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► **B**

DECISION No 153

of 7 October 1993

on the model forms necessary for the application of Council Regulation No (EEC) 1408/71 and (EEC) No 574/72 (E 001, E 103 to E 127)

(Text with EEA relevance)

(94/604/EC)

(OJ L 244, 19.9.1994, p. 22)

Amended by:

	Official Journal		
	No	page	date
► <u>M1</u> Decision No 166 98/441/EC, of 2 October 1997	L 195	25	11.7.1998
► <u>M2</u> amended by decision no 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006
► <u>M3</u> Decision No 168 98/443/EC, of 11 June 1998	L 195	37	11.7.1998
► <u>M4</u> amended by decision no 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006
► <u>M5</u> Decision No 179 2002/154/EC, of 18 April 2000	L 54	1	25.2.2002
► <u>M6</u> amended by decision no 187 2003/251/EC, of 27 June 2002	L 93	40	10.4.2003
► <u>M7</u> amended by decision no 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006
► <u>M8</u> Decision No 185 2003/148/EC, of 27 June 2002	L 55	74	1.3.2003
► <u>M9</u> amended by decision no 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006
► <u>M10</u> Decision No 198 2004/562/CE, of 23 March 2004	L 259	1	5.8.2004
► <u>M11</u> Decision No 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006

**DECISION No 153****of 7 October 1993****on the model forms necessary for the application of Council Regulation No (EEC) 1408/71 and (EEC) No 574/72 (E 001, E 103 to E 127)****(Text with EEA relevance)**

(94/604/EC)

THE ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community, under which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent Regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 of March 1972, under which it is the duty of the Administrative Commission to draw up models of certificates, certified statements, declarations, applications and other documents necessary for the application of the Regulations,

Having regard to Decision No 130 of 17 October 1985 laying down and adapting the model forms necessary for the application of the Regulations,

Whereas these model forms should be adapted for the purpose of taking account of the amendments which have been introduced into the national legislation of Member States;

Whereas the Agreement on the European Economic Area of 2 May 1992, as adjusted by the Protocol of 17 March 1993, Annex VI, implements Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas by Decision of the EEA Joint Committee the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and (EEC) No implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas with a view to the envisaged participation of Liechtenstein in the EEA at a later stage, these forms should also be adapted as regards Liechtenstein;

Whereas the language in which the forms should be drawn up has been decided by recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 001, E 103 to E 127 printed in Decision No 130 shall be replaced by the models appended hereto.
2. The competent authorities of the Member States shall make available to the person concerned (rightful claimants, institutions, employers, etc.) the forms according to the attached models.
3. Each form shall be available in the official languages of the Community and laid out in such manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.

▼**B**

4. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

*The Chairman of the
Administrative Commission*

Gabrielle CLOTUCHE

**List of forms**

- E 001 — Request for information, communication of information, request for forms, reminder on an employed person a self-employed person, a frontier worker, a pensioner, an unemployed person, a dependant
- E 103 — Exercising the right of option
- E 104 — Certificate concerning the aggregation of periods of insurance, employment or residence
- E 105 — Certificate concerning the members of the family of an employed person or self-employed person to be taken into consideration for the calculation of cash benefits in the case of incapacity for work
- E 106 — Certificate of entitlement to sickness and maternity insurance benefits in kind for persons residing in a country other than the competent country
- E 107 — Application for a certificate of entitlement to benefits in kind
- E 108 — Notification of suspension or withdrawal of the right to sickness and maternity insurance benefits in kind
- E 109 — Certificate for the registration of members of the employed or self-employed person's family and the updating of lists
- E 110 — Certificate concerning employed persons in international transport
- E 111 — Certificate of entitlement to benefits in kind during a stay in a Member State
- E 112 — Certificate concerning the retention of the right to sickness or maternity benefits currently being provided
- E 113 — Hospitalization: notification of entering and leaving hospital
- E 114 — Granting of major benefits in kind
- E 115 — Claim for cash benefits for incapacity for work
- E 116 — Medical report relating to incapacity for work (sickness, maternity, accident at work, occupational disease)
- E 117 — Granting of cash benefits in the case of maternity and incapacity for work
- E 118 — Notification of non-recognition or of end of incapacity for work
- E 119 — Certificate concerning the entitlement of unemployed persons and the members of their family to sickness and maternity insurance benefits
- E 120 — Certificate of entitlement to benefits in kind for pension claimants and members of their family
- E 121 — Certificate for the registration of pensioners and the updating of lists
- E 122 — Certificate for the granting of benefits in kind to members of the family of pensioners
- E 123 — Certificate of entitlement to benefits in kind under insurance against accidents at work and occupational diseases
- E 124 — Claim for death grant
- E 125 — Individual record of actual expenditure
- E 126 — Rates for refund of benefits in kind
- E 127 — Individual record of monthly lump-sum payments



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY
FOR MIGRANT WORKERS**

E 001 ⁽¹⁾

- Request for information
- Communication of information
- Request for forms
- Reminder on

- an employed person
- a self-employed person
- a frontier worker
- a pensioner
- a pension claimant
- an unemployed person
- a dependant

Regulation (EEC) No 1408/71: Article 84

The sending institution should complete part A and send two copies of the form to the institution to which it is addressed. The latter should complete part B and return one copy to the sending institution.
The form should be used to supplement other forms or as a basis for exchanges between institutions not yet provided for in the forms currently in use. It may not be used instead of another form.

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

Part A

1.	Institution to which the form is addressed
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
2.	Information concerning the insured person ⁽²⁾
2.1	Surname(s) ⁽³⁾ :
2.2	Forename(s) ⁽⁴⁾ :
2.3	Previous name(s):
2.4	Sex ⁽⁵⁾ :
3.	Nationality ⁽⁶⁾ :
4.	Details of birth
4.1	Date of birth ⁽⁷⁾ :
4.2	Place of birth ⁽⁸⁾ :
4.3	Province or department ⁽⁹⁾ :
4.4	Country ⁽¹⁰⁾ :
5.	Personal identification number ⁽¹¹⁾
5.1	at the sending institution:
5.2	at the institution to which the form is addressed:
6.	Address:
7.	Information on the file
7.1	Type of benefit:
7.2	Reference number of the file at the sending institution:
7.3	Reference number of the file at the institution to which the form is addressed:

▼ **M11**

E 001

8. Dependant⁽¹²⁾

8.1 Surname(s)⁽³⁾:

8.2 Forename(s)⁽⁴⁾:

8.3 Previous name(s):

8.4 Place of birth⁽⁵⁾: Date of birth:

8.5 Sex: Nationality⁽⁶⁾:

8.6 Personal identification number⁽¹¹⁾:

at the sending institution:

at the institution to which the form is addressed:

8.7 Address:

9. Request Reminder of request dated:

With reference to the person named in section 2 8 please send

9.1 the following form(s):

9.2 the following document(s):

9.3 the following information:

9.4 Reason for request:

10. Change in circumstances: the following changes have taken place

.....

.....

.....

11. Miscellaneous information

.....

.....

.....

12. Institution completing part A

12.1 Name:

12.2 Identification number of the institution:

12.3 Address:

12.4 Stamp 12.5 Date:

..... 12.6 Signature:

Part B

13. In response to your request of we are enclosing:

13.1 the following form(s):

13.2 the following document(s):

13.3 the following information:

14. In response to your request of
we regret that we are unable to forward:

14.1 the following form(s):

14.2 the following document(s):

14.3 the following information:

14.4 Reasons:

15. Miscellaneous information

.....

.....

.....

.....

16. With reference to your form transmitted on
we acknowledge receipt of the information contained in section 10

17. Institution, completing part B

17.1 Name:

17.2 Identification number of the institution:

17.3 Address:

17.4 Stamp

17.5 Date:

17.6 Signature:

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Lines 2.1 to 2.4 identifying the insured person should be completed where appropriate.
- (³) Give all surnames in the order of civil status.
- (⁴) Give all forenames in the order of civil status.
- (⁵) Put 'M' for male or 'F' for female.
- (⁶) Where appropriate, give the date of naturalisation.
For the purpose of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card (DNI) or NIE in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'.
- (⁷) The day and month should each be expressed by two digits, and the year by four digits (e.g. 1 August 1921 = 01.08.1921).
- (⁸) For French cities comprising several *arrondissements*, please give the number of the *arrondissement* (e.g. Paris 14). In the case of Portuguese districts, please also state the parish and local authority.
- (⁹) This information is obligatory for insured persons of Spanish, French or Italian nationality. Depending on the country, the entry should consist of the territorial division in which the place of birth is located (in the case of France, for example, if the commune of birth is Lille, the department of birth should be given as 'Nord' followed by the department code, if the insured person knows it, in this case '59'. The complete entry should therefore read 'Nord 59'). In the case of persons born in Spain, state only the province.
- (¹⁰) Symbol of the insured person's country of birth in accordance with note (1).
- (¹¹) For the purpose of Italian institutions, give the 'fiscal code'.
For the purpose of Maltese institutions, give the Identity Card number in case of Maltese nationals, or the Maltese Social security number in case of a non-Maltese national.
For the purpose of Slovak institutions, give the Slovak birth number if applicable.
- (¹²) Complete where appropriate.



**ADMINISTRATIVE COMMISSION ON
SOCIAL SECURITY FOR MIGRANT
WORKERS**

E 103



(¹)

EXERCISING THE RIGHT OF OPTION

Regulation (EEC) No 1408/71: Article 16(2) and (3)

Regulation (EEC) No 574/72: Article 13(2) and (3); Article 14(1) and (2)

After completing part A of the form in accordance with points a) and b) of the instructions, the insured person should hand the form in or forward it in accordance with points a) and c) of the instructions. The institution receiving the form should complete part B and return one copy to the insured person.

Please complete this form in block letters (in triplicate), writing on the dotted lines only. It consists of three pages, none of which may be left out.

A. Option

1.	The undersigned	
1.1	Surname(s) ⁽²⁾ :	
1.2	Forename(s) ⁽³⁾ :	
1.3	Previous name(s):	
1.4	Date of birth:	1.5 Nationality:
1.6	Personal identification number ⁽⁴⁾ :	
2.	Employed since:	
2.1 ⁽⁴⁾	<input type="checkbox"/> as:	by the diplomatic mission or consulate post named hereafter:
2.2 ⁽⁴⁾	<input type="checkbox"/> as:	
	in the private staff of the following employer ⁽⁵⁾ :	
	agent of the diplomatic mission or consular post named hereafter:	
2.3	<input type="checkbox"/> as a member of the auxiliary staff of the European Communities	
3.	Hereby opts to be subject to the social security legislation	
3.1	⁽⁶⁾ <input type="checkbox"/> of the State of which he is a national	
3.2	⁽⁶⁾ <input type="checkbox"/> of the State to whose legislation he was last subject, i.e. the legislation of	
	<input type="checkbox"/> Belgium	<input type="checkbox"/> Czech Republic
	<input type="checkbox"/> Greece	<input type="checkbox"/> Spain
	<input type="checkbox"/> Cyprus	<input type="checkbox"/> Latvia
	<input type="checkbox"/> Malta	<input type="checkbox"/> Netherlands
	<input type="checkbox"/> Portugal	<input type="checkbox"/> Slovakia
	<input type="checkbox"/> Iceland	<input type="checkbox"/> Liechtenstein
	<input type="checkbox"/> Denmark	<input type="checkbox"/> France
	<input type="checkbox"/> Lithuania	<input type="checkbox"/> Austria
	<input type="checkbox"/> Finland	<input type="checkbox"/> Norway
	<input type="checkbox"/> Germany	<input type="checkbox"/> Switzerland
	<input type="checkbox"/> Estonia	<input type="checkbox"/> Ireland
	<input type="checkbox"/> Italy	<input type="checkbox"/> Luxembourg
	<input type="checkbox"/> Hungary	<input type="checkbox"/> Poland
	<input type="checkbox"/> Slovenia	<input type="checkbox"/> Sweden
	<input type="checkbox"/> United Kingdom	
4.	Place and date:	
5.	Signature:	
6.	Authority of the European Communities which has concluded the contract with the member of the auxiliary staff	
6.1	Name:	
6.2	Address:	
6.3	Stamp	6.4 Date:
		6.5 Signature:

B. Declaration

7. We have taken note of the fact that the person mentioned in box 1 is subject to the legislation of⁽⁶⁾

- | | | | | |
|-----------------------------------|---|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Denmark | <input type="checkbox"/> Germany | <input type="checkbox"/> Estonia |
| <input type="checkbox"/> Greece | <input type="checkbox"/> Spain | <input type="checkbox"/> France | <input type="checkbox"/> Ireland | <input type="checkbox"/> Italy |
| <input type="checkbox"/> Cyprus | <input type="checkbox"/> Latvia | <input type="checkbox"/> Lithuania | <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Hungary |
| <input type="checkbox"/> Malta | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Austria | <input type="checkbox"/> Poland | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Slovenia | <input type="checkbox"/> Slovakia | <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Iceland | <input type="checkbox"/> Liechtenstein | <input type="checkbox"/> Norway | <input type="checkbox"/> Switzerland | |

7.1 As from:

7.2 For the period during which he is engaged in the employment indicated in part A of this form⁽⁷⁾

8. Institution designated by the competent authority

8.1 Name:	
8.2 Identification number of the institution:	
8.3 Address:	
8.4 Stamp	8.5 Date:
	8.6 Signature:

For staff of diplomatic missions or consular posts and their private domestic staff

(a) After completing part A of the form, excluding section 6, you should give one copy of the form to your employer and send two copies to the institution designated by the competent authority of the State for whose legislation you have opted, i.e.:

- in **Belgium**, the 'Office national de sécurité sociale' (National Office for Social Security), Brussels;
- in the **Czech Republic**, the 'Česká správa sociálního zabezpečení' (Czech Social Security Administration), Prague;
- in **Denmark**, the 'Den Sociale Sikringsstyrelse' (National Social Security Agency), Copenhagen;
- in **Germany**, the Bonn office of the 'Krankenkasse' (sickness insurance fund) chosen by the insured person;
- in **Estonia**, the 'Sotsiaalkindlustusamet' (Social Insurance Board), Tallinn;
- in **Greece**, the regional or local branch of the Social Insurance Institute (IKA);
- in **Spain**, the 'Tesorería General de la Seguridad Social - Ministerio de Trabajo y Seguridad Social' (Central Treasury for Social Security - Ministry of Labour and Social Security), Madrid;
- in **France**, the 'Caisse primaire d'assurance maladie' (Sickness Insurance Fund), Paris;
- in **Ireland**, the 'Department of Social and Family Affairs', Dublin;
- in **Italy**, the competent local office of the 'Istituto nazionale della previdenza sociale INPS' (National Social Welfare Institution);
- in **Cyprus**, the 'Τμήμα Κοινωνικών Ασφαλίσεων, Υπουργείο Εργασίας και Κοινωνικών Ασφαλίσεων' (Department of Social Insurance, Ministry of Labour and Social Insurance), 1465 Lefkosia;
- in **Latvia**, the 'Valsts sociālās apdrošināšanas aģentūra' (State Social Insurance Agency);
- in **Lithuania**, the 'Valstybinio socialinio draudimo fondo valdyba' (Council of the National Social Security Fund), Vilnius;
- in **Luxembourg**, the 'Centre commun de la sécurité sociale' (Common Social Security Centre), Luxembourg;
- in **Hungary**, the 'Fővárosi és Pest Megyei Egészségbiztosítási Pénztár' (Regional Sickness Insurance Fund for Pest and the Capital), Budapest;
- in **Malta**, the 'Dipartiment tas-Sigurtas Soċjali' (Department of Social Security), Valletta;
- in the **Netherlands**, the 'Sociale Verzekeringsbank' (Social Insurance Bank), Amstelveen;
- in **Austria**, the competent institution for sickness insurance;
- in **Poland**, the 'Zakład Ubezpieczeń Społecznych - ZUS' (Social Insurance Institution), Warsaw;
- in **Portugal**, the 'Departamento de Relações Internacionais e Convenções de Segurança Social' (Department of International Relations and Social Security Conventions), Lisbon;
- in **Slovenia**, to the competent regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institution of Slovenia);
- in **Slovakia**, the 'Sociálna poisťovňa' (Social Insurance Agency), Bratislava;
- in **Finland**, the 'Eläketurvakeskus' (Finnish Center for Pensions), Helsinki;
- in **Sweden**, the 'Försäkringskassan, Huvudkontoret' (Swedish Social Insurance Agency Head Office) Stockholm;
- in the **United Kingdom**, the Inland Revenue Centre for Non-Residents, Benton Park View, Newcastle upon Tyne, NE98 1ZZ;
- in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
 in **Norway**, the 'Folketrygdkontoret for utenlandssaker' (National Insurance Office for Social Insurance Abroad), Oslo;
 in **Switzerland**, the 'Caisse fédérale de compensation' (Federal Compensation Fund), Bern.

