This document is meant purely as a documentation tool and the institutions do not assume any liability for its contents

►<u>B</u> 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)

(OJ L 195, 11.7.1998, p. 37)

Amended by:

		Official Journal		
		No	page	date
► <u>M1</u>	Decision No 179 2002/154/EC, of 18 April 2000	L 54	1	25.2.2002
► <u>M2</u>	Decision No 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006

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;

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,

▼B

- 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 validd until they are invalidated and/or replaced by the new model form E 121 convering 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 Commuity 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.
- 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.

▼<u>M2</u>

ADMINISTRATIVE COMMISSION ON SOCIAL SECURITY FOR MIGRANT WORKERS

F 1	21		(1)
E 1	121		١,

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. No	otification 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):		ame(s) at birth (if different):			
2.2	Forename(s):	Date	of birth:			
2.3	•					
2.4						
2.5	Personal identification number:					
2.6	The pensioner used to be					
	☐ an employed person					
	a self-employed person					
	a frontier worker (employed)					
	a frontier worker (self employed)					
	an unemployed worker					
3.	To be completed by the institution responsible for payment of the pension					
3.1	The person indicated above has been entitle	ed to a pension for				
	☐ old age	☐ invalidity	☐ survivor			
	accident at work	☐ occupational disease				
3.2	since:					
4.	Institution which completed section 3(4)					
4.1	Name:					
4.2	Identification number of the institution:					
4.3						
4.4	Stamp	4.5	Date:			
		4.6	Signature:			

▼<u>M2</u>

E 121

	Surname(s)(3):	Surname(s) a	t birth (if different)(3):
	Forename(s):	Date o	f birth:
	Address in the country of residence:		
	Personal identification number:		
	Date of transfer of residence:		
	To be completed by the institution responsible for paymed country responsible for payment of the pension (5)	ent of the pension o	r by the sickness and maternity insurance institution in the
	Identification number of the investigating institution:		
	☐ The person indicated in section 2		
	☐ The person indicated in section 5		
	is entitled to sickness and maternity insurance benefits i	in kind as from	
	The cost of the benefits to be provided in the country of borne by us.	residence — unles	s the person resides in the competent country — will be
	☐ from	until th	e certificate is cancelled
	for one year from	(6)	
	☐ this certificate invalidates the E	form d	ated
	Please return the European Health Insurance card o		'
	· ·		r 5 mentioned person with number
	· ·		'
	·	and valid unt	1
	Institution which completed section $6(4)$	and valid unt	
	Institution which completed section 6(4) Name:	and valid unt	
	Institution which completed section 6 (4) Name: Identification number of the institution: Address:	and valid unt	
	Institution which completed section 6 (4) Name: Identification number of the institution: Address:	and valid unt	Date:
	Institution which completed section 6 (4) Name: Identification number of the institution: Address:	and valid unt	Date:
	Institution which completed section 6 (4) Name: Identification number of the institution: Address:	and valid unt	Date:
	Institution which completed section 6(4) Name: Identification number of the institution: Address: Stamp	and valid unt	Date:
lo	Institution which completed section 6 (4) Name: Identification number of the institution: Address:	and valid unt	Date:
No	Institution which completed section 6 (4) Name: Identification number of the institution: Address: Stamp Otification of registration or non-registration	and valid unt	Date:
No	Institution which completed section 6 (4) Name:	and valid unt	Date:
No	Institution which completed section 6 (4) Name: Identification number of the institution: Address: Stamp otification of registration or non-registration (7) The person indicated in section 2	and valid unt	Date:
No	Institution which completed section 6 (4) Name:	and valid unt	Date:
ı	Institution which completed section 6 (4) Name:	8.5 8.6	Date: Signature:
	Institution which completed section 6 (4) Name:	and valid unt	Date: Signature:

2

▼ M2

E 121

10.			
10.1	1 The person indicated in section 2		
	☐ The person indicated in section 5		
	has been registered		
10.2	The cost of these benefits are to be borne by you; the date from which the No 574/72 should be calculated is		
	Surrana Hadib Isaassa Ood		
11.	European Health Insurance Card		
11.1	☐ Please find attached the European Health Insurance Card with number as requested in section 7		
11.2	Please indicate the measures to be applied concerning the Europea mentioned person with number		
12.	Institution in the place of residence of the pensioner or family member		
12.1			
12.2			
12.3	3 Address:		
12.4	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, Ύπουργείο 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;
- $in \ \textbf{Latvia}, the \ 'Vesel\"{\textit{l}} bas \ oblig\~{a}t\~{a}s \ apdro\~{s}in\~{a}s \ anas \ valsts \ a\'{g}ent\~{u}ra' \ (Health \ Compulsory \ Insurance \ State \ Agency);$
- in Lithuania, the 'Teritoriné ligoniu 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;
- $in \ \textbf{Poland}, the \ regional \ branch \ of \ the \ 'Narodowy \ Fundusz \ Zdrowia' \ (National \ Health \ Fund) \ competent \ for \ the \ place \ of \ residence;$
- 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 poist'ovňa' (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;

▼<u>M2</u>

E 121

 $in \ \textbf{lceland}, \ the \ \textit{`Tryggingastofnun rikisins'} (\textit{The State Social Security Institute}), \ \textit{Reykjavik'}; \\$

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 — Instituzione 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.

4

▼<u>M1</u>

EUROPEAN COMMUNITIES Social Security Regulations EEA*

See 'Instructions' overleaf						
	E 127		(¹)			

INDIVIDUAL RECORD OF MONTHLY LUMP-SUM PAYMENTS

		Reg. 1408/71: Art. 36.1 and 2 Reg. 574/72: Art. 94; Art. 95	•
1			
Recor	d No of year		20 (²)
			•
2.	Competent institution		
2.1	Address (3)		
		•	
\neg	The right to benefits in kind has been acquired for t	he	
3	employed person	pensioner (scheme for employed p	ersons)
	self-employed person	pensioner (scheme for self-employe	ed persons)
3.1	Surname (4)		
3.2	Forenames	Previous names (4)	Date of birth
3.3	Identification number allocated by the competent ins	stitution (^{4b})	
4	This individual record concerns:		
4.1	the family of the worker named in box 3 living a		
4.2	the pensioner named in box 3 living at the follows:		
4.3	The following member of the family of the passis		
4.3	the following member of the family of the pension 4.3.1 Surname (4):		
	4.3.2 Fornames:	Previous names (4):	Date of birth:
	4.3.3 Address (³):		
	4.3.4 Identification number allocated by the com		
		·	
		. ,	
5	The right to benefits in kind is held by the member	ers of the family of the worker named	above or by the pensioner named above and the
J	members of his family, as certified by your form	or the family of the worker hamour	above of by the perisoner named above and the
		(date)	
6	For the period during which this existed		
6 4),	
6.1	the number of monthly lump-sum payments per family or per pensioner and family	per family membe	er per individual
	is	por raining monibe	, por marriadar

▼<u>M1</u>

E 127

7	Creditor institution			
7.1 7.2	Name Address (³)		Code number (⁵)	
7.3	Stamp		7.4 Date	
			7.5 Signature	
8	To be completed by	y 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.

2