Note by the IMB:
Courtesy translation to English as endorsed by the CPQS.
In case of discrepancy between the French language original text and the English language translation, the French version - as validated by the CCA- shall prevail.

Comité de Préparation pour les questions statutaires
Le Secrétariat
N° CPQS-D-1310-22

PROCEDURAL HANDBOOK FOR INVALIDITY COMMITTEES

This handbook is designed as a reference document for people taking part in an invalidity procedure, in particular for members of invalidity committees.

This handbook, which was approved by the CCA at its meeting of 12 October 2022, replaces the Procedural Handbook for Invalidity Committees approved by the CCA at its meeting of 10 September 2008.

Contents

Abbreviations and definitions

AA	Appointing authority
AACE	Authority authorised to conclude contracts of employment
CCA	College of Heads of Administration
CEOS	Conditions of Employment of Other Servants of the European Union
CJEU	Court of Justice of the European Union
Institution	Institution or other body which applies the Staff Regulations and the CEOS to its staff
Medical officer	Doctor employed by the institution (medical officer / medical advisor) or external physician recruited by the institution to carry out the duties of the medical officer.
PMO	Paymaster Office
Staff member	Official or other staff member of the European Union within the meaning of the Staff Regulations and the CEOS
Staff Regulations	Staff Regulations of Officials of the European Union

Any reference in this document to a person of the male sex shall be deemed also to constitute a reference to a person of the female sex, and vice versa, unless the context clearly indicates otherwise.

I. INTRODUCTION

1. Nature of the invalidity

The placing of a staff member on invalidity involves the termination of the service of a staff member who, for health reasons, whatever their nature or cause, is no longer able to perform their duties or, in the case of officials, those corresponding to a post in their function group.

In this sense, invalidity is therefore a form of incapacity for work.

The assignment of invalidity status is a serious measure to be taken after careful consideration of the facts.

2. Provisions applicable to the the invalidity procedure

The main provisions governing the invalidity procedure are as follows:

- Staff Regulations: Articles 9, 53, 59(4), 78, Articles 7 to 9 of Annex II and Articles 1 and 13 to 15 of Annex VIII.
- Conditions of Employment of Other Servants:
    - Temporary staff: Articles 16, 31, 32 and 33.
    - Contract staff: Articles 99 to 102.
    - Accredited parliamentary assistants: Article 135.
- Conclusion of CHA 273/15.

The judgments of the CJEU rendered in the context of the application of the provisions listed above have also been taken into account in the preparation of this handbook.

II. INITIAL PHASE OF THE PROCEDURE

The invalidity procedure may be initiated by the AA/AACE or by the staff member.

1. Initiation by the AA/AACE

The AA/AACE may refer the matter to an invalidity committee if the staff member has accumulated at least 12 months (365 days) of sick leave over a period of 3 years[1].

The following are included in the calculation of the 365 days:

- the days, including non-working days, covered by a medical certificate;
- the days of absence for medical reasons not covered by a medical certificate;
- the days of part-time work on medical grounds, i.e. the part of the time not worked.

This provision constitutes a guarantee for both the staff member and the institution. On the one hand, it allows the staff member a reasonable period of time to recover and resume their duties before the start of an invalidity procedure. On the other hand, it empowers the institution, after that period, to establish the invalidity of the staff member, in order, if necessary, to replace them definitively.

Before this number of days of absence is reached:

- the service responsible for managing medical absences ensures that the medical absences are justified;
- the institution examines all possibilities for the staff member's reintegration or transfer not only in the event of absence due to illness or accident but also if the absence is linked to the working environment.

Medical part-time is a means of reintegration into the working environment after an absence due to illness or accident. It is of limited duration and depends on the severity of the condition.

[1] Article 59(4) of the Staff Regulations.

Before referring the matter to the Invalidity Committee, the AA/AACE may request the opinion of the institution's medical officer.

If the state of health of a staff member who has reached 365 days of absence over the course of 3 years is likely to improve within a relatively short period of time, the medical officer informs the AA/AACE accordingly, enabling it to take an informed decision.