For the authority of the European Communities empowered to conclude contracts of employment with auxiliary staff

- (b) When a person engaged as a member of the auxiliary staff expresses a wish to exercise the right of option, the empowered authority of the European Communities must ensure that the person completes part A of the form, with the exception of box 6, which must be completed by the authority.
- (c) Two copies of the form should be sent to the institution designated by the competent authority of the Member State for whose legislation the person concerned has opted (see a) above).

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Give the surnames in the order of civil status.
- (³) Give the forenames in the order of civil status.
- (⁴) For workers subject to Belgian legislation, please indicate the national registration number.
 For workers subject to Spanish legislation, please indicate the social security number.
 For workers subject to Maltese legislation, please indicate the identity card number in the case of a Maltese national, or the Maltese social security number in the case of non-Maltese citizen.
 For workers subject to Slovak legislation, please indicate the Slovak birth number if applicable.
 For workers subject to Polish legislation, please indicate the PESEL and NIP numbers or, in case you do not have such a number, the series and the number of the Identity card or passport.
- (⁵) Give the surnames and forenames of the employer.
- (⁶) Put a cross in the box preceding the appropriate country. Please note that persons employed by diplomatic missions or consular posts and members of the private domestic staff of agents of such missions or posts may opt only for the social security legislation of the State of which they are a national.
- (⁷) The right of option of workers employed by diplomatic missions or consular posts and members of the private domestic staff of agents of such missions or posts may be exercised at the end of each calendar year.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 104



(¹)

CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE, EMPLOYMENT OR RESIDENCE

Sickness – maternity – death (grant) – invalidity

*Regulation (EEC) No 1408/71: Article 9(2); Article 18(1); Article 38(1); Article 64
Regulation (EEC) No 574/72: Article 6(2); Article 16; Article 39(1) and (2); Article 79*

The competent institution should complete Part A of the form and send two copies to the institution of the Member State to whose legislation the person concerned was last subject. The latter institution should complete Part B and return the form to the institution from which it received the form. If the form is drawn up at the request of the person concerned, the institution issuing the form should complete parts A.2 and B and give or send the form to the person concerned.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out.

Part A

1.	Institution to which the form is addressed
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:

2.	Insured person
2.1	Surname(s) ⁽²⁾ :
2.2	Forename(s) ⁽³⁾ : Date of birth:
2.3	Previous name(s):
2.4	Personal identification number:
2.5	From the date stated at 3.1, the insured person has been pursuing an occupation as: <input type="checkbox"/> an employed person <input type="checkbox"/> a self-employed person in ⁽⁴⁾
2.6	<input type="checkbox"/> Name of last employer <input type="checkbox"/> Last occupation as a self-employed person Address:
2.7	<input type="checkbox"/> Previous employers: (name and address)
	<input type="checkbox"/> Previous occupations as a self-employed person:

3. In order to act on a claim submitted by the insured person mentioned above, please indicate the periods of insurance, employment or residence completed by him
- 3.1 from
- 3.2 under the legislation of your country, for the following risk:
 sickness and maternity⁽⁵⁾ death (grant) invalidity⁽⁶⁾

4. Competent institution	
4.1 Name:	.....
4.2 Identification number of the institution:	.....
4.3 Address:	..... .....
4.4 Stamp	4.5 Date:
	4.6 Signature:

Part B

5. The person indicated in box 2

5.1 has been insured for the risk of sickness-maternity since the date stated at 3.1 (7)

5.2 has completed since

6.	the following periods of insurance or employment for the following benefits:	<input type="text"/> (8)
6.1	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.2	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.3	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.4	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.5	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.6	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.7	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.8	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.9	from to (8)	for (9) the risk of <input type="checkbox"/> (10)
6.10	from to (8)	for (9) the risk of <input type="checkbox"/> (10)

7.	the following periods of residence:
7.1	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.2	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.3	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.4	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.5	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.6	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.7	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.8	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.9	from to (8) for (9) the risk of <input type="checkbox"/> (10)
7.10	from to (8) for (9) the risk of <input type="checkbox"/> (10)

8. Institution completing part B	
8.1 Name:	.....
8.2 Identification number of the institution:	.....
8.3 Address:	..... .....
8.4 Stamp	8.5 Date:
	8.6 Signature:

NOTES

- (¹) Symbol of the country to which the institution which first completes the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Indicate the surnames in the order of civil status.
- (³) Indicate the forenames in the order of civil status.
- (⁴) Indicate the State.
- (⁵) Only if the form is addressed to a Belgian, French, Greek, Liechtenstein or Swiss institution, indicate the risk covered by using the following codes: N = benefits in kind, E = benefits in cash.
- (⁶) For the purposes of French and Latvian institutions.
- (⁷) Complete only if the competent institution is a Belgian institution.
- (⁸) If the certificate is intended for a Belgian, Czech, Greek, Latvian, Lithuanian, Polish or Liechtenstein institution, indicate whether the periods of activity were as an employed person or as a self-employed person by using the following code: D = employed person; I = self-employed person.
If the certificate is intended for a German, Lithuanian, Luxembourgish or Polish institution, indicate the insurance periods in section 7 using the following codes: P = compulsory insurance; F = voluntary insurance.
- (⁹) Indicate the risk covered by using the following code:
A = sickness and maternity; B = death (grant); O = invalidity.
- (¹⁰) If the competent institution is a Cypriot, German, Irish, Hungarian, Austrian or UK institution, put a cross in this box if the period of insurance or the period of residence corresponds to a period of actual employment and indicate the type of employment or self-employment.

▼ **M11**

**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY
FOR MIGRANT WORKERS**

E 106

(1)

**CERTIFICATE OF ENTITLEMENT TO SICKNESS AND MATERNITY INSURANCE BENEFITS IN KIND FOR PERSONS RESIDING IN A
COUNTRY OTHER THAN THE COMPETENT COUNTRY**

**Employed and self-employed persons and members of their families residing with them; members of the family of
unemployed persons**

*Regulation (EEC) No 1408/71: Article 19(1)(a); Article 19(2) and Article 25(3)(i)
Regulation (EEC) No 574/72: Article 17(1) and (4) and Article 27 (first sentence)*

The competent institution should complete Part A of the form and send two copies to the insured person, or send them - where necessary through the liaison body - to the institution in the place of residence if the form is drawn up at that institution's request. As soon as it has received the two copies, the latter institution should complete Part B and return one copy to the competent institution.

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

A. Notification of entitlement

1.	Institution of the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	The insured person
2.1	Surname(s) ⁽³⁾ :
2.2	Forename(s) ⁽⁴⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address in the country of residence:
2.5	Personal identification number:
2.6	The insured person <input type="checkbox"/> is an employed person
2.7	The insured person <input type="checkbox"/> is a self-employed person
2.8	The insured person <input type="checkbox"/> is a frontier worker (employed)
2.9	The insured person <input type="checkbox"/> is a frontier worker (self employed)
2.10	The insured person <input type="checkbox"/> is an unemployed worker

3.	Member of the family ⁽⁵⁾
3.1	Surname(s) ⁽³⁾ :
3.2	Forename(s) ⁽⁴⁾ : Date of birth:
3.3	Previous name(s):
3.4	Address in the country of residence:
3.5	Personal identification number:

4.1 The abovementioned insured person and the members of his family⁽⁶⁾ residing with him

4.2 The members of the family⁽⁵⁾ of the above unemployed person

5. are entitled to sickness and maternity insurance benefits in kind
as from

①

▼ **M11**

E 106

6. The persons concerned will retain their entitlement

6.1 until this certificate is cancelled

6.2 for a period of one year from the date specified in point 5 (7)

6.3 until inclusive (8)

7. Competent institution for sickness and maternity insurance

7.1 Name:

7.2 Identification number of the institution:

7.3 Address:

7.4 Stamp

7.5 Date:

7.6 Signature:

B. Notification of registration (9)

8.

8.1 The insured person named in box 2 and the members of his family

8.2 The members named in box 3 of the family of the unemployed person

8.3 were registered with us on

8.4 cannot be registered with us because

9.

9.1	Surname(s) (2)	Forename(s) (4)	Previous name(s)	Date of birth	Personal identification number
9.2
9.3
9.4
9.5
9.6
9.7
9.8
9.9

10. Institution of the place of residence

10.1 Name:

10.2 Identification number of the institution:

10.3 Address:

10.4 Stamp

10.5 Date:

10.6 Signature:

Information for the insured person

- (a) *This form entitles you to receive sickness and maternity insurance benefits in kind for yourself and the members of your family. If you are unemployed, this form is not intended for you; it is intended solely for members of your family who reside in a Member State other than the one where you are insured.*
- (b) *The two copies of the form which are in your possession must be submitted as soon as possible to the sickness and maternity insurance institution in your place of residence. If you are unemployed, the form must be submitted by the members of your family to the sickness and maternity insurance institution in their place of residence.*
- (c) *The sickness and maternity insurance institutions are:*
- in Belgium, the 'mutualité' (local sickness insurance fund) chosen*
 - in the Czech Republic, 'Zdravotní pojišťovna', the health insurance fund in the place of residence*
 - in Denmark, the municipal authority in the place of residence*
 - in Germany, the 'Krankenkasse' (sickness insurance fund) chosen by the person concerned*
 - in Estonia, 'Eesti Haigekassa' (Estonian Health Insurance Fund)*
 - in Greece, normally the regional or local branch of the Social Insurance Institute (IKA). The branch office should issue the person concerned with a 'health book' without which no benefits in kind can be provided*
 - in Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) in the place of residence. If you require benefits you may apply to the medical and hospital service of the Spanish social security health system. You must submit the form together with a photocopy*
 - in France, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund)*
 - in Ireland, the local health office of the Health Service Executive*
 - in Italy, normally the 'Unità sanitaria locale' (ASL, the local health administration unit) responsible for the area concerned. For mariners and for civilian aircrews, the 'Ministero della Sanità - Ufficio di sanità marittima o aerea' (Ministry of Health, area health office for the merchant navy or civil aviation)*
 - in Cyprus, 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia). Upon application, the person concerned will be provided with a Cyprus medical card, without which no benefits in kind can be provided at the Government Medical institutions*
 - in Latvia, 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsary Insurance State Agency)*
 - in Lithuania, the 'Teritorinė ligonių kasa' (Territorial Patient Fund), sickness and maternity institutions*
 - in Luxembourg, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers)*
 - in Hungary, the competent 'Megyei Egészségbiztosítási Pénztár' (local health insurance office)*
 - in Malta, the Entitlement Unit, Ministry of Health, 23, John Street, Valletta*
 - in the Netherlands, any sickness fund competent for the place of residence*
 - in Austria, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for the place of residence*
 - in Poland, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence*
 - in Portugal, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (District Solidarity and Social Security Centre) in the place of residence; for Madeira: the 'Centro de Segurança Social da Madeira' (Social Security Centre of Madeira) in Funchal; for the Azores: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) in the place of residence*
 - in Slovenia, the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institute of Slovenia)*
 - in Slovakia, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice*
 - in Finland, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution)*
 - in Sweden, 'Försäkringskassan (Local Social Insurance Office) in the place of residence*
 - in the United Kingdom, the Department for Work and Pensions, the Pension Service, International Pension Centre, Tyneview Park, Newcastle-upon-Tyne, or for Northern Ireland the Department for Social Development, Overseas Benefits Branch, Block 2, Castle Buildings, Belfast, as appropriate*
 - in Iceland, 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik*
 - in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz*
 - in Norway, the 'lokale trygdekontor' (the local Insurance office) in the place of residence*
 - in Switzerland, the 'Institution commune LAMal — Institutione commune LAMal — Gemeinsame Einrichtung KVG' (Joint Institution under the Federal Sickness Insurance Act), Solothurn.*
- (d) *This form is valid from the date indicated in item 5 and for the period indicated in box 6 by the square marked with a cross.*
- (e) *You or the members of your family must inform the insurance institution to which the form has been submitted of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, change of your place of residence or stay or of that of a member of your family.*

▼ **M11****E 106****NOTES**

- (¹) Symbol of the country to which the institution completing the form belongs: B = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is drawn up at the request of the institution in the place of residence.
- (³) State surnames in civil status order.
- (⁴) State the forenames in civil status order.
- (⁵) Complete only if the form relates to members of the family of an unemployed person. Mention one member of the family only for registration, since the legislation of the country of residence determines which members of the family are entitled to benefit.
- (⁶) The legislation of the country of residence determines which members of the family are entitled to benefit.
- (⁷) If the form is issued by a German, French, Italian or Portuguese institution.
- (⁸) If the form is issued by a Greek, Hungarian or United Kingdom institution for employed persons or self-employed persons.
- (⁹) If this form is issued in renewal of a certificate previously provided, part B need not be completed.
-



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 107

(1)

APPLICATION FOR A CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND

Regulation (EEC) No 1408/71: Article 19(1)(a); Article 19(2); Article 22(1)(a)(i), (b)(i) and (c)(i); Article 22(3); Article 25(1)(a) and (3)(i); Article 26(1); Article 28(1)(a); Article 29(1)(a); Article 31(a); Article 52(a); Article 55(1)(a)(i), (b)(i) and (c)(i)
Regulation (EEC) No 574/72: Article 17(1); Article 21(1); Article 22(1) and (3); Article 23; Article 27 first sentence; Article 28; Article 29(1) and (2); Article 30(1); Article 31(1) and (3); Article 60(1); Article 62(3), (4) and (7); Article 63(1) and (3)

The institution of the place of residence or stay should complete part A and send two copies of the form to the competent institution, taking into account the provisions of the abovementioned articles of Regulation (EEC) No 574/72. If that institution considers it is unable to send the requested form, it should complete part B and return one of the two copies to the institution from which it received them. If Belgium is the competent country, the form should be sent to the sickness insurance institution, except when it concerns an accident at work which has been verified or a disease recognised as an occupational disease.

Please complete the form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

A. To be completed by the institution in the place of residence or stay

1.	Institution to which this form is addressed
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:

2.	<input type="checkbox"/> the insured person
2.1	Surname(s) ⁽²⁾ :
2.2	Forename(s) ⁽³⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address:
2.5	Personal identification number ⁽⁴⁾ :
2.6	<input type="checkbox"/> Person entitled to pension in respect of <input type="checkbox"/> old age <input type="checkbox"/> invalidity <input type="checkbox"/> survivor <input type="checkbox"/> accident at work <input type="checkbox"/> occupational disease
2.6	<input type="checkbox"/> Claimant of
2.7	Institution responsible for payment of pension:

3.	<input type="checkbox"/> Last employer ⁽⁵⁾ <input type="checkbox"/> Last activity as a self-employed person ⁽⁵⁾
3.1	Name:
3.2	Address:
3.3	Field of activity ⁽⁶⁾ :
3.4	Work accident insurance institution with which the employer is insured ⁽⁷⁾ :

4. Members of the family ⁽⁸⁾

4.1	Surname(s) ⁽²⁾	Forename(s) ⁽²⁾	Date of birth	Personal identification number ⁽⁴⁾
.....
.....
.....
.....
.....
.....
.....
.....

