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**EESSI – CDM 4.3**

**S-Sickness**

**S080-v4.3.4**

Claim for reimbursement (CLA)

*SED Guidelines*

**Document Control Information**

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| --- | --- |
| **Document Control** | **Value** |
| **Project Title** | Electronic Exchange of Social Security Information (EESSI) |
| **Document Name** | S080-v4.3.4 |
| **Document Category** | SED guidelines |
| **Revision** |  |
| **CDM Package** | CDM 4.3.4 |
| **Last Update**  **Project Milestone** | 30/04/2024  EESSI - 2024 |
| **Document Status** | Final |
| **Sensitivity (TLP)**  **Distribution terms** | **A green and white sign  Description automatically generatedTraffic Light Protocol (TLP) = “GREEN”**  The distribution of this document is done strictly in line with the Traffic Light Protocol (TLP) established by the European Commission's note AC 790/15 REV for the EESSI project documentation.  In line with the note AC 790/15 REV, this document is labelled as TLP = “Green”. Therefore, it can be circulated widely within the EESSI community. However, the document or the information herein may not be published or posted on the Internet, nor released outside of the EESSI community. |
| **Connected/Embedded Files** | None |
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**Document history**

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| **Milestone /**  **Component version** | **Publication Date** | **Changes/Corrections**  **Description** |
| v4.3.4 | 30/04/2024 | Implementation of change request EESSI-11699 by adding a paragraph for the scenario when the period of benefits is not (fully) covered by one single entitlement document but instead is fully covered by a subsequent entitlement document.  The paragraph is added after the last bullet point of the ***Entitlement document*** section. Also added the Document history table. |

**SED S080: Claim for reimbursement (CLA)**

**Purpose of the SED:**

SED S080 is the claim for reimbursement, based on Articles 62, 66(1), 67 of Regulation (EC) No 987/2009.

This SED initiates the BUC S\_BUC\_19.

The SED S080 is used to claim for a reimbursement of the benefits in kind provided in respect of a sickness disease.

S080 can be sent only within 12 months of the end of the calendar half-year during which the claims were recorded in the accounts of the creditor institution. A set of controls is included in the SED to check the deadline, i.e. mandatory information about the year in global part and date on which the creditor institution has recorded the claims in each individual claim.

Acronyms used in S080:

* CLA – claim for reimbursement.

Reimbursement SEDs includes 2 parts: global and individual. Because the individual part is repeatable the SED S080 may include a large number of single claims which will require replies on the subsequent SEDs.

All reimbursement SEDs have reference number fields, which allow to “connect” SEDs with each other, even if the same SED is sent several times. Additionally, reference fields are foreseen in the global part of SED and in the part with individual claims, therefore the individual part always has a link to the global part. This is crucial for cases when the individual claims from one reimbursement request (S080) are divided by the liaison body and sent for verification to the competent institutions in the country.

**The purpose of the reference numbers in reimbursement SED:**

* Global references placed on the **global part of SED**, i.e. Global CLA reference number, Global COC reference number, connects the SEDs on the global level, e.g. connects the S082 (contestation) with the S080 (claim);
* Individual references placed on the **individual part of SED**, i.e. Individual CLA number, Individual COC number, connects the SEDs on the individual level, i.e. connects the individual contestation of S082 with the individual claim of S080;
* Global references placed on the **individual part of SED**, i.e. Global CLA reference number, Global COC reference number, connects the individual part with the global part of the SED, i.e. connects the individual CLA of S080 with the global part of S080 and connects the individual parts with the global part of previous SEDs, i.e. connects the individual COC (S082) not only with the global part of S082 but also with the global part of the original claim (S080).

S080 SED is sent by the Creditor Liaison Body to the Debtor Liaison Body to claim for the costs of the benefits provided to the persons whose treatment has been acknowledged in the Member State of a debtor.

Reimbursement SEDs include 2 parts: global and individual.

