
5. The Management Committee shall adopt its rules of procedure by a two-thirds majority of the members who are entitled to vote.

The rules of procedure shall include provisions concerning:

- the election of the Chairman;
- the organisation, convening and frequency of meetings;
- the appointment, if need be, of a Committee to prepare its meetings.
- the appointment of persons who may attend Committee meetings but may not vote,
- the rules governing its deliberations and the delivery of opinions.

6. The Management Committee shall:

- (a) ensure that these Rules are applied consistently and put to the institutions any relevant suggestion or recommendation to this effect;
- (b) examine the financial position of this Scheme and put to the institutions any relevant suggestion or recommendation in this connection;
- (c) make a detailed annual report on the financial position of this Scheme and forward it to the institutions and their Staff Committees before 1 July;
- (d) where appropriate, propose or recommend to the Commission the adoption or amendment of the general provisions implementing these Rules and any measure required for the proper functioning of this Scheme and present proposals as to the amount of working capital required for the Scheme to operate;
- (e) deliver opinions as provided for in these Rules;
- (f) deliver its opinion, where appropriate, on any matter arising directly or indirectly from the application of the provisions of the Staff Regulations concerning sickness insurance;
- (g) deliver its opinion on the level of contributions and benefits, in particular where there is an appreciable change in the cost of medical treatment.

7. The work of the Management Committee shall be secret.

Article 39
Central Office

1. The Central Office shall be attached to the Commission.
2. It shall:
 - (a) coordinate and monitor the work of the Settlements Offices;
 - (b) ensure that the rules concerning the payment of benefits are consistently applied;
 - (c) provide the secretariat for the Management Committee;
 - (d) carry out any statistical survey or analysis required for the satisfactory operation of this Scheme so as to give the Management Committee an accurate view of the extent, distribution and trend of the risks insured against and enable it to deliver opinions as provided for in Article 38(6)(g).
 - (e) in liaison with the Settlements Offices, endeavour to negotiate, wherever possible, with the representatives of the medical profession and/or the competent authorities, associations and establishments, agreements specifying the rates for both medical treatment and hospitalisation applicable to persons covered by this Scheme, account being taken of local conditions and, where appropriate, the scales already in force.
 - (f) negotiate, as far as possible, with the Member States' primary schemes, general agreements aimed at simplifying the procedures applicable to beneficiaries of this Scheme.

Article 40

Offices responsible for settling claims

1. Settlements Offices shall be opened or closed down by the Commission wherever it considers this to be necessary, taking into account in particular the places where officials are employed.
2. A Settlements Office may be opened or closed down in any other institution only with the consent of that institution and after the Management Committee has been consulted.
3. Staff of the Settlements Offices shall perform the tasks provided for in these Rules in accordance with the instructions and under the supervision of the head of the Central Office.
4. Medical officers and dental officers shall be seconded to each Settlements Offices and responsible for the tasks arising from these Rules and their general implementing provisions.

The function of medical officer attached to Settlements Offices is incompatible with that of medical officer of an institution.

5. Each Settlements Office shall:
 - (a) accept and process applications for reimbursement of expenses submitted by members registered with it and make the relevant payments;
 - (b) as provided for in these Rules and where matters of a medical nature connected with the payment of benefits are raised by the Management Committee or by the Central Office, consult the medical officer, who may, if need be, consult the medical officer of the institution concerned;

- (c) examine applications for prior authorisation and take the necessary action;
- (d) deliver opinions as provided for in these Rules;
- (e) provide secretarial services for the medical officers.

Article 41

Medical Council

The Management Committee shall be assisted by a Medical Council composed of a medical officer from each institution and the medical officers from each Settlements Office.

The Medical Council may be consulted by the Management Committee or the Central Office concerning any matter of a medical nature which arises in connection with this Scheme. It shall meet at the request of the Management Committee, of the Central Office or of the medical officers of the Settlements Offices and shall deliver its opinion within such time as may be specified.