4.2 Address in the country of residence ⁽⁹⁾:

5. On we received a claim from the person mentioned
 in box 2 in box 4
 for
- 5.1 the granting of benefits in kind
 5.2 the retention of the right to benefits in kind
 5.3 registration with us as a person entitled to benefits in kind
6. The benefits in kind have been awarded have not been awarded
 6.1 in accordance with Article 29(2) 60(1) 62(3) of Regulation (EEC) No 574/72.
 6.2 The claimant has not worked again up to now
 has exercised the following activity:

7. Please send us the certificate of entitlement to benefits on
 form E
 a certificate provisionally replacing the European Health Insurance Card or a European Health Insurance Card (if this can be issued under the legislation of the competent State)
- Valid from to
8. Medical report attached ⁽¹⁰⁾

9. Institution of the place of residence or stay

9.1	Name:
9.2	Identification number of the institution:
9.3	Address:
9.4	Stamp
9.5	Date:
9.6	Signature:

▼ **M11**

E 107

B. To be completed by the competent institution

10.		
10.1	<input type="checkbox"/> The abovementioned form is attached. Please return to us a copy duly completed and signed ⁽¹⁾ .	
10.2	<input type="checkbox"/> We are unable to issue the document requested in part A, because:	
11.	Competent institution	
11.1	Name:	
11.2	Identification number of the institution:	
11.3	Address:	
11.4	Stamp	
		11.5
		Date:
		11.6
		Signature:

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Give the full surname in the order of civil status.
- (³) Give the forenames in the order of civil status.
- (⁴) For the purpose of Italian institutions, give the 'fiscal code'.
For the purpose of Maltese institutions, give the Identity Card number in case of Maltese nationals, or the Maltese Social security number in case of a non-Maltese national.
For the purpose of Slovak institutions, give the Slovak birth number if applicable.
For the purpose of Spanish institutions, give the number indicated on the DNI in the case of Spanish nationals, the number indicated on the NIE in the case of non-Spanish national. If the validity period of the DNI or NIE is expired, complete with 'none'.
- (⁵) Complete only if the form concerns an employed or self-employed person who is working or an unemployed person.
- (⁶) Complete only if the form concerns an employed person assumed to have sustained an accident at work.
- (⁷) For Spain: the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (provincial directorate of the national social security institution) or the 'Dirección Provincial del Instituto Nacional de la Marina' (provincial directorate of the social institution for seafarers) for the special scheme for seafarers.
- (⁸) Complete only for members of the family for whom a claim for benefits or a request for registration has been made. For registration, indicate one member of the family only.
- (⁹) Complete only if the address of the members of the family is different from that of the head of household.
- (¹⁰) To be attached only if necessary. In that case, put a cross in the box.
- (¹¹) For the purposes of Netherlands and Swiss institutions and where the nature of the form to be returned permits.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 108 ⁽¹⁾

**NOTIFICATION OF SUSPENSION OR WITHDRAWAL OF THE RIGHT TO
SICKNESS AND MATERNITY INSURANCE BENEFITS IN KIND**

Persons residing in a country other than the competent country

*Regulation (EEC) No 1408/71: Article 19(1)(a) and (2); Article 25(3)(i); Article 26(1); Article 28(1)(a) and Article 29(1)(a)
Regulation (EEC) No 574/72: Article 17(2) and (3); Article 27; Article 28; Article 29(5); Article 30; Article 94(4) and Article 95(4)*

The competent institution or the institution in the place of residence should complete part A of the form and send two copies to the institution in the place of residence or to the competent institution (where appropriate through the liaison body). The receiving institution should complete part B of the form and return one copy to the sending institution.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out.

A. Notification

1.	Institution to which the form is addressed
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:

2.	<input type="checkbox"/> Employed person <input type="checkbox"/> Frontier worker (employed)
	<input type="checkbox"/> Self-employed person <input type="checkbox"/> Frontier worker (self-employed)
	<input type="checkbox"/> Unemployed person
	<input type="checkbox"/> Pensioner (scheme for employed persons)
	<input type="checkbox"/> Pensioner (scheme for self-employed person)
	<input type="checkbox"/> Pension Claimant
2.1	Surname(s) ⁽²⁾ :
2.2	Forename(s) ⁽³⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address in the country of residence:
2.5	Personal identification number ⁽⁴⁾ :

3.	Member of the family ⁽⁵⁾
3.1	Surname(s) ⁽²⁾ :
3.2	Forename(s) ⁽³⁾ : Date of birth:
3.3	Previous names:
3.4	Address in the country of residence:
3.5	Personal identification number:

▼ **M11**

E 108

4. Entitlement to benefits certified on our your form of
has been suspended or withdrawn for the following reason:
- 4.1 The insurance of the above-mentioned insured person ended on
- 4.2 None of the registered family members of the insured person has resided in our your country since:
.....
- 4.3 The pension of the above-mentioned pensioner has been suspended or withdrawn since
- 4.4 The person entitled to benefits named in box 2
or
 The family member named in box 3
 has not resided in our your country since (date)
 died on (date)
- 4.5 The family member named in 3 has not met the requirements of the legislation of the country of residence since
.....
- 4.6 (°).....

5.	<input type="checkbox"/> Competent institution	<input type="checkbox"/> Institution in the place of residence
5.1	Name:	
5.2	Identification number of the institution:	
5.3	Address:	
5.4	Stamp	5.5 Date:
		5.6 Signature:

B. Acknowledgement of receipt

6. We received the above notification (Part A) on
7. The registration of the person(s) indicated in Part A ended on
- We confirm the suspension or withdrawal of entitlement to benefits as notified in section 4 which will take effect on
.....

8.	<input type="checkbox"/> Competent institution	<input type="checkbox"/> Institution in the place of residence
8.1	Name:	
8.2	Identification number of the institution:	
8.3	Address:	
8.4	Stamp	8.5 Date:
		8.6 Signature:

NOTES

- (¹) Symbol of the country to which the institution which first completes the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Indicate the full surname in the order of civil status.
- (³) Indicate the forenames in the order of civil status.
- (⁴) For the purpose of the competent institution if Italian, give the 'fiscal code'.
 For the purpose of the competent institution if Maltese, give the Identity Card number in case of Maltese nationals, or the Maltese Social security number in case of a non-Maltese national.
 For the purpose of the competent institution if Slovak, give the Slovak birth number if applicable.
 For the purpose of the institution if Spanish, give the number indicated on the DNI in the case of Spanish nationals, the number indicated on the NIE in the case of non-Spanish national. If the validity period of the DNI or NIE is expired, complete with 'none'.
- (⁵) Complete if the end of entitlement to benefits affects family members.
- (⁶) The reason for suspension/withdrawal must be specified using one of the letters below:
 (a) the pension holder has taken up an occupation in the country of residence;
 (b) a family member has taken up an occupation in the country of residence;
 (c) non-payment of contributions;
 (d) other.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 109

(¹)

CERTIFICATE FOR THE REGISTRATION OF MEMBERS OF AN INSURED PERSON'S FAMILY AND THE UPDATING OF LISTS

Regulation (EEC) No 1408/71: Article 19(2)

Regulation (EEC) No 574/74: Article 17(1), (2), (3) and (4) and Article 94(4)

The competent institution should complete part A of the form and issue two copies to the insured person or send them, where necessary through the liaison body, to the institution in the place of residence if the form has been drawn up at that institution's request. Where the members of the insured person's family are resident in the United Kingdom, the competent institution should send the two copies to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon-Tyne. On receipt of the two copies, the institution of the place of residence should complete part B and return one copy to the competent institution. Where the members of the family are resident in different countries, a separate certificate should be drawn up for each of these countries.

Please complete the form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out.

A. Notification of entitlement

1.	Institution in the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	The insured person
2.1	Surname(s) ⁽³⁾ :
2.2	Forename(s) ⁽⁴⁾ : Date of birth:
2.3	Previous name(s):
2.4	Address:
2.5	Personal identification number:
2.6	The insured person <input type="checkbox"/> is a self-employed worker

3.	Member of the family
3.1	Surname(s) ⁽³⁾ :
3.2	Forename(s) ⁽⁴⁾ : Date of birth:
3.3	Previous name(s):
3.4	Address:
3.5	Personal identification number:

4. The members of the family of the abovementioned insured person are entitled to sickness and maternity insurance benefits in kind unless
- they are already entitled to such benefits under the legislation of the country in which they reside⁽⁵⁾
 - they are pursuing a professional activity or trade⁽⁵⁾
5. This entitlement begins on

▼ **M11**

E 109

6. and continues

6.1 until this certificate is cancelled

6.2 for one year from the date specified in point 5⁽⁶⁾

6.3 until the date on which the seasonal work is due to end, i.e.

6.4 until (7) inclusive.

7. Please return the European Health Insurance Card of the in section 3 mentioned member of the family with number and valid till

8. Competent institution

8.1 Name:

8.2 Identification number of the institution:

8.3 Address:

8.4 Stamp 8.5 Date:

8.6 Signature:

B. Notification of registration⁽⁸⁾

9. ⁽⁹⁾

The following family members have not been registered:

	Surnames ⁽³⁾	Forenames ⁽⁴⁾	Date of birth	Personal identification number
9.1
9.2
9.3
9.4
9.5
9.6
9.7
9.8
9.9
9.10

Because

They are not entitled to benefits

They are already entitled to benefits in kind

Other reasons

10. ⁽⁹⁾

The following members of the family of the insured person named in box 2 have been registered:

	Surnames ⁽³⁾	Forenames ⁽⁴⁾	Date of birth	Personal identification number
10.1
10.2
10.3
10.4
10.5
10.6
10.7
10.8
10.9
10.10	The cost of these benefits is payable by you. The date from which the lump sum referred to in Article 94 of Regulation (EEC) No 574/72 should be calculated is			

②

11.	European Health Insurance Card	
11.1	<input type="checkbox"/> Please find attached the European Health Insurance Card with number: as requested in section 7	
11.2	<input type="checkbox"/> Please indicate the measures to be applied concerning the European Health Insurance card issued to the in section 3 mentioned member of the family with number: and valid till:	
12.	Institution in the place of residence	
12.1	Name:	
12.2	Identification number of the institution:	
12.3	Address:	
12.4	Stamp	12.5 Date:
		12.6 Signature:

Instructions for the insured person

- (a) This form enables the members of your family to receive benefits in kind in case of sickness or maternity in the country where they are resident and under the legislation of that country, unless they are already entitled to such benefits under that legislation.
- (b) As soon as you have received the two copies of the form, you should send them to the members of your family, who should submit them **immediately** to the sickness and maternity insurance institution in their place of residence, i.e.:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice;

in the **Czech Republic**, 'Zdravotní pojišťovna' (the health insurance fund) of your place of residence;

in **Denmark**, the municipal authority of the place of residence;

in **Germany**, the 'Krankenkasse' (sickness insurance fund) of your choice;

in **Estonia**, the 'Eesti Haigekassa' (Estonian Health Insurance Fund);

in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA), which will issue the person concerned with a 'health book' without which no benefits in kind can be provided;

in **Spain**, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);

in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in **Ireland**, the local health office of the Health Service Executive;

in **Italy**, normally the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;

in **Cyprus**, the 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia), the sickness and maternity institutions; Upon application, the person concerned will be provided with a Cyprus Medical Card, without which no benefits in kind can be provided at the Government Medical Institutions;

in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);

in **Lithuania**, the 'Teritorinė ligonių kasa' (Territorial Patient Fund), sickness and maternity institutions;

in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);

in **Hungary**, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);

in **Malta**, the Entitlement Unit, Ministry of Health, 23 John Street, Valletta;

in the **Netherlands**, any sickness fund competent for the place of residence;

in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence;

in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence;

in **Portugal, for metropolitan Portugal**: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for **Madera**: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre), Funchal; for **the Azores**: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;

in **Slovenia**, to the regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institution of Slovenia) competent for the place of residence;

in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;

in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);

in **Sweden**, 'Försäkringskassan' (Local Social Insurance Office) at the place of residence;

in the **United Kingdom**, the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne or, for Northern Ireland, the Department for Social Development, Overseas Benefits Branch, Block 2, Castle Buildings, Belfast;

in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (local Insurance office) at the place of residence;

in **Switzerland**, the 'Institution commune LAMal — Iniziazione commune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn.

- (c) This form is valid from the date indicated in section 5 and for the period indicated in section 6 by the box marked with a cross.
- (d) Both you and the members of your family are required to inform the institution of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, or change in your or a family member's place of residence or stay.

▼ **M11****E 109****NOTES**

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is being drawn up at the request of the institution of the place of residence.
- (³) Give the full surname in the order of civil status.
- (⁴) Give the forenames in the order of civil status.
- (⁵) Put a cross in the box if the form is addressed to an Irish or United Kingdom institution.
- (⁶) If the form is issued by a German, French, Italian or Portuguese institution.
- (⁷) If the form is issued by a Greek, Hungarian or United Kingdom institution for employed or self-employed persons.
- (⁸) If this certificate is issued in renewal of a previously issued certificate which has expired, the institution of the place of residence need not complete part B.
- (⁹) Complete section 9 or 10 as applicable and put a cross in the corresponding box.

▼ **M10**



▼ **M6**

EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 2 and 3.

E 111 (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

*Reg. 1408/71: Art. 22.1.a.i; Art.22.a; Art. 22.3; Art. 31.a; Art. 34.a
Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3*

NOTE: THIS DOCUMENT ESTABLISHES NO ENTITLEMENT IF THE PURPOSE OF THE JOURNEY IS TO RECEIVE MEDICAL TREATMENT ABROAD.

1	<input type="checkbox"/> Employed person <input type="checkbox"/> Pensioner (scheme for employed persons) <input type="checkbox"/> Student <input type="checkbox"/> Self-employed person <input type="checkbox"/> Pensioner (scheme for self-employed persons) <input type="checkbox"/> Other insured person
(Surname ^(1a) , Previous names ^(1a) , D.N.I. ^(2a) , Address)	
1.1	Identification No ^(2b) Date of birth

2	Members of the family ⁽³⁾				
2.1	Surname ^(1a)	Forenames	Previous names	Date of birth	Identification No ^(2b)

2.2	Permanent address ⁽²⁾ ⁽⁴⁾				
				

- 3 The above-named persons are entitled to benefits in kind under sickness and maternity insurance.
These benefits may be provided
- 3.1 ⁽⁵⁾ from to inclusive
- 3.2 ⁽⁵⁾ from

▼ **M6****E 111**

4	Competent institution	
4.1	Name	Code number ⁽⁶⁾
4.2	Address ⁽²⁾	
4.3	Stamp	
	4.4	Date
	4.5	Signature

4.6	Valid from	to	4.10	Valid from	to
4.7	Stamp	4.8	Date	4.11	Stamp
		4.9	Signature	4.12	Date
				4.13	Signature

5	Competent French institution for non-occupational accidents sustained by self-employed farmers	
5.1	Name	Code number ⁽⁶⁾
5.2	Address ⁽²⁾	
5.3	Stamp	
	5.4	Date
	5.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, or the member of the family of the worker should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) The document enables:

- in the event of immediate need the employed or self-employed person, student or other insured person and the members of his family named in box 2 who are staying temporarily in a Member State other than the competent State, and
- the pensioner and the members of his family, named in box 2 who are staying temporarily in a Member State other than that in which they habitually reside,

to obtain benefits in kind from insurance bodies in the country of stay, in the case of sickness (including chronic diseases and pre-existing illnesses) or maternity and, provisionally, in the event of an accident at work or occupational disease.

(b) When one of the persons concerned has to seek benefits, including hospitalisation, he should submit this form to the insurance body in the country in which he is staying, i.e.:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of his choice;

in **Denmark**, the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting the said institution. This form must be submitted for each claim for benefits. Particulars about doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority);

in **Germany**, the sickness fund chosen by the person concerned;

in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;

▼ **M6****E 111**

in Spain, the medical and hospital services of the Spanish Social Security health system. The form must be submitted, together with a photocopy;

in France, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in Ireland, the Health Board in whose area the benefit is claimed;

in Italy, the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the 'Ministero della sanità, Ufficio di sanità marittima o aerea' (Ministry of Health, the navy or aviation health office responsible for the area in question);

in Luxembourg, the 'Caisse de maladie des ouvriers';

in the Netherlands, the ANOZ Verzekeringen, Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ Verzekeringen if a person has to enter hospital, the admittance Form and Form E 111 will be sent by the hospital to ANOZ Verzekeringen;

in Austria, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance);

in Portugal, for metropolitan Portugal: the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay; for Madeira: the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal; for the Azores: the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo.

in Finland, the local office of the 'kansaneläkelaitos' (Social Insurance Institution), if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting the certificate;

in Sweden, the 'försäkringskassan' (Social Insurance Office). Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution;

in Iceland, the 'Tryggingastofnun ríkisins' (State Social Security Institute), Reykjavik;

in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in Norway, the 'lokale trygdekontor' (local Insurance Office). Assistance from the medical service may be sought without first contacting the institution mentioned. This form should be presented when assistance is sought.

