



EUROPEAN CENTRAL BANK
EUROSYSTEM

MEDICAL BENEFITS AND DENTAL PLAN					
Title	Surname (in block capitals)	Name			
Staff No	Division	Date of Birth	Date of Appointment		
<ul style="list-style-type: none"> – Please list below details of persons (dependent spouse or recognised partner and dependent children) to be insured under the ECB medical benefits and dental plan. – When there is a change in your family status, DG-HR must be informed (e.g. if your spouse and partner no longer fulfils the dependency criteria stipulated in Art 15 of the Conditions of Employment). – Coverage under the ECB Medical Plan is effective from the date of appointment for new members of staff. 					
Surname of the dependant	First name of the dependant	F/M	Spouse/Recognised Partner/Child	Date of Birth	Complementary coverage (*) Y/N
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
ONLY FOR STAFF ON SHORT TERM OR FIXED CONTRACTS					
<input type="checkbox"/> I would like to opt out of the ECB's Medical and Dental Plan. (Please enclose a copy of the alternative coverage to this form.)					
<i>(*) In case of working spouses/recognised partners (including self-employed), coverage is only complementary to other insurers. This does not apply to ECB couples.</i>					
Signature			Date		

Please forward to HR Operations Team (HS 20)

The processing of the personal data (PD) you provide is undertaken by DG-HR on the basis of Art. 3.4 of the Staff Rules and in compliance with the "Data Protection" Regulation (EC) No 45/2001. The PD will be processed for the purpose of medical coverage only. The PD will be kept for maximum 10 years after the end of the year in which the last payment was made, provided that there are no pending issues. You have the right to access and rectify the PD provided, and have recourse at any time to the European Data Protection Supervisor.