2. Initiation by the staff member

The staff member may ask the AA/AACE to refer the matter to an invalidity committee before reaching the period of absence required by Article 59(4) of the Staff Regulations. This request is accepted unless it is of an abusive nature (particularly if it is intended only to challenge, in the absence of any new information, the previous findings of an invalidity committee which has already dealt with the case). Applications submitted immediately before the termination of service or the termination of the contract of the staff member may be subject to specific analysis before being accepted, in order to determine whether they are of an abusive nature.

3. Initial decision

When deciding to initiate the invalidity procedure, the AA/AACE refers to the original facts (number of days of sick leave reached or request by the staff member), appoints the member of the Invalidity Committee who represents the institution, and establishes the mandate of the Invalidity Committee.

This decision is communicated to the staff member, together with the invitation to appoint a doctor to represent them on the committee (see III.2).

4. Suspension of the procedure

If the staff member returns to work after the start of an invalidity procedure, the AA/AACE may decide to suspend the procedure without formally closing it.

The AA/AACE may decide to resume the procedure if the state of health of the staff member deteriorates again and results in absences due to the same illness or a related medical condition. It seeks the opinion of the institution's medical officer before deciding whether to resume the procedure.

If the staff member is no longer absent for the same condition or a related medical condition for a reasonable period of time, the AA/AACE closes the procedure.

5. Invalidity procedure and termination of service

The invalidity procedure is initiated before the staff member leaves the service (in particular at the end of their contract or in the event of dismissal, resignation or removal from the post).

Where the staff member leaves the service after the invalidity procedure has been launched, the procedure continues until the decision of the AA/AACE is adopted.

III. THE INVALIDITY COMMITTEE

1. Composition of the Invalidity Committee

The Invalidity Committee comprises three doctors, appointed respectively:

- by the institution
- by the staff member
- by agreement between the first two doctors[2].

2. Appointment of members of the Invalidity Committee

In addition to the decision to initiate the invalidity procedure designating the member representing the institution (see II.3), the AA/AACE sends the staff member a letter containing:

- an invitation to appoint a doctor to represent them on the committee within one month of receipt of the letter;
- information on the nature of the mandate given to this doctor.

If the staff member does not appoint a doctor to represent them within the prescribed time limit or if the designated doctor does not agree to represent the staff member within the same time limit, a doctor is appointed ex officio by the President of the CJEU. The time limit may be extended once for one additional month upon a reasoned request by the staff member.

Each of the first two doctors may propose one or more doctors as the third doctor on the Invalidity Committee. If no agreement is reached on the appointment of the third doctor within two months of the appointment of the second doctor, the third doctor is appointed ex officio by the President of the CJEU on the initiative of one of the parties[3].

The doctor appointed by mutual agreement and the doctor(s) appointed by the President of the CJEU cannot be objected to either by the staff member or by the institution.

Each member of the Invalidity Committee is informed of their obligation to advance the proceedings of the committee and of the fact that their inactivity for more than one month may be considered a tacit resignation.

3. Replacement of members of the Invalidity Committee

Members of the Invalidity Committee may be replaced if it is impossible for them to participate in the work of the committee and in the event of (explicit or tacit) resignation. The staff member may not replace the member of the committee representing them, since that member was validly appointed, enjoys the independence accorded to them and is not considered to have resigned.

If a member of the committee is inactive for more than one month, the AA/AACE, at the committee's request, notifies them that if they do not react within a specified period, they will be deemed to have resigned.

The member of the committee replacing the resigning member is appointed in the same way as the member being replaced.

[2] Article 7, first paragraph, of Annex II to the Staff Regulations.
[3] Article 7, third paragraph, of Annex II to the Staff Regulations.

The replacement of a member does not invalidate any action already taken by the Invalidity Committee.

IV. MANDATE OF THE INVALIDITY COMMITTEE

The mandate of the Invalidity Committee is laid down by the AA/AACE, normally in the decision to initiate the procedure.

Its mandate may be threefold:

1. to establish invalidity,
2. to determine the cause of that invalidity,
3. to indicate the frequency of periodic reassessments.