- (c) *In order to receive cash benefits the person concerned shall, within three days of commencement of the incapacity for work, apply to the institution of the place of stay by submitting a notification of having ceased work or, if the legislation administered by the competent institution or by the institution of the place of stay so provides, a certificate of incapacity for work issued by the doctor providing treatment for the person concerned.*

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

⁽¹⁾ Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

^(1a) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

⁽²⁾ Street, number, post code, town, country.

^(2a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date.

^(2b) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

⁽³⁾ Include only those members of the family who are temporarily going to another Member State.

⁽⁴⁾ Complete only if the address of the members of the family differs from that of the worker or pensioner.

⁽⁵⁾ These two items are mutually exclusive. Give only that which is applicable and put a cross in the corresponding box.

⁽⁶⁾ To be completed where this exists.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' overleaf

SCHEME FOR SELF-EMPLOYED PERSONS

E 111

B

(¹)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Reg. 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a

Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3

NOTE: THIS DOCUMENT ESTABLISHES NO ENTITLEMENT IF THE PURPOSE OF THE JOURNEY IS TO RECEIVE MEDICAL TREATMENT ABROAD.

1	<input type="checkbox"/> Self-employed person <input type="checkbox"/> Pensioner	(Surname (^{1a}), Previous names (^{1a}), forenames, address (²))
1.1	Identification No (^{1b}):	Date of birth

2	Members of the family (³)				
2.1	Surname (^{1a})	Forenames	Previous names	Date of birth	Identification No (^{1b})

2.2	Permanent address (²) (⁴):				
				

3 The above-named persons are entitled to benefits in kind in the case of hospitalisation only.
These benefits may be provided

3.1 from to inclusive

4	Competent institution				
4.1	Name	Code number (⁵):			
4.2	Address (²):				
4.3	Stamp				
	4.4	Date			
	4.5	Signature			

4.6 Valid from to	4.10 Valid from to
4.7 Stamp 4.8 Date	4.11 Stamp 4.12 Date
4.9 Signature	4.13 Signature

▼ **M6****SCHEME FOR SELF-EMPLOYED PERSONS****E 111****B**

4.14 Valid from	to	4.18 Valid from	to
4.15 Stamp	4.16 Date	4.19 Stamp	4.20 Date

	4.17 Signature		4.21 Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) This document enables:

- the self-employed person and the members of his family named in box 2, who are staying temporarily in a Member State other than the competent State, and
- the pensioner covered by the scheme for the self-employed and the members of his family named in box 2, who are staying temporarily in a Member State other than that in which they habitually reside,

to obtain benefits in kind from insurance bodies in the country of stay only in the event of hospitalisation (including in the event of chronic diseases and pre-existing illnesses).

(b) When one of the persons concerned has to enter hospital, he should submit this form to the insurance body in the country in which he is staying, i.e.:

in **Denmark**, the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). This form must be submitted for each claim for benefits;

in **Germany**, the sickness fund chosen by the person concerned;

in **Greece**, the regional or local branch of the Social Insurance Institute (IKA) which issues the person concerned with a 'health book' without which no benefits can be provided;

in **Spain**, the hospital services provided under the social security scheme. The form must be submitted, together with a photocopy;

in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in **Ireland**, the Health Board in whose area the benefit is claimed;

in **Italy**, the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;

in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);

in **the Netherlands**, the 'ANOV-Verzekeringen', Utrecht;

in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of stay;

in **Portugal, for metropolitan Portugal**: the 'Administração Regional de Saúde' (Regional Health Administration of the place of stay); for Madeira: the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal; for the Azores: the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo;

in **Finland**, the local office of the 'Kansaneläkelaitos' (social insurance Institution) and the hospital providing treatment. This form must be submitted with each claim for benefits;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of stay;

in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institution), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (the local Insurance Office) at the place of stay.

NOTES

(*) EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

(¹) Symbol of the country to which the institution completing the form belongs: B = Belgium.

(^{1a}) In the case of Spanish nationals state both names at birth.

In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(^{1b}) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

(²) Street, number, post code, town, country.

(³) Include only those members of the family who are temporarily going to another Member State.

(⁴) Complete only if the address of the members of the family differs from that of the insured person or pensioner.

(⁵) To be completed where this exists.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 112 ⁽¹⁾

**CERTIFICATE CONCERNING THE RETENTION OF THE RIGHT TO SICKNESS OR MATERNITY BENEFITS
CURRENTLY BEING PROVIDED**

*Regulation (EEC) No 1408/71: Article 22(1)(b)(i); Article 22(1)(c)(i); Article 22(3); Article 22(a) and Article 31
Regulation (EEC) No 574/72: Article 22(1) and (3); Article 23 and Article 31(1) and (3)*

The competent institution or the institution of the place of residence of the insured person, pensioner or family member should issue the form to the insured person, pensioner or family member. If the insured person or the pensioner is going to the United Kingdom, one copy of the form should also be sent to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.

Please complete this form in block letters, writing on the dotted lines only. It consists of two pages, none of which may be left out.

1.	<input type="checkbox"/> Insured person <input type="checkbox"/> Self-employed worker <input type="checkbox"/> Pensioner (employed worker) <input type="checkbox"/> Pensioner (self-employed worker)	<input type="checkbox"/> Family member of the insured person <input type="checkbox"/> Family member of a self-employed worker <input type="checkbox"/> Family member of a pensioner (employed worker) <input type="checkbox"/> Family member of pensioner (self-employed worker)
1.1	Surname(s) ⁽²⁾ :	
1.2	Forename(s) ⁽³⁾ :	Date of birth:
1.3	Previous name(s):	
1.4	Address in the competent country:	
1.5	Address in the country to which the person concerned is going:	
1.6	Personal identification number ⁽⁴⁾ :	
2.	The person referred to above is authorised to retain the right to benefits in kind	
	<input type="checkbox"/> from sickness and maternity insurance <input type="checkbox"/> from non-occupational accident insurance ⁽⁵⁾ in (country), where he/she is going	
2.1	<input type="checkbox"/> to take up residence	
2.2	<input type="checkbox"/> to receive treatment from ⁽⁶⁾	
	or from any other establishment of a similar nature in case of a transfer which is medically necessary in respect of this treatment.	
2.3	<input type="checkbox"/> to send biological samples for the purposes of analysis without the need for the person concerned to be present.	
3.	These benefits may be provided, on production of this certificate, from to inclusive.	
4.	The report from our examining doctor	
4.1	<input type="checkbox"/> is attached to this form in a sealed envelope	
4.2	<input type="checkbox"/> was sent on to ⁽⁷⁾	
4.3	<input type="checkbox"/> will be sent by us on request	
4.4	<input type="checkbox"/> has not been drawn up	
5.	Competent institution	
5.1	Name:	
5.2	Identification number of the institution:	
5.3	Address:	
5.4	Stamp	5.5 Date:
		5.6 Signature:

Instructions for the person concerned

You should submit this form as soon as possible to the sickness and maternity insurance institution of the place to which you are going, i.e.:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice;
 in the **Czech Republic**, the 'Zdravotní pojišťovna' (health insurance fund of your choice);
 in **Denmark**, the treatment provider, normally the general practitioner, who will refer you to a specialist;
 in **Germany**, the 'Krankenkasse' (sickness insurance fund) of your choice;
 in **Estonia**, the 'Eesti Haigekassa' (Sickness Insurance Agency);
 in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;
 in **Spain**, the medical / hospital services of the health system covered by Spanish social insurance. You must submit the form and a photocopy;
 in **France**, the 'Caisse primaire d'assurance maladie' (local sickness insurance fund);
 in **Ireland**, the local health Office of the Health Service Executive;
 in **Italy**, normally the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;
 in **Cyprus**, the 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia);
 in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);
 in **Lithuania**, the 'Territorial Patient Fund', the sickness and maternity institutions;
 in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);
 in **Hungary**, the treatment provider;
 in **Malta**, the National Health Service establishment (doctor, dentist, hospital, health centre) providing treatment;
 in the **Netherlands**, any sickness fund competent for the place of residence or, in case of temporary stay, the 'Agis zorgverzekeringen', Utrecht;
 in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence or stay;
 in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence or stay;
 in **Portugal, for metropolitan Portugal**: the 'Administração Regional de Saúde' (Regional Health Administration) of the place of residence or stay; **for Madeira**: the 'Centro de Saúde' (Health Centre) of the place of stay; **for the Azores**: the 'Centro de Saúde' (Health Centre) of the place of stay;
 in **Slovenia**, the regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institute of Slovenia) at the place of residence or stay;
 in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice. For cash benefits, the 'Sociálna poisťovňa' (Social Insurance Agency), Bratislava;
 in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution). The form must be presented to the municipal health centre or the public hospital providing treatment;
 in **Sweden**, the 'Försäkringskassan' (Local Social Insurance Office. The form must be presented to the institution providing treatment);
 in the **United Kingdom**, the medical service (doctor, dentist, hospital, etc.) providing treatment;
 in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;
 in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
 in **Norway**, the 'lokale Trygdekontor' (local insurance office);
 in **Switzerland**, the 'Institution commune LAMal — Instituzione commune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn. The form must be presented to the doctor or the hospital providing the treatment.

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Give the full surname in the order of civil status.
- (³) Give the forenames in the order of civil status.
- (⁴) Please indicate the number of the insured person if the member of family does not have a personal identification number.
- (⁵) To be completed by French institutions for self-employed agricultural workers.
- (⁶) To be completed if possible.
- (⁷) Name and address of the institution to which the medical report has been sent.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 2

E 113 (1)

HOSPITALISATION: NOTIFICATION OF ENTERING AND LEAVING HOSPITAL

Reg. 1408/71: Art. 19; Art. 22; Art. 22.a; Art. 22.b; Art. 25.1 and 3.i; Art. 26; Art. 31.a; Art. 34.a; Art. 34.b; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.6; Art. 20.5; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3;
Art. 27; Art. 28; Art. 31.2 and 3; Art. 60.5; Art. 62.7; Art. 63.2

This form should be drawn up in the event of a refund of benefits in kind on the basis of actual expenditure. It should be completed by the institution in the place of residence or stay: part A to notify entry into hospital, part B to notify discharge from hospital. It should be sent to the competent institution. If the competent institution is an institution in Denmark or the United Kingdom, this form is not required.

1	Competent institution
1.1	Name
1.2	Address (2):

2	<input type="checkbox"/> Employed person	<input type="checkbox"/> Pensioner (scheme for employed persons)	<input type="checkbox"/> Student
	<input type="checkbox"/> Self-employed person	<input type="checkbox"/> Pensioner (scheme for self-employed persons)	<input type="checkbox"/> Other insured person
	<input type="checkbox"/> Unemployed person	<input type="checkbox"/> Pension claimant	
2.1	Surname (2a)		
2.2	Forenames	Previous names (2a)	Date of birth
2.3	Address in the country of residence or stay (2)		
		
2.4	Identification No (2b)		

3	Member of the family who is in hospital		
3.1	Surname (2a)		
3.2	Forenames	Previous names	Date of birth
3.3	Address in the country of residence or stay (2) (3)		
		
3.4	Identification No (2b)		

4 Reference:

4.1 your form of (4)

4.2 our E 107 form of

A. Notification of entry into hospital

5 The person mentioned in box 2 in box 3

5.1 entered hospital on (date)

5.2 namely (5)

5.3 because of sickness maternity an accident at work (6)

on occupational disease (7) an accident in private life (6)

5.4 He/she will probably stay in hospital until

5.5 (8) Supporting documents or medical report attached

B. Notification of discharge from hospital

6 The hospitalisation notified
 by our E 113 form dated
 in part A above
 ended on

7	Institution in the place of residence or stay	
7.1	Name	.....
7.2	Address ⁽²⁾
7.3	Stamp	.....
	7.4	Date 7.5 Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein, N = Norway.
- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
 In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (2b) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date, or passport/N.I.F.. For Italian nationals indicate, if possible, the insurance and/or the 'code fiscale'. For persons insured in Sweden enter national personal identification number.
- (3) To be indicated if the address of the member of the family is different from that mentioned in box 2.
- (4) Number and date of issue of the form certifying the insured person's entitlement to benefits.
- (5) Name of hospital.
- (6) If the patient is insured in Belgium or Liechtenstein, indicate in the box below the name and address of the employer.

Name of employer or firm	.....
Address ⁽²⁾

- (7) Indicate if possible.
- (8) To be completed for French institutions for self-employed agricultural workers and for Portuguese institutions.
- (9) Where appropriate, put a cross in this square.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 2

E 114

(1)

GRANTING OF MAJOR BENEFITS IN KIND

Reg. 1408/71: Art. 19; Art. 22; Art. 22.a; Art. 22.b; Art. 24; Art. 25.1 and 3.i; Art. 26; Art. 31.a; Art. 34.a; Art. 34.b; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.7; Art. 20.5; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3;
Art. 27; Art. 28; Art. 31.2 and 3; Art. 60.6; Art. 62.7; Art. 63.2 and 3

This form should be drawn up in the event of a refund of benefits in kind on the basis of actual expenditure. The institution in the place of residence or stay should complete part A, and send to the competent institution one or two copies of the form, depending on whether this notification concerns the case provided for in item 7.1 or 7.2. If the competent institution decides that it must oppose the granting of benefits, it should complete part B and return a copy of the form to the institution in the place of residence or stay. If the competent institution is an institution of the United Kingdom, this form is not required.

A. Notification

1	Competent institution
1.1	Name
1.2	Address (2)

2	(3) <input type="checkbox"/> Employed person	<input type="checkbox"/> Pensioner (scheme for employed persons)	<input type="checkbox"/> Student
	<input type="checkbox"/> Self-employed person	<input type="checkbox"/> Pensioner (scheme for self-employed persons)	<input type="checkbox"/> Other insured person
	<input type="checkbox"/> Unemployed person	<input type="checkbox"/> Pension claimant	
2.1	Surname (3a)		
2.2	Forenames	Previous names (3a)	Date of birth

2.3	Address in the country of residence or stay (2)		
		
2.4	Identification No (3b)		

3	Member of the family concerned		
3.1	Surname (3a)		
3.2	Forenames	Previous names	Date of birth

3.3	Address in the country of residence or stay (2) (4)		
		
3.4	Identification No (3b)		

4	Reference
4.1	<input type="checkbox"/> your form
4.2	<input type="checkbox"/> our E 107 form of
	..... (date)
5	Our medical service has recognised, for the person mentioned
	<input type="checkbox"/> in box 2 <input type="checkbox"/> in box 3
5.1	<input type="checkbox"/> the necessity <input type="checkbox"/> the extreme urgency
5.2	of the following benefits

5.3	the <input type="checkbox"/> probable <input type="checkbox"/> actual costs of which are within the meaning of our legislation
	..... (5)
6	<input type="checkbox"/> Please find attached the report from our examining doctor (7)
7	The benefits mentioned in item 5.2 (6)
7.1	<input type="checkbox"/> have already been provided in view of the urgent nature of the case, on
7.2	<input type="checkbox"/> will be provided unless we receive any reasons for objection on your part within 15 days of the date of dispatch of this notification

▼ **M5****E 114**

8	Institution in the place of residence or stay	
8.1	Name	
8.2	Address ⁽²⁾	
8.3	Stamp	
		8.4 Date
		8.5 Signature

B. Reasons for objection on the part of the competent institution, if any

9 With reference to item 7.2 above, we hereby inform you that the benefits indicated in item 5.2 cannot be granted

Reason

.....

10	Competent institution	
10.1	Name	Code number ⁽³⁾
10.2	Address ⁽²⁾	
10.3	Stamp	
		10.4 Date
		10.5 Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, social security for the purpose of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

(¹) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

(²) Street, number, post code, town, country.

(³) If the patient is insured in Belgium or Liechtenstein, give name and address of employer in the box below:

Name of employer or firm
Address ⁽²⁾
.....

(^{3a}) In the case of Spanish nationals state both names at birth.

In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(^{3b}) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

(⁴) Indicate only if the address of the member of the family is different from that mentioned in box 2.

(⁵) Number and date of issue of the form certifying that the person concerned is entitled to benefits.

(⁶) The cost should be indicated in the currency of the country of stay or residence.

(⁷) If the medical report is attached to the form, put a cross in the square provided.

