



## CLAIM FOR EU UNEMPLOYMENT BENEFIT

**Form to be transmitted by the applicant to PMO, within EIGHT calendar days after the end of service.**

**I, the undersigned, Mr/Ms** (delete as appropriate) .....

**TEMPORARY AGENT/CONTRACT AGENT/ACCREDITED PARLIAMENTARY ASSISTANT**  
(delete as appropriate)

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

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

In service from ..... to ..... at .....  
(mention the EU institution/other body)

### 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 (complementary 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 an EU pension in parallel to this current request;
- 3) I am unemployed since .....
- 4) My place of residence is/will be (delete as appropriate):  
Street: ..... N°: ..... Postal code: .....  
Town: ..... Country: ..... Email: .....  
Private phone: + ..... Mobile phone: + .....  
Bank account N°: .....
- 5) My personal details:  
Date of Birth: ..... Nationality: ..... Civil Status: .....
- 6) My spouse/legal partner's personal details:  
Surname: ..... First name: .....  
Professional activity: ..... Annual income: .....  
(before deduction of tax)  
Work with an EU institution/other body: .....  
His/her personnel number: .....
- 7) For people with dependent children and/or any other dependent 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/legal partner) receive(s) from other sources family allowances of the same kind as the household allowance, dependent child allowance or education allowance:
  - o Yes (attach supporting document)
  - o No

- 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);
- 10) I confirm that I have made or will make as soon as possible a request for national sickness cover;
- 11) I/my spouse/legal partner (delete as appropriate) am/is/are responsible for maintaining the following children (including persons treated as dependent children):

Surname 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:**



**It is MANDATORY to enclose with this form:**

- 1) Copy of employment contract(s) plus extensions;
- 2) Copy of last pay slip;
- 3) Financial identification sheet;
- 4) Legal entity sheet;

**It is MANDATORY to be sent within 30 days:**

- |  | <b>I ENCLOSE</b>         | <b>I UNDERTAKE TO SEND</b> |
|--|--------------------------|----------------------------|
| 5) Proof of residence;   | <input type="checkbox"/> | <input type="checkbox"/>   |
| 6) "EC-FTCS" form duly filled in and signed by the national authorities;   | <input type="checkbox"/> | <input type="checkbox"/>   |
| 7) Refusal of national sickness insurance coverage, if applicable (to be sent to PMO/JSIS),<br>submit it in: <a href="https://myintracomm.ec.europa.eu/staff">https://myintracomm.ec.europa.eu/staff</a> ; | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8) Document proving the application for national family allowances, if applicable;   | <input type="checkbox"/> | <input type="checkbox"/>   |
| 9) Family structure certificate (in case of recent modifications).   | <input type="checkbox"/> | <input type="checkbox"/>   |

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

 All your documents must EXCLUSIVELY be sent to the functional mailbox: [PMO-CHOMAGE@ec.europa.eu](mailto:PMO-CHOMAGE@ec.europa.eu)  
 Information & Contact: <https://myintracomm.ec.europa.eu/staff>