CNS
d'Gesondheetskeess

Request for recalculation of cash benefits for the fraction of a month

Contact details of the insured person

Identification number	__ __ __ __ __ __ __ __ __ __ __ __ __ __
Last and first name(s)	
Name of the employer	

The insured person requests the National Health Fund (CNS) to recalculate the financial compensation for the month _____ (month to be verified) in accordance with Article 179(2) of the CNS statutes, following the discovery of a difference in income.

In order for the CNS to verify the amount eligible for reimbursement, the insured person shall enclose a detailed statement of the salary paid by the employer for the month in question.

The request must be sent to the following address: CNS - Département Prestations en espèces
L-2980 Luxembourg

Signature, place and date	

NB.

The request for recalculation can only be carried out by the CNS on condition that

- the detailed statement of the salary paid by the employer for the month in question is attached to this application
- the employer has reported to the Common Centre of Social Security (CCSS) the actual number of days and hours of incapacity for work for the month in question.