(⁸) Where the person concerned is a self-employed Belgian take into account **only** benefits in kind in the event of hospitalisation.

(⁹) To be completed where this exists.

②



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 115



(¹)

CLAIM FOR CASH BENEFITS FOR INCAPACITY FOR WORK

*Regulation (EEC) No 1408/71: Article (19)(1)(b); Article 22(1)(a)(ii); Article 25(1)(b); Article 52(b) and Article 55(1)(a)(ii)
Regulation (EEC) No 574/72: Article 18(2) and (3); Article 24; Article 26(5) and (7); Article 61(2) and (3) and Article 64*

If the form is drawn up for an insured person in active employment, one copy only should be completed and sent to the institution competent as regards sickness and maternity insurance or as regards an insurance against accidents at work and occupational diseases. However, if it concerns an unemployed person, two additional copies should be drawn up, one of which should be sent to the institution competent in unemployment insurance, the other to the corresponding institution in the country to which the unemployed person has gone to seek employment.

Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.

1.	Competent institution
1.1	Name:
1.2	Address:
1.3	Identification number of the institution:

2.	<input type="checkbox"/> Employed person <input type="checkbox"/> Self-employed person <input type="checkbox"/> Unemployed person	
2.1	Surname(s) ⁽²⁾ :	Surname(s) at birth (if different):
2.2	Forenames:	Date of birth:
2.3	Personal identification number:	
2.4	Holds an E 119 form issued on ⁽³⁾ and an E 303 form issued on ⁽³⁾	

3.	Employer ⁽⁴⁾
3.1	Name of employer or firm:
3.2	Address:

A. ⁽⁵⁾ Claim for benefits

4.	The person mentioned in box 2 applied on (date) for cash benefits for	
	<input type="checkbox"/> in-patient treatment from to (dates) in a hospital or in a prevention or rehabilitation centre ⁽⁶⁾	
	<input type="checkbox"/> incapacity for work due to	
4.1	<input type="checkbox"/> sickness	<input type="checkbox"/> maternity (expected date of confinement:)
	<input type="checkbox"/> accident at work	<input type="checkbox"/> accident sustained on (date)
	<input type="checkbox"/> occupational disease	<input type="checkbox"/> adoption <input type="checkbox"/> reduced compensation in case of maternity and adoption

▼ **M11**

E 115

5. The certificate of the doctor treating him/her
 is attached could not be supplied

6.	In the opinion of our examining doctor	<input type="checkbox"/> whose report is attached
		<input type="checkbox"/> whose report will be sent to you as soon as possible
6.1	<input type="checkbox"/> the incapacity for work began on	
	and will probably continue until	
6.2	<input type="checkbox"/> there is no incapacity for work (*)	

7. The person concerned is deemed not to have complied with the provisions of our legislation for the following reasons:

8. The incapacity for work was presumably caused by an accident for which a third party was responsible.
 8.1 The incapacity for work was due to other specific circumstances as set out in the attached documentation.
 8.2 A report on this accident with the address of the third party involved is attached to this form.
 8.3 Other documentation on the cause of the incapacity for work is attached to this form.

9. We are willing to provide cash benefits to the person concerned on your behalf. Will you please let us know if you agree to this procedure and, if so, give us all information necessary for the payment of the benefits. (*)

10. We are not willing to provide cash benefits to the person concerned on your behalf.

B. (*) Extension of the incapacity for work

11.	With reference to
11.1	<input type="checkbox"/> our E 115 form of (date)
11.2	<input type="checkbox"/> your E 117 form of (date)
11.3	we wish to inform you that, in the opinion of our examining doctor
	<input type="checkbox"/> whose report is attached
	<input type="checkbox"/> whose report will be sent to you as soon as possible
	the person mentioned in box 2 will probably remain incapable of work until inclusive.

12.	Institution of the place of residence or stay		
12.1	Name:		
12.2	Identification number of the institution:		
12.3	Address:		
		
12.4	Stamp	12.5	Date:
		12.6	Signature:
		

Instructions for the persons concerned

In Italy you should submit this form, in case of sickness or maternity to the local office of the 'Istituto nazionale della previdenza sociale' (INPS, National Social Welfare Institute), in case of an accident at work or occupational disease to the 'Istituto nazionale assicurazione contro gli infortuni sul lavoro' (INAIL).

For the Netherlands, if the competent sickness insurance institution is not known, send the form to the UWV, Postbus 57002, 1040 CC Amsterdam.

In Slovenia you should submit this form, in case of maternity cash benefits to the competent 'Center za socialno delo Ljubljana Bežigrad, Centralna enota za starševsko varstvo in družinske prejemke' (Centre for Social Work Ljubljana Bežigrad, Central Unit for Parental Protection and Family Benefits) and in case of incapacity for work to the competent regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institute of Slovenia).

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Give the full surname in the order of civil status.
- (³) Complete only if the form concerns an unemployed person.
- (⁴) For unemployed persons, indicate the last employer.
- (⁵) Complete either part A or part B and put a cross in the square corresponding to the part completed.
- (⁶) Concerning persons insured at a German health insurance fund or at an Austrian or Belgian Institution: if the social insurance institution of the place of residence does not know the exact date of leaving the hospital when issuing this form, it is to complete this information as soon as possible at a later date.
- (⁷) Please attach a copy of an E 118 form sent to the person concerned.
- (⁸) If the form is being sent to a German, an Italian, a Hungarian or a Polish institution, this box need not be ticked.



ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS

E 116 ⁽¹⁾

**MEDICAL REPORT RELATING TO INCAPACITY FOR WORK
(SICKNESS, MATERNITY, ACCIDENT AT WORK, OCCUPATIONAL DISEASE)**

Regulation (EEC) No 1408/71: Article (19)(1)(b); Article 22(1)(a)(ii); (1)(b)(ii); (1)(c)(ii); Article 25(1)(b); Article 52(b); Article 55(1)(a)(ii); (1)(b)(ii) and (1)(c)(ii)

Regulation (EEC) No 574/72: Article 18(2) and (3); Article 24; Article 26(5) and (7); Article 61(2) and (3); Article 64; Article 65(2) and (4)

To be completed by the doctor of the institution which draws up an E 115 form to be attached to that form and sent under sealed cover in the case of sickness or maternity⁽²⁾.

Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.

1.	Competent institution to which the form is addressed
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: our E 116 form of (date)

2. Attached to an E 115 form of (date)

3.	The person concerned
3.1	Surname(s) ⁽³⁾ :
3.2	Surname(s) at birth (if different):
3.3	Forenames: Date of birth:
3.4	Address in the country of residence or stay:
3.5	Personal identification number:

4. I, the undersigned, doctor of medicine,
having examined the person mentioned above
on

4.1 consider that it is

4.2 that it is probably

4.3

case of sickness case of maternity (expected date of confinement:)

an accident at work an occupational disease an accident

a relapse or aggravation

A. General report

5. To be completed in every case

5.1 Medical history and present symptoms:

5.2 Clinical examination:

5.3 Other observations:

5.4 Special examinations (*):

5.5 Diagnosis:

5.6 Conclusions:

5.7 The person concerned has not been found to be unfit for work

5.8 The person concerned has been found to be unfit for work
from to

5.9 The person concerned has been found partly unfit for work to a degree of
(..... %) from to (5)

5.10 The person concerned will be given a further medical examination on

5.11 The person concerned should be fit for work on

B. Reports in the case of an accident at work

6. First medical report

6.1 This accident has resulted in the following injuries (6):

6.2 These injuries have had will have the following effects (7)

6.3 Incapacity for work began on

6.4 The injured person is being treated
 at home at the doctor's surgery
 in hospital elsewhere

Address (8):

▼ **M11****E 116**

7.	Latest medical report		
7.1	Treatment ended on:		
7.2	Injuries stabilised on:		
7.3	<input type="checkbox"/> with complete recovery		
7.4	<input type="checkbox"/> and will probably have the following consequences:		
7.5	Detailed description of the victim's condition after recovery or at the end of medical treatment:		
8.	Institution in the place of residence or stay:		
8.1	Name:		
8.2	Number of the competent institution:		
8.3	Address:		
8.4	Stamp	8.5	Date:
		8.6	Signature:

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland. Indicate the type of examination and the date.
- (²) Form E 116 is not required for claims for maternity benefits payable by Belgium. *For Belgium, this form should always be sent first to the Belgian institution competent as regards sickness insurance. In the Czech Republic, Liechtenstein, Finland, Norway and Sweden the form is filled in by the doctor the person concerned is visiting and verified by the insurance institution.*
- (³) Give the full surname in the order of civil status.
- (⁴) Indicate the type of examination and the date.
- (⁵) For the purpose of Norwegian institutions.
- (⁶) Indicate the type and nature of the injuries and the part of the body injured: fracture of arm, bruising of head, fingers, internal injuries, asphyxia, etc.
- (⁷) Indicate the certain or probable consequences of the injuries verified: death, permanent or temporary incapacity, total or partial; in the case of temporary incapacity, indicate the probable duration.
- (⁸) If the injured person receives treatment in hospital, please give name of hospital.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 117

⁽¹⁾

GRANTING OF CASH BENEFITS IN THE CASE OF MATERNITY AND INCAPACITY FOR WORK

*Regulation (EEC) No 1408/71: Article(19)(1)(b); Article 22(1)(a)(ii); Article 25(1)(b); Article 52(b) and Article 55(1)(a)(ii)
Regulation (EEC) No 574/72: Article 18(6) and (8); Article 24; Article 26(7); Article 61(6) and (8) and Article 64*

The competent institution should complete this form and send it to the institution in the place of residence or stay. The competent institution should also inform the worker if cash benefits are paid by the institution in the place of residence.

Please complete this form in block letters, writing on the dotted lines only. The form consists of two pages.

1.	Institution of the place of residence or stay	
1.1	Name:	
1.2	Identification number of the institution:	
1.3	Address:	
2. Reference: your E 115 form of .....(date)		
3.	<input type="checkbox"/> Employed person <input type="checkbox"/> Self-employed person <input type="checkbox"/> Unemployed person	
3.1	Surname(s) ⁽²⁾ :	Surname(s) at birth (if different):
3.2	Forename(s):	Date of birth:
3.3	Address in the country of residence or stay:	
3.4	Personal identification number:	
4.	The person referred to in box 3	
4.1	<input type="checkbox"/> is provisionally entitled to receive cash benefits from to, with possibility of extension	
4.2	<input type="checkbox"/> is not entitled to cash benefits Reason: see the E 118 form attached.	
4.3	<input type="checkbox"/> is no longer entitled to cash benefits from .....(date) Reason: see the E 118 form attached.	
5.	These benefits will be provided ⁽⁵⁾	
5.1	<input type="checkbox"/> by us	
5.2	<input type="checkbox"/> by you on our behalf ⁽⁴⁾	
5.3	<input type="checkbox"/> by the employer ⁽⁵⁾ from .....to ⁽⁶⁾	
6.	⁽⁷⁾ ⁽⁶⁾	
6.1	The allowance should be paid for every day of the week, except <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
6.2	The daily net amount of this allowance is ⁽⁸⁾ if the insured person is not in hospital ⁽⁸⁾ if the insured person is in hospital	
6.3	<input type="checkbox"/> If the allowance is paid monthly, the amount provided is for 30 days, regardless of the number of days in the month	

▼ **M11****E 117**

7. Please inform us as soon as possible of the result of
- 7.1 examination⁽¹⁰⁾:
- 7.2 administrative checks:
- 7.3 a further medical examination, to be carried out about(date)

8. Competent institution	
8.1	Name:
8.2	Identification number of the institution:
8.3	Address:
8.4	Stamp
8.5	Date:
8.6	Signature:

NOTES

- ⁽¹⁾ Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- ⁽²⁾ Give the full name in the order of civil status.
- ⁽³⁾ Need not be completed for unemployed persons for whom a form E 119 has been issued.
- ⁽⁴⁾ The competent institution may indicate here the method of payment.
- ⁽⁵⁾ When this form is addressed to a French, a Polish, an Italian or a Hungarian institution, this box need not be ticked.
- ⁽⁶⁾ To be completed by Danish, German, Luxembourg, Polish, Hungarian or Slovak institutions.
- ⁽⁷⁾ To be completed by German, Luxembourg, Polish, Slovak and Spanish institutions.
- ⁽⁸⁾ Complete only in the case indicated at point 5.2.
- ⁽⁹⁾ Indicate the amount in national currency.
- ⁽¹⁰⁾ Indicate the type of medical examination requested (radiography, analysis of..., etc.).



ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS

E 118

(1)

NOTIFICATION OF NON-RECOGNITION OR OF END OF INCAPACITY FOR WORK

Regulation (EEC) No 1408/71: Article 19(1)(b); Article 22(1)(a)(ii), (b)(ii) and (c)(ii); Article 25(1)(b); Article 52(b); Article 55(1)(a)(ii), (b)(ii) and (c)(ii)

Regulation (EEC) No 574/72: Article 18(4) and (6); Article 24; Article 26(5) and (7); Article 61(4) and (6) and Article 64

If this form relates to an insured person in active employment, the institution in the place of residence or stay (or the competent institution) should draw up two copies of the form, one of which should be sent to the insured person himself and the other to the sickness and maternity insurance institution or to the institution for insurance against accidents at work and occupational diseases of the competent country (in the place of residence or stay). If it relates to an unemployed person, it is necessary to draw up, in addition to the copies mentioned (one of which is addressed to the unemployed person himself), two extra copies, one of which should be sent to the institution competent in unemployment insurance and the other to the institution of the country to which the unemployed person has gone to seek employment.

Please complete this form in block letters, writing on the dotted lines only. It consists of two pages and of a three-page Annex.

1.	The beneficiary	
1.1	Surname(s):	Surname(s) at birth (if different):
1.2	Forename(s):	Date of birth:
1.3	Address in the country of residence or stay:	
1.4	Personal identification number:	

2.	<input type="checkbox"/> Competent institution	<input type="checkbox"/> Institution in the place of residence or stay
2.1	Name:	
2.2	Identification number of the institution:	
2.3	Address:	

3. The facts which have been brought to our notice

The examination carried out by our doctor on (date) shows

3.1 that your incapacity for work is only partial

3.2 that you are entitled to partial cash benefits amounting to (2) from (date)

3.3 that you are fit for work

3.4 that your incapacity for work ended on (3)

3.5 The last day for which you will receive cash benefits is

3.6 The competent institution shall determine the last day for which you receive cash benefits

3.7 You are not entitled to benefits because

4.	<input type="checkbox"/> Institution in the place of residence or stay	<input type="checkbox"/> Competent institution
4.1	Name:	
4.2	Identification code of the institution:	
4.3	Address:	
4.4	Stamp	4.5 Date:
		4.6 Signature:

▼ **M11****E 118****Information for the employed person, the self-employed person or the unemployed person.**

If you disagree with the decision which is notified to you by this document, you may appeal against it. For details of the legal remedies and periods allowed for appeals, please see the Annex. For procedures and time limits you should follow the instructions indicated for the competent State.

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: AT = Austria; BE = Belgium; CY = Cyprus; CZ = Czech Republic; DE=Germany; DK=Denmark; EE = Estonia; ES = Spain; FI = Finland; FR = France; UK = United Kingdom; GR = Greece; HU = Hungary; IE = Ireland; IT = Italy; LT = Lithuania; LU = Luxembourg; LV = Latvia; MT = Malta; NL = Netherlands; PL = Poland; PT=Portugal; SE = Sweden; SI = Slovenia; SK = Slovakia; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) This information is to be provided only if the competent institution is completing the form. Indicate whether benefits are provided daily, weekly or monthly.
- (³) Indicate the last day of incapacity for work.

LEGAL REMEDIES AND PERIODS ALLOWED FOR APPEALS*Regulation (EEC) No 574/72: Article 18(4) and Article 61(4)***1. Belgium**

If you do not agree with the decision attached, you have the right to lodge an appeal in writing, dated and signed, to be submitted or sent by registered letter to the office of the clerk of the competent labour court within a period of three months of the date on which you received notification of the decision.

Competent labour courts are:

- (a) if you are domiciled in Belgium, the labour court of the district where you are domiciled;
- (b) if you are not or no longer domiciled in Belgium, the labour court of the district where you were last domiciled or resident in Belgium;
- (c) if you have not been domiciled or resident in Belgium, the labour court of the district where you were last employed in Belgium.

