

**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.