1. Establishing invalidity

In order to establish the invalidity of a staff member, their ability to perform their work or carry out their duties or the duties corresponding to a post in their function group must be reduced by at least two thirds and be regarded as permanent. The concept of permanence does not necessarily imply that the state of health is irreversible.

For officials, ability to work is assessed not only by reference to the duties actually performed, but also by reference to other duties corresponding to a post in their function group.

The institution makes available to doctors the corresponding lists of types of post in order to enable them to assess the tasks which the official is able or no longer able to perform.

For other servants, since Article 78 of the Staff Regulations does not apply, ability to work is assessed in relation to the duties performed by the staff member or the tasks mentioned in their contract.

2. Determining the cause of the invalidity

The Invalidity Committee rules on the cause of invalidity if the AA/AACE so requests. Such a request may be made at any stage of the procedure.

Where the request is made by the staff member, the AA/AACE must ask the Invalidity Committee to rule on the cause of the invalidity.

(a) Relevance of the cause

The reason for the incapacity for work is not relevant to the establishment of its existence. On the other hand, it is important in terms of the amount of the invalidity allowance (see VI.2).

(b) Causal link

The Invalidity Committee may rule on the causal link between the incapacity for work and one (or more) of the following four causes:

- an accident suffered in the course of or in connection with the performance of a staff member’s duties (accident at work);

- a public-spirited act;
- having risked one's life to save another human being;
- an occupational disease[4].

Recognition of:
- an accident suffered in the course of or in connection with the performance of duties (accident at work);
- a public-spirited act; or
- having risked one's life to save another human being;

as the cause of invalidity is generally easy to establish.

However, it is more difficult for an occupational disease to be recognised as the cause of invalidity.

An occupational disease may be recognised by the PMO in the context of a request for recognition of an occupational disease on the basis of Article 73 of the Staff Regulations. The Invalidity Committee may also establish a link between invalidity and the working environment under Article 78 of the Staff Regulations[5]. Irrespective of recognition by the PMO[6] of an occupational disease on the basis of Article 73 of the Staff Regulations, the Invalidity Committee may be required to determine the existence of an occupational disease under Article 78 of the Staff Regulations in order to establish the link between the invalidity and the occupational disease.

The concept of occupational disease within the meaning of Article 78 of the Staff Regulations[7] is identical to that used for the purposes of applying Article 73 of the Staff Regulations. On the one hand, a disease included in the European schedule of occupational diseases is deemed to be an occupational disease, unless there is evidence to the contrary[8]. On the other hand, the occupational origin of a condition may be recognised if there is a sufficiently direct link between the onset of a disease or the aggravation of a pre-existing disease and the performance of the specific duties in the service of the EU.

The existence of an exclusive, predominant or essential relationship is not necessary for an occupational disease to be established, but the existence of a causal link between the origin of the disease or its aggravation and the performance of specific duties in the service of the EU must be sufficiently established.

A staff member who is suffering from an occupational disease or is the victim of an accident at work may be unfit for work as a result not of that occupational disease or accident at work, but of another condition, the origin of which is not occupational. In that case, despite recognition of the occupational disease or accident at work and of invalidity, the invalidity does not have an occupational origin.

[4] Article 78 of the Staff Regulations for officials, Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[5] Or Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[6] Or by the competent AA/AACE of the institutions concerned.
[7] Or of Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[8] Judgment of 12 July 2018, *RI* v *Council*, T-9/17, paragraph 30.

(c) Procedure to be followed

At the request of the AA/AACE, the Invalidity Committee rules on the causal link between the incapacity for work and one (or more) of the four causes mentioned above.

Where appropriate, the AA/AACE provides the Invalidity Committee with the relevant administrative information on one (or more) of the four causes.

If the Invalidity Committee does not have all the information enabling it to rule on the causal link between the incapacity for work and one (or more) of the four possible causes mentioned above, it rules on the invalidity and suspends its proceedings pending the gathering of all the information necessary to enable it to rule on the cause of that invalidity.

The AA/AACE may, either on its own initiative or at the request of the Invalidity Committee, initiate an administrative inquiry. The relevant conclusions of the inquiry report are sent to the Invalidity Committee for a ruling on the cause of invalidity.