2. Czech Republic

If you do not agree with the notification attached, you have the right to lodge an appeal to the competent Czech institution indicated in point 2 or 4 of the form within three days after the delivery of the notification. The method of, and the closing date for, appeal are stated in the decision.

3. Denmark

If you wish to contest the decision attached, you may, within four weeks of the date on which you received notification of the decision, lodge an appeal with 'Den Sociale Ankestyrelse Dagpengeudvalget', Amaliegade 25, P.O. Box 3061, 1021 Copenhagen K (The Social Appeals Board, Daily Cash Benefits Committee).

4. Germany

This official act becomes binding if within three months of notification you have not submitted an appeal. Appeals should be lodged in writing within three months with the following German institution:

Name:
Address:
.....
.....

5. Estonia

If you wish to contest the decision attached you may submit an appeal, within a period of 30 days to 'Eesti Haigekassa', Lembitu 10, Tallinn 10114.

6. Greece

If you do not agree with the attached decision you may submit an appeal, within a period of 30 days of the date on which you received the attached decision to:

Name:
Address:
.....
.....

7. Spain

You may, within a period of 30 working days of the date on which you received notification of the attached decision, submit an appeal against the decision to the following institution:

Name:
Address:
.....
.....

8. France

If you wish to contest the decision attached, you may, within a period of two months of the date on which you received notification of the decision, lodge an appeal with the chief physician of the sickness insurance fund indicated in the box below:

Name:
Address:
.....
.....

9. Ireland

If you do not agree with the decision attached, you may submit a request to the Social Welfare Appeals Office, D'Olier House, D'Olier Street, Dublin 2. Such a request should be made within 21 days of the date on which you received this decision.

10. Italy**Decisions of INPS (Sickness and Maternity)**

An insured person may contest a decision of the INPS by lodging an administrative appeal with the competent Provincial Commission within 90 days of receiving notice of the relevant decision.

Moreover, the person concerned may initiate legal proceedings within a period of one year of the date on which the Commission's decision was notified or after 90 days have elapsed since lodging his appeal if the Commission has taken no decision.

Decisions of INAIL (accidents at work and occupational diseases)

An insured person wishing to contest a decision of INAIL may, within 60 days of the receipt of the notification sent to him, inform INAIL, by registered letter with advice of delivery or notice of receipt, of the reasons why he considers that the decision is unjustified; in the case of permanent incapacity for work, he should indicate the amount of the allowance to which he feels entitled; in all cases, a medical certificate in support of his claim should be sent with the letter of appeal.

If the person concerned has not received a reply within a period of 60 days of the date of the advice of delivery or the notice of receipt referred to above, or if he is not satisfied with the reply, he may take INAIL to court over the matter.

The letter setting out the reasons why the insured person does not agree with a decision of INAIL may be sent to INAIL either directly or through the institution of the place of residence or stay.

11. Cyprus

If you are not satisfied by the decision attached you may within fifteen days of the notification of the decision appeal to the Minister of Labour and Social Insurance. If you are not satisfied by the Minister's decision you may appeal to the Supreme Court within 75 days from the day of the notification of the Minister's decision.

12. Latvia

If you do not agree with the attached decision you may submit an appeal, within a period of one month of the date on which you received the attached decision to:

Name:
Address:
.....
.....

13. Lithuania

If you wish to contest the decision attached, you may lodge an appeal with the Administrative Disputes Commission within one month of the date on which you received notification of this decision.

14. Luxembourg

If you do not agree with the decision attached, you have the right to lodge an appeal in principle with the 'Conseil arbitral des assurances sociales', within a period of 40 days of the date on which you received notification of the decision.

15. Hungary

If you do not agree with the attached communication, you can request a decision from the competent Hungarian institution (box 2 or 4 of the form E 118). The decision of the competent institution is appealable within 15 days of the date on which you received notification of the decision.

16. Malta

If you wish to contest the decision attached, you may lodge an appeal with the Department of Social Security, Valletta within 30 days of the date of decision.

17. Netherlands

If you do not agree with the communication attached, you may request the competent Netherlands institution mentioned in box 2 or 4 of the E 118 form to take an appealable decision within a reasonable period of time. The method of appealing and the time limit within which to appeal will be specified in the decision.

18. Austria

If you do not agree with the attached information (form E 118), you can request a decision from the competent Austrian Institution mentioned in box 2 or 4 of the form referred to before, from which you can take the instruction about the admissible legal remedy.

19. Poland

If you are not satisfied with the decision enclosed, you have the right to apply for decision to the Zakład Ubezpieczeń Społecznych — ZUS (Social Insurance institution) with territorial jurisdiction over the seat of employer, and in the case of farmers, to the regional branch of Kasa Rolniczego Ubezpieczenia Społecznego — KRUS (Agricultural Social Insurance Fund). In this branch you will be issued with the decision on eligibility for benefit and informed about possible measures of appeal against the decision.

20. Portugal

If you do not agree with this decision, you may,

- If incapacity for work has not been recognised, lodge an appeal with the Regional Administrative Health Board (Comissão Instaladora da Administração Regional de Saúde) within eight days of receiving notice of the decision, or
- if a claim of cash benefits has been rejected on administrative grounds, lodge an appeal with the locally competent Administrative Tribunal (Tribunal Administrativo de Circulo) within two months of receiving notice of the decision. If you have been residing outside of Portugal,

21. Slovenia

If you do not agree with the decision, you may file a suit with the Labour and Social Court in Ljubljana, Komenskega 7, within 30 days of having been served with the decision.

22. Slovakia

If you do not agree with the information stated and unless there was no decision issued in the case so far, you may ask the competent branch of the Social Insurance Agency to issue such a decision. You may appeal to the headquarters of the Social Insurance Agency within 15 days after the delivery of the decision issued by the local branch. The decision of the Social Insurance Agency HQ in the matter of benefits is final; nevertheless within two months after its delivery you may file an appeal against it at the competent regional court.

In matters other than benefits you may file for correction remedies against the decision of the Social Insurance Agency HQ within 30 days after its delivery at the competent regional court. The address of the Social Insurance Agency HQ is: Sociálna poisťovňa, ústredie, ul. 29. augusta č. 8–10, 813 63 Bratislava 1.

23. Finland

If you wish to contest the decision attached, you may submit an appeal within 30 days of the date on which you received notification of the attached decision to either the Finnish insurance institution indicated in box 2 or 4 of the E 118 form, or the insurance institution nearest to your place of residence, which is also indicated in one of the abovementioned boxes.

24. Sweden

You may within a period of two months from the actual taking part of the decision lodge an appeal to the competent Swedish institution indicated in boxes 2 or 4 of the E 118 form. In your appeal you should state why you consider that the decision is unjustified.

25. United Kingdom

If you do not agree with the decision attached, you may, within 28 days of the date of receipt of the decision, lodge an appeal with the Pension Service, International pension Centre, Tyneview Park Newcastle-upon-Tyne, or the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate.

26. Iceland

If you wish to contest the decision attached, you may lodge an appeal with the State Social Security Board, Reykjavik.

27. Liechtenstein

(a) Concerning sickness insurance: if you do not agree with a decision of a sickness insurance fund, you might ask for a formal decree that must contain the reasons and the information concerning the course of law. Within 60 days after having received this formal decree the persons concerned can file a legal suit with the respective court.

(b) Concerning accident insurance: if you do not agree with a decree of an accident insurer, you can within two months after having received this decree ask the respective accident insurer to reconsider its decree. If you do not agree with a decree of an accident insurer, you can also, within two months after having received this decree file a legal suit with the respective court. This also applies to the decision of the accident insurers concerning the abovementioned application for reconsideration.

28. Norway

An appeal against a Norwegian decision must be sent to the institution indicated in box 2 or 4 in form E 118 within six weeks after receiving notice of the decision.

29. Switzerland

If you do not agree with the decision attached, you may lodge an objection with the institution within 30 days of the date of receipt of the decision. The decision on the objection will specify the remedy and the period for lodging an appeal.

▼ **M10**

**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY
FOR MIGRANT WORKERS**

E 119 ⁽¹⁾

CERTIFICATE CONCERNING THE ENTITLEMENT OF UNEMPLOYED PERSONS AND THE MEMBERS OF THEIR FAMILY TO CASH BENEFITS

(The competent institution should issue the form to the unemployed person or send it to the institution in the place of residence or stay if it has been drawn up at the latter's request.)

Information on the beneficiary

1. Surname(s):	<input type="text"/>
2. Forename(s):	<input type="text"/>
3. Date of birth:	<input type="text"/>
4. Personal identification number ⁽²⁾ :	<input type="text"/>
5. Address in the country in which employment is being sought:	<input type="text"/>

Information on the institution in the place of residence or stay ⁽³⁾

6. Name of the institution:	<input type="text"/>
7. Identification number of the institution:	<input type="text"/>
8. Address:	<input type="text"/>
9. Your form <input type="checkbox"/> E 107 of <input type="text"/>	<input type="checkbox"/> E 115 of <input type="text"/>

10. The person referred to above is entitled to cash benefit
10.1. <input type="checkbox"/> for himself/herself
10.2. <input type="checkbox"/> for members of his/her family

▼ **M10**

11. In the case of incapacity for work, cash benefits may be provided

11.1. for a period not exceeding that fixed for entitlement to unemployment benefits

11.2. for cases of sickness occurring up to / / inclusive,
 lasting for days weeks

12. These cash benefits will be paid

12.1. by us

12.2. by you on our behalf

13. Benefit should be paid

13.1. for the same days of the week as those laid down for unemployment insurance

13.2. for every day of the week except

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday		

14. The daily net amount of this benefit (*)

14.1. is the same as that laid down for unemployment insurance

14.2. is if the insured person is not in hospital
 or if he/she is in hospital

Information on the competent institution

15. Name of the institution:

16. Identification number of the institution:

17. Address:

18. Stamp: 19. Date: / /

20. Signature:

▼ **M10****INSTRUCTIONS****Please complete the form in block capitals**

Information for the unemployed person:

In order to obtain cash benefits for yourself in the event of incapacity for work or if you are in hospital, you must (unless you are in the Netherlands) submit the form referred to above and a certificate of incapacity for work issued by your doctor to the following institution:

- in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice,
- in **Denmark**, the local 'kommunekantoret på opholdsstedet' (municipal administration of the place of stay),
- in **Germany**, the sickness fund of your choice,
- in **Greece**, normally the regional or local branch of the social insurance institute (IKA),
- in **Spain**, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (provincial directorate of the national social security institution) at the place of stay or residence,
- in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund),
- in **Ireland**, the Department of Social and Family Affairs,
- in **Italy**, the 'Azienda sanitaria locale' (ASL) responsible for the area concerned,
- in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers),
- in the **Netherlands** you must declare your incapacity for work to 'het Uitvoering werknemersverzekeringen' (UWV),
- in **Portugal**: for metropolitan Portugal, the 'Instituto de Solidaridade e Segurança Social – Centro Distrital de Solidaridade et Segurança Social' (regional social security centre); for **Madeira**, the 'Centro de Segurança Social da Madeira' (regional social security directorate), Funchal; for the **Azores**, the 'Centro de Prestações Pecunárias' (regional social security directorate), Angra do Heroísmo,
- in the **United Kingdom**: the Department for Work and Pensions, the Pension Service, International Pension Centre, Tyneview Park, Newcastle-upon-Tyne, or for Northern Ireland, the Department for Social Development, Overseas Benefits Unit, Block 2, Castle Buildings, Belfast,
- in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for your place of residence or stay,
- in **Finland**, the local office of the 'Kansaneläkelaitos' (social insurance institution),
- in **Iceland**, the 'Tryggingastofnun riskins' (state social security institute), Reykjavik,
- in **Liechtenstein**, the 'Amt für Volkswirtschaft' (office of national economy), Vaduz,
- in **Norway**, the 'lokale Trygdekontor' (local insurance office) at the place of residence or stay,
- in **Sweden**, the 'försäkringskassan' (social insurance office) at the place of residence or stay,
- in **Switzerland**, the 'Institution commune LAMal – Istituzione comune LAMal – Gemeinsame Einrichtung KVG' (common institution under the Federal Sickness Insurance Act), Solothurn,
- in the **Czech Republic**, 'územní organizační jednotky České správy',
- in **Latvia**, the 'Valsts sociālās apdrošināšanas aģentūra' (state social insurance agency),
- in **Lithuania**, the 'Valstybinio socialinio draudimo fondo valdybos teritoriniai skyriai' (territorial branch of the state social insurance fund board),
- in **Slovakia**, the 'Sociálna poisťovňa' (social insurance Office), Bratislava,
- in **Estonia**, the 'Eesti Haigekassa' (Estonian health insurance fund),
- In **Malta**, the department of Social Security, Valetta,
- in **Poland**, 'Wojewódzkiego Urzędu Pracy' (WUP),
- in **Hungary**, the locally competent 'Megyei Egészségbiztosítási Pénztár' (county health insurance office),
- in **Slovenia**, the competent regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (health Insurance Institute of Slovenia) in the place of residence or stay,
- In **Cyprus**, the Ministry of Health.

▼ M10**NOTES**

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; DK = Denmark; DE = Germany; GR = Greece; ES = Spain; FR = France; IE = Ireland; LU = Luxembourg; FI = Finland; SE = Sweden; IT = Italy; NL = the Netherlands; AT = Austria; PT = Portugal; UK = United Kingdom; NO = Norway; IS = Iceland; LI = Liechtenstein, CZ = Czech Republic; CY = Cyprus; EE = Estonia, LV = Latvia, LT = Lithuania, HU = Hungary, MT = Malta, PL = Poland, SI = Slovenia, SK = Slovakia, CH = Switzerland.
- (²) If the family member does not have a personal identification number, state the number of the person from whom the rights of the person concerned derive.
- (³) To be completed only where the form is issued at the request of the institution in the place of residence or stay.
- (⁴) To be completed only where the cash benefits are to be paid by the institution in the place of residence or stay.

▼ **M11**

**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 120

(¹)

**CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND FOR PENSION CLAIMANTS
AND MEMBERS OF THEIR FAMILY**

*Regulation (EEC) No 1408/71: Article 26(1)
Regulation (EEC) No 574/72: Article 28*

The competent institution should complete part A of the form and issue two copies to the person concerned, who should submit them to the institution in his place of residence. On receipt of the two copies, the institution in the place of residence should complete part B and send one of the copies to the institution mentioned in section 6. Where appropriate, both copies should first be sent to the institution that has to complete sections 5 and 6.

Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.

A. Notification of entitlement

1.	Institution of the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	Pension claimant
2.1	Surname(s) ⁽³⁾ : Surname(s) at birth (if different):
2.2	Forename(s): Date of birth:
2.3	Address in the country of residence:
2.4	Personal identification number:

3.	To be completed by the institution to which the claim for a pension has been submitted
3.1	The claimant indicated above submitted on a claim for a pension for <input type="checkbox"/> old age <input type="checkbox"/> invalidity <input type="checkbox"/> survivor <input type="checkbox"/> accident at work <input type="checkbox"/> occupational disease
3.2	<input type="checkbox"/> The investigation of this claim has shown that the person concerned is entitled to receive a pension from us.