Global part of S080 (“Global note – CLA”) includes the following mandatory fields:

* **Reference number** – “Global CLA reference Creditor Liaison Body” – a reference number of the claim which allows to identify the claim in the next steps of the exchange and in any future communication (links the SEDs). It is a unique number for a given global claim and is repeated subsequently in the following SEDs at the global and at the individual level of SED. Each sending of a S080 must have a different “Global CLA Reference”;
* **Total number of individual claims –** which summarizes the number of individual claims and should be equal to the number of repeated (⭮) individual parts;
* **Total amount of benefits** – which summarizes the amounts of the benefits specified in each individual part;
* **Information about the half year and year** – details about the financial half year and year on which the benefits were recorded in the accounts of the creditor institution in order to specify the deadline for the request of reimbursement;
* **Bank Details** – which gives as mandatory IBAN and as optional BIC/SWIFT number for the purpose of the transfer of money;
* **Date of submission** – with a date on which S080 is submitted by the Creditor Liaison Body (Case Owner).

Individual part of S080 (“Individual CLA”), which can be repeated (⭮), allows to provide information about each specific individual claim and includes the following mandatory fields:

* **ID Creditor / Debtor Institution** – with identification data (Institution ID, institution name) either of the institution of the place of residence / stay which provided benefits and requested reimbursement (Creditor) or the competent institution which issued entitlement document and is responsible for covering the cost of the benefits (Debtor);
* **References** – a set of references which allows to identify the claim on global and individual level, including:
  + “Global CLA reference Creditor Liaison Body” – a reference number of the original claim copied from the global part of S080, it allows to link every individual CLA in S080 with its global part of S080 – this is necessary if the individual CLA from S080 are divided in order to be reviewed by different clerks or different CIs;
  + “Individual CLA number Creditor Liaison Body” – a reference number of the individual claim which allows to identify the individual claim in the next steps of the exchange and in any future communication (links the SEDs). It is a unique number for a given individual claim and is repeated subsequently in the following SEDs at the individual level of SED.
* **Date** when Creditor Institution **recorded the CLA** – allowing to check if the claim is introduced within the deadlines. It is possible to indicate only one date and at the same time many different types of benefits therefore it is advised to give the date of the first benefits recorded for the person in the accounts of the creditor institution. It will allow avoiding situations when a claim is introduced after the deadline set in the regulation;
* **Person receiving benefits** - information about the person who received the benefits in kind;
* **Entitlement document**- an entitlement document based on which benefits were provided and its validity period, with following possible choices:
* EHIC - European Health Insurance Card
* PRC Provisional Replacement Certificate
* S1 Registering for health care cover
* S2 Entitlement to scheduled treatment
* S3 Medical treatment for former worker in former country of work
* S037 Extension of entitlement document - scheduled treatment
* S072 Entitlement document – Residence
* S045 Entitlement document - Temporary Stay
* S008 Entitlement document - Former Frontier Worker - Family Member of Former Frontier Worker
* E106 Entitlement document – Residence
* E109 Certificate for the registration of members of the employed or self-employed person's family
* E112 Certificate concerning the retention of the right to sickness or maternity benefits
* E120 Certificate of entitlement to benefits in kind for pension claimants and members of their family
* E121 Certificate for the registration of pensioners

Depending on the chosen entitlement document, Entitlement validity period has to be provided. When date of issue of specific entitlement document is unknown, it is to be left un-filled.

The validity period of the entitlement document should cover the complete period of treatment. In the event of two subsequent entitlement documents and a period of treatment that spans over the validity periods of these two documents the cost should preferably be split. If this is not possible it is exceptionally permitted to send a claim even though the period of treatment is not fully covered by the validity period of the entitlement document provided that the competent institution that issued the subsequent entitlement document remained unchanged.

* **Details of the benefits provided**:
  + Nature of benefits **–** Sickness; Maternity, paternity; Accident non professional or Long term care
  + Benefits period – the period in which the benefits were provided;
  + Detailed benefits amount – amount of each specific benefits, i.e., medical care, medicine, dental care, long term care;
  + Hospitalisation benefits – a repeatable section with hospitalisation amount and period of the hospitalisation;
  + Other benefits – a repeatable section with benefits amount and possibility to describe the other benefits which do not appear/are not listed under previous sections;
* **Total** individual **amount of benefits** – the amount of the benefits calculated for the individual claim. This amount is being summarized in the **Total amount of benefits** in the global part.

It is not possible to add attachments to S080.

In order to see the content and explanatory notes of the SED S080 please click [here](file://net1.cec.eu.int/HOMES/127/manomih/Desktop/User%20Documentation/User%20Documentation/Sickness/SEDs/Forms/S080_en.htm).