(d) Coexistence with procedures for the recognition of an occupational disease (Article 73 of the Staff Regulations)

The determination of the occupational or non-occupational origin of invalidity under Article 78 of the Staff Regulations[9] is not subject to completion of the procedures laid down in the rules implementing Article 73 of the Staff Regulations, the two procedures being separate.

The Invalidity Committee is empowered to ask the staff member whether they have initiated other administrative procedures concerning their state of health, in particular a procedure for the recognition of an occupational disease under Article 73 of the Staff Regulations and, if so, what the outcome was.

If the Invalidity Committee departs from a previous decision taken under Article 73 of the Staff Regulations, it must state the reasons for its position.

3. Periodic reassessments

The Invalidity Committee informs the AA/AACE of the frequency with which periodic reassessments must take place in order to enable it to satisfy itself, in accordance with Article 15 of Annex VIII to the Staff Regulations[10], that a staff member who receives an invalidity allowance and has not yet reached pensionable age still meets the conditions required for entitlement to that allowance.

In principle, such reassessments take place every two years, unless the Invalidity Committee determines another frequency or a specific date.

Under Article 15 of Annex VIII to the Staff Regulations[11], the Invalidity Committee cannot limit the powers conferred on the institution. It cannot therefore exclude any periodic

[9] Or Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[10] Article 33(3) of the CEOS for temporary staff, Article 102(3) of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[11] See preceding footnote.

reassessment on the ground that the possibility of resuming work would be definitively excluded.

Periodic reassessments are carried out by the institution's medical officer.

The medical officer may decide to (1), in exceptional cases and on duly justified grounds, accept a medical report drawn up by a doctor at the place of residence of the official in question instead of carrying out the examination themselves or (2) postpone the reassessment if, at the end of the above-mentioned two-year period or of the period or date set by the Invalidity Committee, the nature of the condition giving rise to the invalidity does not warrant an examination for the purpose of assessing the possibility of resuming work.

An additional periodic reassessment may also be requested by the AA/AACE or by the staff member. However, the medical officer is not obliged to accept a request from the staff member if it is made within 6 months of the last medical assessment, unless the staff member is able to provide medical reports containing relevant information.

The possible reinstatement of the staff member following a periodic reassessment is dealt with in Section VII of this handbook.

V. OPERATION OF THE INVALIDITY COMMITTEE

1. Independence and confidentiality of proceedings

Members of the Invalidity Committee must not receive instructions or approval from the staff member, the institution or any other person.

Under Article 9 of Annex II to the Staff Regulations, the proceedings of the Invalidity Committee are secret. This provision applies to the staff member, the institution and any third party (including the doctors making up the Invalidity Committee)[12].

2. Nature of the medical examination

The Invalidity Committee determines the nature and duration of the staff member's clinical examination. In accordance with medical ethics, staff members must not be subjected to examinations, tests or treatments against their will.

If the staff member refuses, or is unable, to appear before the Invalidity Committee, the committee may take a decision on their fitness or unfitness for work on the basis of the medical file alone.

The staff member may submit to the Invalidity Committee any reports or certificates from their treating physician or other medical practitioners whom they have consulted[13].

The Invalidity Committee may consult external experts, provided that at least two members of the committee are in favour of such consultation.

[12] Article 9 of Annex II to the Staff Regulations.
[13] Article 9, first paragraph, of Annex II to the Staff Regulations.

3. Conduct of meetings

In principle, the Invalidity Committee meets on the premises of the Medical Service of the staff member's institution.

Exceptionally, a meeting of the Invalidity Committee may take place where the staff member is located (e.g. if the staff member is unable to travel).

Meetings of the Invalidity Committee may also be held by videoconference, in particular where the staff member or one or more members of the committee are unable to visit the premises mentioned above.

4. Expenses

Expenses incurred in connection with the proceedings of the Invalidity Committee are borne by the institution[14]. This does not include expenses incurred by a member in connection with any specific requests by the person they represent and/or in preparation for the committee's work which have not been recognised as necessary by the Invalidity Committee.