4.	Institution which completed section 3
4.1	Name:
4.2	Identification number of the institution:
4.3	Address:
4.4	Stamp
4.5	Date:
4.6	Signature:

▼ **M11**

E 120

5. To be completed by the institution to which the claim for a pension was submitted or by the sickness and maternity insurance institution in the country in which this claim was submitted

5.1 Identification number of the investigating institution:

5.2 The claimant indicated in section 2 and the members of his family are entitled to sickness and maternity insurance benefits in kind

5.3 from until this certificate is cancelled

5.4 for one year starting on (date)

6. Institution which completed section 5

6.1 Name:

6.2 Identification number of the institution:

6.3 Address:

6.4 Stamp

6.5 Date:

6.6 Signature:

B. Notification of registration or non-registration

7. (*)

7.1 The person indicated in section 2 and the members of his family could not be registered because

8. (*)

8.1 The person indicated in section 2 and the members of his family were registered on (date)

9. Registered family members

9.1	Surname(s) (*)	Forename(s)	Sex	Date of birth	Personal identification number
			F M		
9.2	<input type="checkbox"/> <input type="checkbox"/>
9.3	<input type="checkbox"/> <input type="checkbox"/>
9.4	<input type="checkbox"/> <input type="checkbox"/>
9.5	<input type="checkbox"/> <input type="checkbox"/>
9.6	<input type="checkbox"/> <input type="checkbox"/>
9.7	<input type="checkbox"/> <input type="checkbox"/>
9.8	<input type="checkbox"/> <input type="checkbox"/>

10. Institution in the place of residence

10.1 Name:

10.2 Identification number of the institution:

10.3 Address:

10.4 Stamp

10.5 Date:

10.6 Signature:

②

Information for the insured person

- (a) *This certificate gives you and the members of your family the right to receive benefits in kind in the case of sickness or maternity in the country of residence.*
- (b) *You should, as soon as possible, submit the two copies of this certificate in your possession to one of the following insurance institutions:*
- in Belgium, the 'mutualité' (local sickness insurance fund) of your choice;*
 - in the Czech Republic, the 'Zdravotní pojišťovna' (sickness insurance fund) of the place of residence;*
 - in Cyprus, 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia). Upon application, the person concerned will be provided with a Cyprus Medical Card, without which no benefits in kind can be provided at the Government Medical Institutions;*
 - in Denmark, the municipal authority of the place of residence;*
 - in Germany, the 'Krankenkasse' (sickness insurance fund) of the place of residence;*
 - in Greece, normally the regional or local branch of the Social Insurance Institute (IKA), which will issue the person concerned with a 'health book' without which no benefits in kind can be provided;*
 - in Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) at the place of residence or stay. If you require benefits you may apply to the medical or hospital services of the Spanish social security health system. You must submit the form together with a photocopy;*
 - in Estonia, the 'Eesti Haigekassa' (Health Insurance Fund);*
 - in France, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*
 - in Ireland, the Health Board in whose area the benefit is claimed;*
 - in Italy, the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;*
 - in Latvia, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);*
 - in Lithuania, the 'Teritorinė ligonių kasa' (Territorial Patient Fund); medical service assistance is available without contacting the institution first;*
 - in Luxembourg, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);*
 - in Hungary, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);*
 - in Malta, the Ministry of Health, Valetta;*
 - in the Netherlands, any sickness fund competent for the place of residence;*
 - in Austria, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence;*
 - in Poland, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund), competent for the place of residence;*
 - in Portugal, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for Madeira: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre), Funchal; for the Azores: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;*
 - in Slovenia, the competent regional service of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Slovenian Sickness Insurance Institution) at the place of residence;*
 - in Slovakia, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;*
 - in Finland, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);*
 - in Sweden, the 'försäkringskassan' (Social Insurance Office) at the place of residence. Medical service assistance (hospital, doctor, dentist, etc.) may be requested without contacting the institution first;*
 - in Iceland, the 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik;*
 - in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;*
 - in Norway, the 'lokale trygdekontor' (local Insurance office) at the place of residence;*
 - in Switzerland, the 'Institution commune LAMal — Institutione commune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn.*
- (c) *You must inform the insurance institution to which you submit the form of any change in circumstances which might affect the right to benefits in kind, such as the granting of the pension claimed or a change in the place of residence or stay of yourself or a member of your family.*

NOTES

- (¹) Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Complete only if the form is issued at the request of the institution in the place of residence. If the pension claimant is resident in the United Kingdom, both copies of the form should be sent directly to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.
- (³) Give the full surname in the order of civil status.
- (⁴) Complete section 7 or 8, as appropriate, and put a cross in the corresponding box.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 121



(¹)

**CERTIFICATE FOR THE REGISTRATION OF PENSIONERS AND MEMBERS OF THEIR FAMILY
AND THE UPDATING OF LISTS**

*Regulation (EEC) No 1408/71: Article 28(1)(a) and Article 29(1)(a)
Regulation (EEC) No 574/72: Article 29(1), (2) and (3); Article 30(1) and Article 95(4)*

The institution which has to draw up the certificate in accordance with Article 29(2) or Article 30(1) of Regulation (EEC) No 574/72 should complete part A of the form and issue two copies to the pensioner or family member or send them to the institution in the place of residence if the form was requested by that institution. Where appropriate, both copies should first be sent to the institution which has to complete sections 6 and 7. On receipt of the two copies, the institution in the place of residence should complete part B and send one copy per pensioner or family member to the institution indicated in section 7.

Please complete the form in block letters, writing on the dotted lines only. The form consists of four pages.

A. Notification of entitlement

1.	Institution of the place of residence ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:
1.4	Reference: your E 107 form of

2.	Pensioner	
2.1	Surname(s) ⁽³⁾ :	Surname(s) at birth (if different):
2.2	Forename(s):	Date of birth:
2.3	Address in the country of residence:	
2.4	Date of transfer of residence:	
2.5	Personal identification number:	
2.6	The pensioner used to be	
	<input type="checkbox"/> an employed person	
	<input type="checkbox"/> a self-employed person	
	<input type="checkbox"/> a frontier worker (employed)	
	<input type="checkbox"/> a frontier worker (self employed)	
	<input type="checkbox"/> an unemployed worker	

3.	To be completed by the institution responsible for payment of the pension	
3.1	The person indicated above has been entitled to a pension for	
	<input type="checkbox"/> old age	<input type="checkbox"/> invalidity <input type="checkbox"/> survivor
	<input type="checkbox"/> accident at work	<input type="checkbox"/> occupational disease
3.2	since:	

4.	Institution which completed section 3 ⁽⁴⁾	
4.1	Name:	
4.2	Identification number of the institution:	
4.3	Address:	
4.4	Stamp	4.5 Date:
		4.6 Signature:

①

▼ **M11****E 121**

5.	Member of the pensioner's family	
5.1	Surname(s) ⁽³⁾ :	Surname(s) at birth (if different) ⁽³⁾ :
5.2	Forename(s):	Date of birth:
5.3	Address in the country of residence:	
5.4	Personal identification number:	
5.5	Date of transfer of residence:	

6.	To be completed by the institution responsible for payment of the pension or by the sickness and maternity insurance institution in the country responsible for payment of the pension ⁽⁵⁾	
6.1	Identification number of the investigating institution:	
6.2	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5 is entitled to sickness and maternity insurance benefits in kind as from	
6.3	The cost of the benefits to be provided in the country of residence — unless the person resides in the competent country — will be borne by us.	
6.4	<input type="checkbox"/> from until the certificate is cancelled	
6.5	<input type="checkbox"/> for one year from ⁽⁶⁾	
6.6	<input type="checkbox"/> this certificate invalidates the E form dated	

7. Please return the European Health Insurance card of the in section 2 or 5 mentioned person with number and valid until

8.	Institution which completed section 6 ⁽⁴⁾	
8.1	Name:	
8.2	Identification number of the institution:	
8.3	Address:	
8.4	Stamp	8.5 Date:
		8.6 Signature:

B. Notification of registration or non-registration

9.	<input type="checkbox"/> (?)
9.1	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5 could not be registered
9.2	<input type="checkbox"/> because he or she is already entitled to benefits in kind under the legislation of our country
9.3	<input type="checkbox"/> other reasons:

▼ **M11****E 121**

10.	<input type="checkbox"/> (?)
10.1	<input type="checkbox"/> The person indicated in section 2 <input type="checkbox"/> The person indicated in section 5 has been registered
10.2	<input type="checkbox"/> The cost of these benefits are to be borne by you; the date from which the lump sum provided for in Article 95 of Regulation (EEC) No 574/72 should be calculated is
11.	European Health Insurance Card
11.1	<input type="checkbox"/> Please find attached the European Health Insurance Card with number as requested in section 7
11.2	<input type="checkbox"/> Please indicate the measures to be applied concerning the European Health Insurance card issued to the in section 2 or 5 mentioned person with number and valid until
12.	Institution in the place of residence of the pensioner or family member
12.1	Name:
12.2	Identification number of the institution:
12.3	Address:
12.4	Stamp
12.5	Date:
12.6	Signature:

Information for the pensioner or family member

You should send the two copies of this form to the following insurance institution as soon as possible:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice;

in the **Czech Republic**, the 'Zdravotní pojišťovna' (sickness insurance fund) of the place of residence;

in **Cyprus**, 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia). Upon application, the person concerned will be provided with a Cyprus Medical Card, without which no benefits in kind can be provided at the Government Medical Institutions;

in **Denmark**, the municipal authority of the place of residence;

in **Germany**, the 'Krankenkasse' (sickness insurance fund) of the place of residence;

in **Greece**, normally the regional or local branch of the Social Insurance Institute (IKA), which will issue the person concerned with a 'health book' without which no benefits in kind can be provided;

in **Spain**, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) at the place of residence;

in **Estonia**, the 'Eesti Haigekassa', (Health Insurance Fund);

in **France**, the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);

in **Ireland**, the Health Board in whose area the benefit is claimed;

in **Italy**, the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;

in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);

in **Lithuania**, the 'Teritorinė ligonių kasa' (Territorial Patient Fund);

in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);

in **Hungary**, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);

in **Malta**, the Entitlement Unit, Ministry of Health, 23. St. John Street, Valetta;

in the **Netherlands**, any sickness fund competent for the place of residence;

in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence;

in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence;

in **Portugal**, for **metropolitan Portugal**: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for **Madera**: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre), Funchal; for **the Azores**: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;

in **Slovenia**, the competent regional service of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Slovenian Sickness Insurance Institution) at the place of residence;

in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;

in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence;

▼ **M11****E 121**

in **Iceland**, the 'Tryggingastofnun ríkisins' (*The State Social Security Institute*), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (*Office of National Economy*), Vaduz;

in **Norway**, the 'lokale trygdekontor' (*local Insurance office*) at the place of residence;

in **Switzerland**, the 'Institution commune LAMal — Istitutozione commune LAMal — Gemeinsame Einrichtung KVG' (*Joint institution under the Federal Sickness Insurance Act*), Solothurn.

NOTES

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- (²) Complete only if the form is issued at the request of the institution in the place of residence. If the pensioner or family member is resident in the United Kingdom, both copies of the form should be sent directly to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.
- (³) Give the full surname in the order of civil status.
- (⁴) In Hungary, this section must be filled in by the sickness and maternity insurance institution.
- (⁵) In Italy, sections 6 and 7 should be completed by the ASL or Ministry of Health.
- (⁶) If the form is issued by a German, French, Hungarian, Italian or Portuguese institution and concerns a family member.
- (⁷) Complete section 8 or 9 as appropriate, and put a cross in the corresponding box.

in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);

in **Lithuania**, the 'Teritorinė ligonių kasa' (Territorial Patient Fund). Medical service assistance may be obtained without contacting the institution first;

in **Luxembourg**, the 'Association d'assurance contre les accidents' (Accident Insurance Association);

in **Hungary**, the competent 'Megyei Egészségbiztosítási Pénztár' (regional sickness insurance fund);

in **Malta**,

in the **Netherlands**, any sickness fund competent for the place of residence; or, in the case of a temporary stay, the 'Agis zorgverzekeringen' (General Mutual Sickness Insurance Association), Utrecht. Assistance from a doctor, dentist or pharmacist can be obtained without contacting the Agis zorgverzekeringen first;

in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence or stay, or the 'Allgemeine Unfallversicherungsanstalt' (General Accident Insurance Institution), Vienna;

in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of stay;

in **Portugal**, the 'Centro Nacional de Protecção contra os Riscos Profissionais' (National Centre for Protection against Occupational Risks), Lisbon;

in **Slovenia**, the competent regional service of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Slovenian Sickness Insurance Institution) at the place of residence or stay;

in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice;

in **Finland**, the 'Tapaturmavakuustulaitosten Liitto' (Federation of Accident Insurance Institutions);

in **Sweden**, the 'försäkringskassan' (Social Insurance Office). Medical service assistance (hospital, doctor, dentist, etc.) may be requested without contacting the institution first;

in the **United Kingdom**, the medical service (doctor, dentist, hospital, etc.) providing treatment;

in **Iceland**, the 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy);

in **Norway**, the 'lokale trygdekontor' (local Insurance office). Assistance may be requested without contacting the institution first;

in **Switzerland**, the 'Caisse nationale Suisse d'assurance en cas d'accidents — Schweizerische Unfallversicherungsanstalt — Cassa nazionale svizzera di assicurazione in caso di infortunio' (Swiss National Accident Insurance Fund), Lucerne. Medical service assistance (hospital, doctor, pharmacist) may be obtained without contacting the institution first.

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- (²) Complete only if the form is issued at the request of the institution in the insured person's place of residence or stay. If the insured person is going to the United Kingdom, one copy of the form should also be sent to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.
- (³) Give the full surname in the order of civil status.
- (⁴) Name and address of the institution to which the medical report has been sent.

▼ **M11**

**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY
FOR MIGRANT WORKERS**

E 124

(1)

CLAIM FOR DEATH GRANT

*Regulation (EEC) No 1408/71: Article 65
Regulation (EEC) No 574/72: Article 78*

Please complete the form in block letters, writing on the dotted lines only. The form consists of three pages.

1.	I, the undersigned:	
1.1	Surname(s) ⁽²⁾ :	Surname(s) at birth (if different):
1.2	Forename(s):	Date of birth:
1.3	Personal identification number:	
1.4	Institution with which I am insured ⁽³⁾ (4):	
1.5	Family relationship with the deceased:	
1.6	Address:	

2. hereby claim a grant by reason of the death of the following person⁽⁵⁾:

3.		
3.1	Surname(s):	Surname(s) at birth (if different):
3.2	Forename(s):	Date of birth:
3.3	Personal identification number:	
3.4	Date of death:	
3.5	Cause of death:	
	<input type="checkbox"/> illness	<input type="checkbox"/> accident
	<input type="checkbox"/> occupational disease	<input type="checkbox"/> action by a third party
		<input type="checkbox"/> accident at work
		<input type="checkbox"/> other cause
3.6	Institution with which the deceased was insured ⁽³⁾ (4):	

4. The claimant was was not dependent on the deceased
5. The deceased was was not dependent on me
6. The deceased was was not accommodated in return for payment
 by the claimant
 in an establishment of which the claimant is the manager, a member of the staff or a resident⁽⁶⁾
7. The claimant is is not a funeral undertaker or an agent or representative of an undertaker⁽⁶⁾(7)
 The claimant is is not a legal person under private law who, on the basis of an insurance contract, has covered some or all of the costs⁽⁶⁾
8. The cost of the funeral amounts to⁽⁸⁾ ; it has been paid by
9. The following documents are attached:

(1)