PART FOUR

FINANCIAL PROVISIONS

TITLE I

MANAGEMENT

Article 42

Contributions

The Community institutions and agencies concerned shall pay into the accounts of the Joint Sickness Insurance Scheme (JSIS), each month no later than eight days after payment of remunerations and allowances subject to contributions to this Scheme, their own contributions and those of the members.

Article 43

Authorisation and checking

1. Implementation of revenue and expenditure of the Joint Sickness Insurance Scheme shall be performed by analogy and in accordance with the provisions of the Financial Regulation applicable to the general budget of the European Communities, and in particular Article 60 thereof.
2. Revenue and expenditure authorised by the Settlements Offices and Central Office shall be subject to ex ante verification by staff not involved in the transactions.

3. The Central Office shall perform ex post checks or have them performed, with a view to
 - ensuring the legality and correctness of the transactions performed by the Settlements Offices and observance of the principles of sound financial management,
 - ensuring, if need be in conjunction with the institutions' internal auditors, that the contributions paid by the institutions tally with the revenue received for the purpose by the JSIS.
4. The Central Office shall notify the Management Committee of the internal checking methods and the results of such checks.

TITLE II

ACCOUNTS

Article 44

Accounting structure

1. The Commission shall, on the initiative of its Accounting Officer, establish separate ex-budget accounts for monitoring transactions relating to the Scheme.
2. To that end, after consulting the Management Committee, the Commission's Accounting Officer shall adopt an accounting schedule allowing transactions to be broken down by their nature and origin and drawing a distinction between the Community institutions as a whole and the various Community bodies.

This accounting schedule shall draw a distinction between outturn accounts and cash accounts.

3. The financial year shall be divided into twelve accounting periods corresponding to the twelve months of the calendar year.

Article 45

Accounting documents

1. All transactions relating to this Scheme shall be entered in a "ledger".
2. At the end of each accounting period the Accounting Officer shall publish:
 - a "statement of account" showing, in chronological order, all the transactions relating to a single account on which there have been movements, with the balance at the beginning and end of the period;
 - "lists by member" showing in chronological order, for each "advance" account and each member, the amount of transactions still not settled at the end of the accounting period;
 - a "general balance of accounts".
3. After closure of the first half-year the Accounting Officer shall, in the light of the provisions of Article 44(2), draw up:
 - an "outturn account" detailing all expenditure and income in the half-year ended,

- an "interim balance sheet" showing separately the total for the current financial year and the sum total for previous financial years and placed in reserve.

The half-year statements shall be forwarded by the Commission to the Management Committee, the Commission's internal auditor and the institutions no later than six weeks after the end of the half-year.

4. After the closure of each financial year the Commission's Accounting Officer shall publish, in view of the provisions of Article 44(2):

- an "outturn account" detailing all the expenditure and income in the financial year;
- a "balance sheet" showing separately the totals for the closed financial year and the sum totals for previous financial years.

In addition to the above documents, the Accounting Officer may publish any other accounting document required by the Management Committee.

5. These annual financial statements shall be subject to an accounts certification procedure as established in the general implementing provisions of these Rules.

6. All the annual financial statements, accompanied by their certification notes, shall be forwarded by the Commission to the Management Committee and the other institutions no later than 1 May of the following financial year.

TITLE III

FINANCIAL INFORMATION AND FINANCIAL BALANCE OF THE SCHEME

CHAPTER 1

FINANCIAL INFORMATION

Article 46

Management account

No later than 1 May of each financial year, the Commission shall supply the Management Committee, the Commission's internal auditor and the other institutions with a "management account" comprising:

- a summary table of the total income and expenditure for the whole scheme over the last five financial years, together with a forecast for the following financial year;
- a table showing the changes in expenditure in the same way;
- a table showing the changes in revenue in the same way;
- a table showing the changes in average expenditure and revenue per member in the same way.

Article 47

Financial analysis

At the end of each financial year the Central Office shall draw up, on its own responsibility, a financial analysis of the position of the Scheme. This document shall be forwarded to the Management Committee no later than 1 May of the following financial year.