Where the doctor appointed by the staff member concerned is resident at a place other than where the staff member is employed, the staff member shall bear the cost of the additional fees incurred, with the exception of travel expenses, which shall be refunded by the institution[15].

5. Adoption of conclusions

The Invalidity Committee acts unanimously or by a majority of its members. A member cannot, by abstaining or by refusing to sign, obstruct the adoption of a conclusion. In the event of disagreement, the conclusion adopted by the majority is valid for the purposes of the Staff Regulations, with all the legal consequences that entails.

The conclusions are validly adopted only if all members of the committee have had the opportunity to express their point of view.

On completion of this work, the conclusions of the Invalidity Committee are sent to the AA/AACE and to the staff member concerned[16] and a summary medical report (see V.6) is appended to their medical file.

The Invalidity Committee refrains from basing its conclusions on information of a non-medical nature (e.g. on harassment which may have been suffered by the staff member or on their possible exposure to toxic substances at the workplace) which has not been confirmed by an internal investigation (see IV.2.c).

These conclusions do not contain any information of a medical nature and must enable the AA/AACE to give reasons for its decision on invalidity.

If the staff member has not appeared before the Invalidity Committee, the form makes it possible to record this fact by stating 'having examined the case of ...'.

[14] Article 8, first paragraph, of Annex II to the Staff Regulations.
[15] Article 8, second paragraph, of Annex II to the Staff Regulations.
[16] Article 9, second paragraph, of Annex II to the Staff Regulations.

The conclusions of the Invalidity Committee adopted in accordance with the rules in force, whether reached unanimously or by a majority, are final and may not be contested by anyone.

6. The summary medical report

The medical considerations of the Invalidity Committee are separate from the conclusions communicated to the AA/AACE and are recorded in a detailed summary report which is generally prepared by the third doctor and signed by the three doctors comprising the committee.

The committee sets a deadline for drawing up the report. If it does not do so, the deadline is one month from the adoption of the conclusions.

A copy of this report is given to each doctor, with a copy appended to the staff member's medical file.

In the event of disagreement between the doctors, several detailed summary reports may be drawn up and signed and appended to the staff member's medical file.

7. Access to information of a medical nature

All staff members have the right to acquaint themselves with their medical files, in accordance with arrangements laid down by each institution[17].

Members of the Invalidity Committee have access to the same information. Where appropriate, they exchange the medical information necessary for the committee's work.

VI. DECISION OF THE AA/AACE

1. Decision-making

The AA/AACE takes a decision on the basis of the conclusions of the Invalidity Committee.

If the invalidity of a staff member within the meaning of Article 78 of the Staff Regulations[18] is recognised, the AA/AACE establishes in its decision that the staff member is unable to perform their duties and places them on invalidity with effect from the last day of the month in which the decision is taken[19].

If, on the contrary, it is concluded that the staff member does not fulfil the conditions laid down in Article 78 of the Staff Regulations[20], the AA/AACE records this in its decision and informs the staff member that they are required to continue to perform their duties.

[17] Article 26a of the Staff Regulations.
[18] Or Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.
[19] Article 53 of the Staff Regulations.
[20] Or Article 33 of the CEOS for temporary staff, Article 101 of the CEOS for contract staff and Article 135 of the CEOS for accredited parliamentary assistants.

Before adopting its decision, the AA/AACE verifies, strictly formally and in procedural terms that the Invalidity Committee has been properly constituted and operated.

2. The invalidity allowance [21]

The right to an invalidity allowance takes effect from the first day of the calendar month following the decision placing the staff member on invalidity pursuant to Article 53 of the Staff Regulations[22].

The invalidity allowance is fixed at 70% of the final basic salary of the staff member. The allowance must not be less than the minimum subsistence figure.

The invalidity allowance is subject to contributions to the pension scheme, calculated on the basis of the allowance.

However, where the invalidity results from:

- an accident suffered in the course of or in connection with the performance of duties (accident at work);
- a public-spirited act;
- having risked one's life to save another human being; or
- an occupational disease;

the invalidity allowance cannot be less than 120% of the minimum subsistence figure. In such cases, contributions to the pension scheme are paid in full from the budget of the institution referred to in Article 1a of the Staff Regulations.

