

Decision No 168 of 11 June 1998 on the amending of forms E 121 and E 127 and the discontinuance of form E 122 (Text with EEA relevance) (98/443/EC)

DECISION No 168

of 11 June 1998

on the amending of forms E 121 and E 127 and the discontinuance of form E 122

(Text with EEA relevance)

(98/443/EC)

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

Having regard to Article 81(a) of Council Regulation 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 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 153 of 7 October 1993 on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 001, E 103 to E 127),

Having regard to Decision No 170 of 11 June 1998 amending Decision No 141 of 17 October 1989 amending Decision No 127 of 17 October 1985 concerning the compilation of the lists provided for in Article 94(4) and Article 95(4) of Council Regulation (EEC) No 574/72 of 21 March 1972,

Whereas Council Regulation (EC) No 3095/95 of 22 December 1995 amended Regulation (EEC) No 574/72, firstly Article 17(2) and Article 30(1), by limiting to one year the period of validity of form E 122 issued by German, Italian or Portuguese institutions, and secondly Article 95, by replacing the average cost per family by the average cost per person;

Whereas this amendment to Article 95 of Regulation (EEC) No 574/72 will not, however, take effect until 1 January 2002 in the French Republic;

Whereas Council Regulation (EC) No 1223/98 of 4 June 1998 amended Articles 29 and 31 of Regulation (EEC) No 1408/71 and Articles 29, 30, 31, 93 and 95 of Regulation (EEC) No 574/72;

Whereas forms E 121 and E 127 must therefore be adapted and form E 122 discontinued;

Changes to legislation: There are currently no known outstanding effects for the Decision No 168. (See end of Document for details)

Whereas the Agreement on the European Economic Area of 2 May 1992, as amended by the Protocol of 17 March 1993, Annex VI, implements 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 Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and 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 the language in which forms should be issued is the subject of Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 121 and E 127 reproduced in Decision No 153 of 7 October 1993 shall be replaced by the models appended hereto, and the model form E 122 reproduced in the same Decision shall be discontinued.
2. Separate forms E 121 and E 127 shall be filled in for each recipient of a pension or allowance, and for each member of the family of a recipient of a pension or allowance.
3. The competent authorities of the Member States shall make the appended forms available to the persons concerned (rightful claimants, institutions, employers, etc.). However, E 121 forms valid on the date this Decision enters into force shall remain valid until they are invalidated and/or replaced by the new model form E 121 covering only the recipient of a pension or allowance and thus not the members of their families.
4. 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 all persons or bodies to whom a form is addressed (rightful claimants, institutions, employers, etc.) to receive the form printed in their own language.
5. This Decision shall be published in the *Official Journal of the European Communities* and shall be applicable as from 1 January 1998. In France, however, it shall not take effect until 1 January 2002.

Changes to legislation: There are currently no known outstanding effects for the Decision No 168. (See end of Document for details)

ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY FOR
MIGRANT WORKERS

E 121

(*)

**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 (*)
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) (*):	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 (*)		
4.1	Name:		
4.2	Identification number of the institution:		
4.3	Address:		
4.4	Stamp	4.5	Date:
		4.6	Signature:

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5.	Member of the pensioner's family	
5.1	Surname(s) ⁽²⁾ :	Surname(s) at birth (if different) ⁽²⁾ :
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 ⁽²⁾	
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	
6.3	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"/> ⁽⁷⁾	
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:	

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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;

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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.

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 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.

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Textual Amendments

- F1** Substituted by [Decision No 179 of 18 April 2000 on the model forms necessary for the application of Council Regulations \(EEC\) No 1408/71 and \(EEC\) No 574/72 \(E 111, E 111 B, E 113 to E 118 and E 125 to E 127\) \(Text with EEA relevance\) \(2002/154/EC\)](#).

Changes to legislation: There are currently no known outstanding effects for the Decision No 168. (See end of Document for details)

E 127

7	Creditor institution	
7.1	Name	Code number ⁽⁵⁾
7.2	Address ⁽³⁾	
7.3	Stamp	
	7.4	Date
	7.5	Signature

8	To be completed by the competent institution

INSTRUCTIONS

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

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 574/72.

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.
- (2) The year to be indicated here is that in which the benefits were provided.
- (3) Street, number, post code, town, country.
- (3a) To be completed if it is known.
- (4) 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.
- (4b) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (5) To be completed where this exists.

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