On the basis of this financial analysis and all the annual statements referred to in Articles 45 and 46, the Management Committee shall draw up the annual report referred to in Article 38(6)(c).

Article 48

Financial management

The Heads of Administration, each on behalf of the institution he or she represents, shall, on the basis of the annual documents referred to in Articles 45, 46 and 47 accompanied by any observations by the auditor who has certified the accounts and by the Commission's Accounting Officer and on the basis of the report by the Management Committee referred to in Article 38(6)(c), take note of the sound administration performed by the competent official of the Central Office, no later than two years after submission of the annual financial statements and the management account.

CHAPTER 2

FINANCIAL BALANCE OF THE SCHEME

Article 49

Financial balance

The financial objective of the Scheme shall be to ensure a balance on a periodic basis between expenditure and income resulting from the application of this Scheme.

Article 50

Deficit

1. Where the accounting position shows a deficit which leaves the Scheme out of balance financially, the deficit shall be covered from the reserves referred to in Article 51.
2. As soon as a structural deficit appears or if the financial situation of the Scheme evolves in such a way as to suggest that a structural deficit will appear, the Management Committee shall immediately refer the matter to the institutions, which shall, after consulting the Staff Regulations Committee, determine what measures are to be taken to return to financial balance.

Article 51

Reserves

1. Where the accounting position of the Scheme shows a surplus, that surplus shall be entered under the liabilities in the Scheme's balance sheet as an account entitled "Surplus placed in reserve".

2. After consulting the Management Committee, the Commission shall invest the reserves at the best terms available, subject to the cash requirements of the Scheme. The Central Office shall regularly inform the other institutions and the Management Committee of the amounts thus invested and the investment details on the basis of an annual management report drawn up by the Commission department responsible for managing the investments.

Interest received on the investments shall constitute income for the Scheme for the financial year in which the investments are made.

3. The main function of the reserves shall be to cover any deficit which may arise. The institutions shall examine periodically, after consulting the Management Committee and the Staff Regulations Committee, the possibility, taking account of the demographics of the membership, either of using the reserves to cover any increase in risks or of amending the provisions of these Rules.

The rules governing reimbursement of costs laid down in the general implementing provisions may also be amended in accordance with the development of the financial balance of the Scheme in accordance with the rules set out in Article 52.

PART FIVE

FINAL PROVISIONS

Article 52

Determining and updating the rules governing the reimbursement of costs

1. Under the third subparagraph of Article 72(1) of the Staff Regulations, the institutions shall empower the Commission to lay down, by general implementing provisions, the rules governing the reimbursement of costs with a view to protecting the financial balance of the Scheme and respecting the principle of social security cover forming the basis for the first subparagraph of Article 72(1) of the Staff Regulations.
2. The general implementing provisions shall be drawn up after consultation of the Staff Regulations Committee and on the opinion of the Management Committee.

Article 53

Amendment

1. These Rules may be amended in accordance with the first subparagraph of Article 72(1) of the Staff Regulations upon a proposal from an institution, a Staff Committee or the Management Committee.
2. The Management Committee shall deliver an opinion on any proposal to amend the Rules.

Article 54

Repeal

The Rules on sickness insurance for officials of the European Communities, as last amended on 20 January 1999, are hereby repealed, with the exception of their annexes.

The annexes to the Rules, as last amended on 20 January 1999, are hereby repealed on the date of entry into force of the general implementing provisions adopted by the Commission.

For a transitional period pending adoption of those provisions, all references to "general implementing provisions" in these Rules shall be construed as referring to the annexes to the Rules referred to in the previous paragraph.

Article 55

Entry into force

These Rules shall enter into force on the first day of the month following that in which the agreement among the institutions provided for in the first subparagraph of Article 72(1) of the Staff Regulations is recorded by the President of the Court of Justice of the European Communities.

They shall take effect on the date of the said Agreement.

Done at Brussels,

For the Council

The President

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