

**REQUEST FORM FOR EXTENSION OF THE SICKNESS INSURANCE**

I hereby declare that I cannot be covered by any other public scheme of sickness insurance after the end of my contract at the EUI.

I therefore formally request to continue to be insured against sickness for:

- a maximum of 6 months after the expiry of my contract as:

Permanent agent

Temporary agent

Contract agent

Contract agent for auxiliary tasks

- a maximum of 60 days after the expiry of my contract as:

Full-time Professor

Full-time Assistant Professor

Research fellow

Academic Assistant

Academic/Administrative Associate

namely from ..... To .....

The contribution for this sickness insurance extension shall be calculated by reference to my last basic salary received, and half the contribution shall be borne by me.

Name and surname: .....

Date: .....

Signature: .....