10. Please pay the sum due to my account No IBAN
 with the (BIC/SWIFT code)
 in⁽⁹⁾
11. Date:
- 11.1 Signature:

Instructions for the claimant

- (a) *In order to receive a death grant you must submit a claim, using this form*
- either to the competent insurance institution,
 - or to the insurance institution in the place where you live, i.e.:
in Belgium, a 'mutualité' (local sickness insurance fund);
in the Czech Republic, the 'Úřad práce' (employment office) in the place of residence or stay;
in Denmark, the Ministry of the Interior and Health, Copenhagen;
in Greece, the local branch of the Social Insurance Institute (IKA);
in Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) at the place of residence;
in France, the body which provides or would provide benefits in kind under sickness insurance;
in Ireland, the Department of Social Welfare, Dublin;
in Italy, the provincial office of the INAIL;
in Latvia, the 'Valsts sociālās apdrošināšanas aģentūra' (State Social Insurance Agency);
in Lithuania, the 'Savivaldybės socialinės paramos skyrius' (Municipal Social Assistance department) at the place of residence or stay;
in Luxembourg, the 'Union des caisses de maladie' (Union of Sickness Insurance Funds);
in Austria, the 'Gebietskrankenkasse' (Regional Sickness Insurance Fund) competent for the place of residence;
in Poland, the 'Zakład Ubezpieczeń Społecznych' (Social Insurance Institution — ZUS), office responsible for the place of residence or stay or, for agricultural workers, the competent regional branch of the 'Kasa Rolniczego Ubezpieczenia Społecznego' (Social Insurance Fund for Agriculture — KRUS), the 'Zakład Emerytalno-Rentowy Ministerstwa Spraw Wewnętrznych i Administracji' (Pensions Office of the Ministry of Internal Affairs and Administration — liaison body for special schemes);
in Portugal, for metropolitan Portugal: the 'Centro Distrital de Solidariedade e Segurança Social' (Regional Centre for Solidarity and Social Security) of the place of residence; for Madera: the 'Centro de Segurança Social da Madeira' (Madeira Social Security Centre), Funchal; for the Azores: the 'Centro de Prestações Pecuniárias' (Centre for Cash Benefits) of the place of residence;
in Slovenia, the competent regional service of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Slovenian Sickness Insurance Institution) at the place of residence or stay;
in Slovakia, the 'Úrad práce, sociálnych vecí a rodiny' (Office of Labour, Social Affairs and Family) at the place of residence or stay of the deceased person;
in Finland, the 'Kansaneläkelaitos' (Social Insurance Institution), Helsinki;
in Sweden, the 'försäkringskassan' (Social Insurance Office) at the place of residence or stay;
in Estonia, the 'Sotsiaalkindlustusamet' (Social Insurance Board), Tallinn;
in Iceland, the 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik;
in Liechtenstein, the Office of National Economy;
in Norway, the 'lokale trygdekontor' (local insurance office) at the place of residence or stay;
in Switzerland, the 'Institution commune LAMal — Institutione commune LAMal — Gemeinsame Einrichtung KVG' (Joint Institution under the Federal Sickness Insurance Act), Solothurn.
- (b) *You must submit the following documents with your claim:*
- for **Belgium**, *copy of death certificate, issued by the municipal administration;*
receipted bills for funeral expenses;
all documents proving the family relationship or relationship through marriage with the deceased or, where appropriate, cohabitation with the deceased;
 - for **Denmark**, *death certificate;*
please read carefully the 'vejledning om ansøgning for begravelseshjælp' (instructions for claiming a death grant) which you will subsequently receive;
 - for **Greece**, *death certificate, health book, insurance cards and, where applicable, receipted bills for funeral expenses;*
 - for **Spain**, *death certificate;*
certificate attesting to the family relationship, or receipted bills for funeral expenses if the claimant has no family relationship with the deceased;
 - for **France**, *in every case the death certificate for the insured person;*
in addition, as appropriate:
 - *if you are the insured person's spouse, the 'fiche familiale' (family record from the register office);*
 - *if you are a descendant of the deceased (son, daughter, grandson, etc.)*
the 'fiche familiale' (family record from the register office) showing your relationship to the deceased,
 - *if you are an ascendant of the deceased (parent, grandparent etc.), the*
deceased person's 'fiche individuelle' (individual record from the register office),
 - *if you were dependent on the deceased in any other way, a declaration on*
your honour that you were totally, effectively and permanently dependent on the deceased;

for Ireland ,	death certificate; marriage certificate, where applicable; undertaker's account or estimate for funeral expenses, or the receipt if you have paid;
for Italy ,	death certificate; document of insurance registration; declaration of family status, where applicable;
for Latvia ,	death certificate;
for Lithuania ,	death certificate;
for Luxembourg ,	death certificate; receipted bills for funeral expenses; where applicable, a declaration from the municipal administration testifying to cohabitation;
for Austria ,	death certificate; receipted bills for funeral expenses;
for Poland ,	death certificate, original bills for funeral expenses, claimant's declaration certifying that no similar grant has been paid;
for Portugal ,	death certificate and receipted bills for funeral expenses;
for Slovenia :	for funeral allowance: death certificate or registration of the insured person's death, the original copy of an invoice for funeral services; for death grant: death certificate or registration of the insured person's death; in the case of the death of a spouse – marriage certificate; in the case of the death of a parent, the child must submit a birth certificate and certificate of enrolment in school or university (when older than 18 years); claimants not insured as family members of the deceased person must submit a suitable document certifying that the deceased was obliged to support them until his/her death;
for Slovakia ,	death certificate and receipted bills for funeral expenses;
for Estonia ,	death certificate; if the claimant is a funeral undertaker, a letter from the entitled person's solicitor; if death occurred on Estonian territory, a certificate for the purposes of the claim must be attached to the death certificate;
for Finland ,	death certificate; documents proving the relationship with the deceased; if the claimant is a funeral undertaker, a letter from the entitled person's solicitor;
for Sweden ,	death certificate; certificate showing the cause of death;
for Liechtenstein ,	death certificate; certificate showing the cause of death; receipted bills for funeral expenses;
for Norway ,	death certificate.

NOTES

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- (²) Give the full surname in the order of civil status.
- (³) Only in the case of a worker, pensioner or pension claimant.
- (⁴) Give name and address.
- (⁵) For the Portuguese institutions fill in the annexed additional page.
- (⁶) To be completed where the grant is claimed under Belgian legislation, if the claimant is not the deceased person's spouse, relative or relative through marriage to the third degree.
- (⁷) If the claimant is a funeral undertaker, a letter from the solicitor of the person entitled to the grant must be provided when the grant is claimed under Finnish or Estonian legislation.
- (⁸) Give the amount in the currency of the claimant's country of residence.
- (⁹) Does not apply to Irish institutions.

▼ **M11**

E 124 additional

**ADDITIONAL INFORMATION
FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS**

1.	Spouse
1.1	Civil status <input type="checkbox"/> Widow/widower <input type="checkbox"/> remarried <input type="checkbox"/> divorced
1.2	At the time of death, was the deceased living under the same roof as, and being supported by, the deceased? <input type="checkbox"/> yes <input type="checkbox"/> no

2.	Children entitled to family allowances				
	Surname(s)	Forenames	Relationship	Date of birth	Disabled child
2.1	.....	.....	.....	.....	.....

2.2	.....	.....	.....	.....	.....

2.3	.....	.....	.....	.....	.....

2.4	.....	.....	.....	.....	.....

2.5	.....	.....	.....	.....	.....

2.6	.....	.....	.....	.....	.....



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 125



(*)

INDIVIDUAL RECORD OF ACTUAL EXPENDITURE

*Regulation (EEC) No 1408/71: Article 36(1) and (2); Article 63(1); Article 87(1)
Regulation (EEC) No 574/72: Article 93(1), (2), (4) and (5); Article 105(1)*

A separate form should be completed for each recipient of the care.

Please complete this form in block letters, writing on the dotted lines only. The form consists of three pages.

1. Invoice No First half year Second half year of the financial year 20

2. Competent institution to which the form is addressed

2.1 Name:
2.2 Identification number of the institution:
2.3 Address:

3. Recipient of the care

3.1 Surname(s)⁽²⁾:
3.2 Surname(s) at birth (if different):
3.3 Forename(s): Date of birth:
.....
3.4 Personal identification number⁽³⁾:
(a) allocated by the competent institution
.....
(b) allocated by the creditor institution
.....
3.5 The insured person is
 an employed person
 a self-employed person
 a frontier worker (employed)
 a frontier worker (self employed)
 an unemployed worker

4. The person mentioned above has received benefits
on the basis of the following document:

4.1 European Health Insurance Card number: Expiry date:
 certificate provisionally replacing the European Health Insurance Card number:
dated: Valid from to
 E..... form dated valid from to

4.2 The person mentioned above
underwent the medical examination requested on

▼ **M11**

E 125

5.	Expenditure incurred	Amount(*)
5.1	For benefits in kind provided from to .....	.....
	in consequence of ⁽²⁾ <input type="checkbox"/> disease <input type="checkbox"/> not professional accident	
	<input type="checkbox"/> professional accident or disease	
5.2	Medical treatment	.....
5.3	Dental treatment	.....
5.4	Medicaments	.....
5.5	Hospitalisation from to .....	.....
5.6	Other benefits ⁽⁶⁾ from to .....	.....
5.7	Total benefits in kind	.....
5.8	Medical examinations⁽⁷⁾
5.9	For cash benefits provided from to .....	.....
5.10	Total expenditure .....	.....

6.	Creditor institution	
6.1	Name:	
6.2	Identification number of the institution:	
6.3	Address:	
6.4	Stamp ⁽⁸⁾	6.5 Date:
		6.6 Signature:

7.	Reserved for the institution in the competent country

▼ **M11****E 125****NOTES**

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- (²) Give the full surname in the order of civil status.
- (³) If the recipient of care is a member of family registered on the basis of E 106, please indicate the personal identification number of the insured person.
- (⁴) Indicate the amount in national currency.
- (⁵) When the form is sent to a Swiss Institution.
- (⁶) Indicate the kind of benefits: confinement, dentures, orthopaedic prostheses, spa treatment, ambulance, additional diagnostic means, etc.
- (⁷) Indicate the kind of medical checks and examinations carried out.
- (⁸) An electronically sent and signed form does not need to be stamped.
-



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 126 ⁽¹⁾

RATES FOR REFUND OF BENEFITS IN KIND

*Regulation (EEC) No 1408/71: Article 22(1)(a)(i); Article 22(3); Article 22(a); Article 31(a) and Article 34(a);
Regulation (EEC) No 574/72: Article 34*

The competent institution should complete part A of the form and send, either directly or through the liaison body, two copies to the institution which would have had to provide the benefits to the person concerned in the country of stay. The institution in the place of stay, after completing part B of the form, should return one copy to the competent institution.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages.

A. Request

1.	Institution to which this form is addressed (?)
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:

2.	<input type="checkbox"/> Entitled person
2.1	Surname(s) ⁽²⁾ :
2.2	Surname(s) at birth (if different):
2.3	Forename(s): Date of birth:

2.4	Personal identification number:
2.5	The person is/was:
	<input type="checkbox"/> an employed person
	<input type="checkbox"/> a self-employed person
	<input type="checkbox"/> a frontier worker (employed)
	<input type="checkbox"/> a frontier worker (self-employed)
	<input type="checkbox"/> an unemployed worker

3.	Family member of the entitled person if he or she received the care:
3.1	Surname(s) ⁽²⁾ :
3.2	Forename(s): Date of birth:
3.3	Personal identification number:

4.	The above mentioned person
4.1	during a stay in .....(country)
4.2	at (town)
4.3	himself paid for the benefits which he required:
5.	Please indicate on the receipts attached, for each benefit separately, the amount to be refunded to the person concerned according to the rates administered by the institution of the place of stay. Only in the case of Luxembourg, indicate the amount he/she has to contribute to the cost of treatment.
6.	Attached receipts.

7.	Competent institution	
7.1	Name:	
7.2	Identification number of the institution:	
7.3	Address:	
7.4	Stamp	7.5 Date:
		7.6 Signature:

B. Reply

8. Attached receipts indicating the requested rates
9. Amount to be reimbursed No reimbursement

10.	Remarks:

11.	Institution of the play of stay	
11.1	Name:	
11.2	Identification number of the institution:	
11.3	Address:	
11.4	Stamp	11.5 Date:
		11.6 Signature:

NOTES

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- (²) If the institution which would have to provide the benefits in kind is not known, the form may be sent to the liaison body in the country of stay, i.e.:
in Belgium, the 'Institut national d'assurance maladie-invalidité' (INAMI) (National Sickness and Invalidity Insurance Institute), Brussels;
in the Czech Republic, the 'CMU' (Centre for International Reimbursements), Prague;
in Denmark, the 'Indenrigs- og Sundhedsministeriet' (Ministry of the Interior and Health), Copenhagen;
in Germany, the 'DVKA' (German Liaison Agency Health Insurance - International), Bonn;
in Estonia, the 'Eesti Haigekassa', (Health Insurance Fund);
in Greece, the regional or local branch of the Social Insurance Institute (IKA); for mariners, the Seamen's Pension Fund (NAT);
in Spain, the 'Instituto Nacional de la Seguridad Social' (National Social Security Institute), Madrid;
in France, the 'Centre des Liaisons Européennes et Internationales de Sécurité Sociale' (Centre of European and International Liaisons for Social Security), Paris;
in Ireland, the Department of Health, Dublin;
in Italy, the 'Ministero della Sanità' (Ministry of Health), Rome;
in Cyprus, in Cyprus, the 'Υπουργείο Υγείας' (Ministry of Health), 1448 Lefkosia;
in Latvia, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency), in Riga;
in Lithuania, the 'Valstybinė ligonių kasa' (State Patient Fund), Vilnius;
in Luxembourg, the 'Union des Caisses de Maladie', Luxembourg;
in Hungary, the 'Országos Egészségbiztosítási Pénztár' (National Health Insurance Fund), Budapest;
in Malta, the Entitlement Unit, Ministry of Health, 23, St. John Street, Valletta;
in the Netherlands, the 'Agis Zorgverzekeringen', Utrecht;
in Austria, the 'Hauptverband der österreichischen Sozialversicherungsträger' (Main Association of Austrian Social Insurance Institutions), Vienna;
in Poland, the Narodowy Fundusz Zdrowia (National Health Fund), Warsaw;
in Portugal, the 'Departamento de Relações Internacionais e Convenções de Segurança Social' (Department of International Relations and Social Security Conventions), Lisbon;
in Slovenia, the 'Zavod za zdravstveno zavarovanje Slovenije-Direkcija' (Health Insurance Institute of Slovenia-Directorate), Ljubljana;
in Slovakia, the 'Úrad pre dohľad nad zdravotnou starostlivosťou', (Health Care Supervision Authority), Bratislava;

▼ **M11**

E 126

in Finland, the 'Kansaneläkelaitos' (Social Insurance Institution), Helsinki;
in Sweden, the 'Riksförsäkringsverket' (National Social Insurance Board), Stockholm;
in Iceland, the 'Tryggingastofnun ríkisins' (The State Social Security Institute), Reykjavik;
in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
in Norway, the 'Rikstrygdeverket' (National Insurance Administration), Oslo;
in Switzerland, the 'Institution commune LAMal — Gemeinsame Einrichtung KVG — Istituzione commune LAMal' (Joint Institution under the Federal Sickness Insurance Act), in Solothurn.

⁽³⁾ Give the full surname in the order of civil status.



**ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS**

E 127

(¹)

INDIVIDUAL RECORD OF MONTHLY LUMP-SUM PAYMENTS

*Regulation (EEC) No 1408/71: Article 36(1) and (2)
Regulation (EEC) No 574/72: Article 94; Article 95*

The institution in the place of residence should draw up the form for one calendar year and send it to the competent institution through the body designated for the implementation of Article 102(2) of Regulation (EEC) No 574/72.

Please complete three copies of this form in block letters, writing on the dotted lines only. A separate form must be completed for each pensioner and each member of the family of a pensioner.

1.	Record No of year 20 (²)
2.	Competent institution
2.1	Name:
2.2	Identification number of the institution:
2.3	Address:
3.	The right to benefits in kind has been acquired for the <input type="checkbox"/> employed <input type="checkbox"/> pensioner <input type="checkbox"/> self-employed person
3.1	Surname(s) (³):
3.2	Surname(s) at birth (if different):
3.3	Forename(s): Date of birth:
3.4	Personal identification number allocated by the competent institution:
3.5	Personal identification number allocated by the creditor institution:
4.	This individual record concerns:
4.1	<input type="checkbox"/> the family of the person named in box 3 living at the following address:
4.2	<input type="checkbox"/> the pensioner named in box 3 living at the following address:
4.3	<input type="checkbox"/> the following member of the family of the pensioner named in box 3 <input type="checkbox"/> the following member of the family of the person named in box 3 (⁴)
4.3.1	Surname(s) (³):
4.3.2	Forename(s): Date of birth:
4.3.3	Address:
4.3.4	Personal identification number allocated by the competent institution:
4.3.5	Personal identification number allocated by the creditor institution:

▼ **M11****E 127**

5. The right to benefits in kind is held by the members of the family of the worker named above or by the pensioner named above and the members of his family, as certified by your
E form of (date)
6. For the period during which this existed
(from to)
- 6.1 the number of monthly lump-sum payments is
- 6.2 per family irrespective of the number of family members and one tariff rate;
 per pensioner or his/her family members – for every one the individual E-form and the same tariff rate for the pensioner as well as for his/her family members;
 per individual⁽⁴⁾.

7.	Creditor institution	
7.1	Name:	
7.2	Identification number of the institution:	
7.3	Address:	
7.4	Stamp ⁽⁵⁾	7.5 Date:
		7.6 Signature:

NOTES

- ⁽¹⁾ Symbol of the country of the institution completing the form: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- ⁽²⁾ Give the full surname in order of civil status.
- ⁽³⁾ The year to be indicated here is that in which the benefits were provided.
- ⁽⁴⁾ In case of special lump sum payment scheme.
- ⁽⁵⁾ An electronically sent and signed form does not need to be stamped.