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► **B**

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)

(OJ L 054, 25.2.2002, p. 1)

Amended by:

	Official Journal		
	No	page	date
► M1 Decision No 187 2003/251/EC, of 27 June 2002	L 93	40	10.4.2003
► M2 Decision No 198 2004/562/CE, of 23 March 2004	L 259	1	5.8.2004
► M3 Decision No 202 2006/203/EC, of 17 March 2005	L 77	1	15.3.2006



DECISION No 179

of 18 April 2000

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(Text with EEA relevance)

(2002/154/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 ⁽¹⁾, 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 ⁽²⁾ fixing the procedure for implementing Regulation (EEC) No 1408/71, 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 Council Regulation (EC) No 1606/98 ⁽³⁾ amending Regulations (EEC) No 1408/71 and (EEC) No 547/72 with a view to extending them to cover special schemes for civil servants,

Having regard to Council Regulation (EC) No 307/1999 ⁽⁴⁾ amending Regulations (EEC) No 1408/71 and (EEC) No 547/72 with a view to extending them to cover students,

Whereas it is necessary to amend Decisions No 153 ⁽⁵⁾ and No 168 ⁽⁶⁾ concerning the model forms necessary for the application of the Regulations;

Whereas these model forms should also 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, supplemented 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 used 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 the forms should be issued is the subject of Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 111, E 111 B, E 113 to E 118, E 125 and E 126 reproduced in Decision No 153 and E 127 reproduced in Decision No 168 shall be replaced by the models appended hereto.

⁽¹⁾ OJ L 149, 5.7.1971, p. 2.

⁽²⁾ OJ L 74, 27.3.1972, p. 1.

⁽³⁾ OJ L 209, 25.7.1998, p. 1.

⁽⁴⁾ OJ L 38, 12.2.1999, p. 1.

⁽⁵⁾ OJ L 244, 19.9.1994, p. 22.

⁽⁶⁾ OJ L 195, 11.7.1998, p. 37.

▼B

2. The competent authorities of the Member States shall make available to the parties concerned (rightful claimants, institutions, employers, etc.) the forms according to the models appended hereto.
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 all addressees (rightful claimants, institutions, employers, etc.) to receive the form printed in their own language.
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

Sebastião PINTO PIZARRO



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

▼ M1

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
				4.12	Date
		4.9	Signature		
				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;

②

- 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.
- ^(1b) 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	.....

FOR HOSPITALISATION ONLY

▼ **M1**

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 trygdekantor' (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.

②

▼ **M2**



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

E 115



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

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:
	



E 115

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⁽¹⁾.

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) ⁽²⁾ :
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
 case of sickness case of maternity (expected date of confinement:)

4.2 that it is probably
 an accident at work an occupational disease an accident

4.3 a relapse or aggravation

①

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^(*)

5.10 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^(*):

6.2 These injuries have had will have the following effects^(†)

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^(§):

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 ⁽³⁾		
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⁾ ⁽⁸⁾		
6.1	The allowance should be paid for every day of the week, except <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </div>		
6.2	The daily net amount of this allowance is ⁽⁹⁾ if the insured person is not in hospital ⁽⁹⁾ 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		

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.).

▼ **M3****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 Dagpengevalget', Amaliegade 25, PO. 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.



**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 (²):
(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

5.	Expenditure incurred	Amount ⁽⁴⁾
5.1	For benefits in kind provided from to .....	.....
	in consequence of ⁽⁵⁾ <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 .....	.....
	from to .....	.....
5.6	Other benefits ⁽⁶⁾
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

(2)

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 ⁽²⁾
1.1	Name:
1.2	Identification number of the institution:
1.3	Address:

2.	<input type="checkbox"/> Entitled person
2.1	Surname(s) ⁽³⁾ :
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)⁽³⁾:

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.



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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

- (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) 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 Zorgverzekerings', 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 dohl'ad nad zdravotnou starostlivosťou', (Health Care Supervision Authority), Bratislava;

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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 comune 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:

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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.