

**To be sent to your Settlements Office**

**Proxy**

**For all my relations with the Joint Sickness Insurance Scheme (JSIS)**

I, the undersigned,.....

Staff/pension number:

Address: .....

Tel

E-mail:

Institution: .....

Settlements Office: .....

Acting as a principal, gives power of attorney, as necessary, to the person named below, acting as agent, to manage in my place and in accordance with my interests and the rules of the Institution, all my relations with my JSIS Settlements Office.

By this power of attorney valid from the authorised representative , the authorised representative is entitled to carry out the following operations:

- sign documents and maintain an administrative correspondence relating to requests for reimbursement and medical authorisations;
- telephone the JSIS;
- submit requests for reimbursement or medical authorisations in JSIS online;
- ask questions and submit requests for corrections to PMO Contact;
- and, in general, to carry out, without limitation, all the steps necessary to safeguard the client's interests.

Copies of the agent's identity document, as well as mine, are sent together with this document to the PMO. The Monitoring Trustee shall communicate with the services of the Institution and have been informed of the rules and procedures in force. The authorised representative shall receive a copy of this document.

I remain responsible for the actions of my authorised representative.

**Initials of the undersigned:**

This power of attorney is **revocable at any time** by sending a letter to your JSIS Settlements Office in the PMO.

**Power of attorney given to:**

Mr/Ms .....

Date of birth: .....

Address: .....

Tel: .....

E-mail: .....

Link (delete as appropriate):

— Made the following: (B) .....

— AIACE member AIACE;

— Ami.

**Date:**

**signature:**

Annex (es):