

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⁽⁶⁾ of the above unemployed person

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

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) ⁽³⁾	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 — Istituto di comune 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.*

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.
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