**APPENDIX ON COMPENSATION REQUEST**

MUTUELLE-ALEBA-APPENDIX-COMPENSATION-REQUEST-SOCIAL-FUND-1.4.2022

|  |  |
| --- | --- |
| **A) Invoiced amounts** | **B) Reimbursed amounts** |
| **Date** | **Supplier** | **Invoiceamount** | **No support by the CNS** | **CNS** | **CMCM** | **Complementary insurance** | **Différence not reimbursed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total :** |  |  |  |  |  |  |

**ATTENTION :**

Amounts not repaid by the CNS or a foreign obligatory health insurance will not be considered.

**The excess payable by the member must be at least 650.- €.**

**The maximum amount supported by the social fund is fixed at 2.000.- €.**

Supporting documents must be attached.

Possible observations: ……………………………………………………………………………………………………………………………………………………………………………………………………………………. ..……………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

I hereby certify that this declaration is accurate and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   |  |  |  |
| (Place) |  | (Date) |  | (Signature) |