In the event of the death of the staff member receiving the invalidity allowance, entitlement to that allowance ceases at the end of the calendar month in which the staff member died[23].

VII. REINSTATEMENT OF THE STAFF MEMBER

Staff members on invalidity are subject to periodic reassessments to determine whether they continue to fulfil the conditions for receiving the invalidity allowance (see IV.3). Such revaluations may also take place at the request of the staff member.

At the end of these medical examinations carried out by the institution's medical officer or by an authorised expert, the institution's medical officer may conclude that:

- reinstatement is possible and may recommend to the AA/AACE to proceed accordingly; or
- reinstatement is not possible.

[21] Articles 13 and 15 of Annex VIII to the Staff Regulations.
[22] Article 14, first paragraph, of Annex VIII to the Staff Regulations. In the event of termination of service taking place during the invalidity procedure, the invalidity allowance is payable from the first day following termination of service (see II.5).
[23] Article 14, third paragraph, of Annex VIII to the Staff Regulations.

If the staff member disagrees with the medical officer's opinion, the matter is referred to the Invalidity Committee. In principle, and as far as possible, this Invalidity Committee comprises the same doctors as that which was set up to rule on invalidity.

One or more members of the committee may be replaced in accordance with the procedure set out above (see III.3)[24].

[24] Article 14, second paragraph, of Annex VIII to the Staff Regulations: *If the official drawing invalidity allowance ceases to satisfy the requirements for payment of that allowance, he must be reinstated in the first post corresponding to his career bracket which falls vacant in his category or service, provided that he satisfies the requirements for that post. If he declines the post offered to him, he shall retain his right to reinstatement when the next vacancy corresponding to his career bracket occurs in his category or service, subject to the same proviso; if he declines a second time, he may be required to resign.*
If, on the other hand, other agents on invalidity whose contract has not expired cease to fulfil the conditions for entitlement to that allowance, their institution returns them to their former post or, alternatively, to a post corresponding to the duties described in their contract. The institution is not obliged to reinstate such a staff member to a post which is not provided for in the contract. If they refuse to be reinstated, the institution may terminate their contract.
If other agents cease to fulfil the conditions for entitlement to the invalidity allowance and their contract has expired, payment of the invalidity allowance is stopped at the end of the calendar month in which the AACE finds that they have ceased to fulfil the conditions for entitlement to it. The institution is not obliged to offer them a new contract. Where appropriate, they may be entitled to unemployment benefit, in accordance with Article 28a of the CEOS.

ANNEXES

Annex 1: fees of doctors participating in invalidity committees

The doctor representing the staff member receives a basic amount of one tenth of the basic salary of a contract staff member in grade 2, step 1. This amount may be increased depending on the number of hours needed to carry out the mission.

The third doctor, chosen by mutual agreement, receives a basic amount of one tenth of the basic salary of a contract staff member in grade 11, step 1. This amount may be increased depending on the qualifications of the doctor and the number of hours needed to carry out the mission.

Any doctor who resigns from an invalidity committee, whether explicitly or tacitly, loses the right to the fees referred to above. However, the institution may decide to grant some or all of the fees if it considers that the reasons given by the doctor concerned justify their resignation.

Annex 2: forms

The forms below are intended for guidance only. The institutions are invited to adapt them to their needs.

Form for the appointment of the second doctor

[institution logo]

Surname: ……
First name: .....
Personnel No: ……

Note for the attention of the Medical Service (*)

Following the decision to convene an Invalidity Committee to assess my case, please find below the contact details of the doctor I am appointing to represent me:

Surname, first name: …….

Address: ……
……
……

Tel.: .....

Email: …….

I authorise the transmission of the relevant parts of my medical file to the Invalidity Committee. I have been informed that its members are authorised to exchange with the above-mentioned doctor any information necessary for the work of the committee.

Date: Signature of the official / other staff member:

The undersigned, Dr....., agrees to represent Mr/Ms..... on the Invalidity Committee.

Date: Doctor's signature:

(*) Form to be sent to the Medical Service [insert functional mailbox here].

