

S1



Registering for health care cover

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your and your family members' certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) in your State of residence. Family members are covered if they fulfil the conditions laid down in the legislation of the State of residence.

The certificate must be handed over as soon as possible to the health care institution in the place of residence (**)

For a list of health care institutions, see <http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number in the competent Member State

1.2 Surname

1.3 Forename

1.4 Surname at birth (***)

1.5 Date of birth

1.6 Address in the State of residence

1.6.1 Street, N°

1.6.3 Post code

1.6.2 Town

1.6.4 Country code

1.7 Status

1.7.1 Insured person

1.7.2 Family member of insured person

1.7.3 Pensioner

1.7.4 Family member of pensioner

1.7.5 Pension grantant

2. LONG-TERM CARE BENEFIT IN CASH

2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

S1



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3. PERSONAL DETAILS OF THE INSURED PERSON

(to be filled if the holder has a right to health care because of another person's insurance)

3.1 Personal Identification Number in the competent Member State	
3.2 Surname	
3.3 Forenames	
3.4 Surname at birth (*)	
3.5 Date of birth	
3.6 Address of the insured person if different from that in 1.6	
3.6.1 Street, N°	3.6.3 Post code
3.6.2 Town	3.6.4 Country code

4. INSURANCE COVERAGE FROM...

4.1 Starting date	4.2 Ending date
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5. INSTITUTION COMPLETING THE FORM

5.1 Name	
5.2 Street, N°	
5.3 Town	
5.4 Post code	5.5 Country code
5.6 Institution ID	
5.7 Office fax N°	
5.8 Office phone N°	
5.9 E-mail	
5.10 Date	
5.11 Signature	

STAMP

(*) Information given to the institution by the holder when this is not known by the institution.