Conclusions of the Invalidity Committee – officials

[institution logo]

SUBJECT:	**Invalidity Committee**	**:**
	Personnel number	**:**
	Date of birth	**:**

An Invalidity Committee set up in accordance with Article 9(1) of the Staff Regulations of Officials of the European Union and composed, in accordance with Article 7 of Annex II to those Regulations, of:

1. **Dr** , appointed by [name of institution],
2. **Dr** , appointed by the staff member concerned, and
3. **Dr** , appointed by mutual agreement with Dr ... and Dr ...,

has concluded, after examination [TO BE ADDED IF ABSENT: 'of the case'] of Ms/Mr....., born on....., official at the [name of institution], that the staff member

* suffers from
* does not suffer from

a total permanent invalidity preventing them from performing the duties corresponding to a post in their function group and that they are therefore obliged:

* to suspend their service at the [name of institution] (Articles 53 and 78 of the Staff Regulations and Articles 13 and 16 of Annex VIII to the Staff Regulations)
* to continue their activity.

A reassessment of the state of invalidity will be carried out at a frequency of [STANDARD: 2 years / DEPENDING ON THE KIND OF ILLNESS: 1 year / X years].

INCLUDE THE PARAGRAPH BELOW IF THE MANDATE GIVEN BY THE APPOINTING AUTHORITY ASKS THE INVALIDITY COMMITTEE TO RULE ON THE ORIGIN OF THE INVALIDITY:

The Invalidity Committee declares that Ms/Mr.....'s invalidity * is the result of: * is not the result of: • an accident in the course of the performance of their duties; • an occupational disease; or • a public-spirited act or risking their life to save another human being.	The Invalidity Committee does not have all the information available to rule on the origin of the invalidity. It therefore recommends that the Appointing Authority launch an administrative inquiry into the working environment of the staff member concerned. The Invalidity Committee will decide on the origin of the invalidity after the conclusion of the inquiry.

[Place], [date]

Dr	Dr	Dr
……	……	……

Conclusions of the Invalidity Committee – other staff members

[institution logo]

SUBJECT:	**Invalidity Committee**	**:**
	Personnel number	**:**
	Date of birth	**:**

An invalidity committee set up in accordance with Article 9(1) of the Staff Regulations of Officials of the European Union and composed, in accordance with Article 7 of Annex II to those Staff Regulations, of:

1. **Dr** , appointed by [name of institution],
2. **Dr** , appointed by the staff member concerned, and
3. **Dr** , appointed by mutual agreement with Dr ... and Dr ...,

has concluded, after examination [TO BE ADDED IF ABSENT: 'of the case'] of Ms/Mr....., born on....., temporary agent / contract staff member / accredited parliamentary assistant at the [name of institution], that the staff member

* suffers from
* does not suffer from

a total permanent invalidity preventing them from performing the duties corresponding to their post and that, on these grounds, they are obliged:

* to suspend their service at the [name of institution] (Article 33 [for temporary staff], Articles 101 and 102 [for contract staff], or Article 135 [for accredited parliamentary assistants] of the Conditions of Employment of Other Servants of the European Union)
* to continue their activity.

A reassessment of the state of invalidity will be carried out at a frequency of [STANDARD: 2 years / DEPENDING ON THE KIND OF ILLNESS: 1 year / X years].

INCLUDE THE PARAGRAPH BELOW IF THE MANDATE GIVEN BY THE AACE ASKS THE INVALIDITY COMMITTEE TO DECIDE ON THE ORIGIN OF THE INVALIDITY:

The Invalidity Committee declares that Ms/Mr.....'s invalidity * is the result of: * is not the result of: • an accident in the course of the performance of their duties; • an occupational disease; or • a public-spirited act or risking their life to save another human being.	The Invalidity Committee does not have all the information available to decide on the origin of the invalidity. It therefore recommends that the AACE launch an administrative inquiry into the working environment of the person concerned. The Invalidity Committee will decide on the origin of the invalidity after the conclusion of the inquiry.

[Place], [date]

Dr	Dr	Dr
……	……	……