

Application for a document 109

Medical care for a family member

You can use this form to apply for a document 109 for a family member who lives outside the Netherlands. You can only apply when:

- You have health insurance under the Healthcare Insurance Act (Zvw) with a Dutch health insurer.
- Your family member lives in Bosnia and Herzegovina, Cape Verde, Morocco, Montenegro, North Macedonia, Serbia, Tunisia or Turkey.
- Your family member does not have his own health insurance.

The health insurance fund (or competent body) in his or her country of residence will determine whether your family member can be co-insured. The health insurance fund will notify you of the outcome.

Complete the application form entirely (in block capitals) and sign at the bottom.

Fill out a separate form for each family member. Please send the form(s) to:
CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC The Hague, The Netherlands.

We handle your data with care. Read more at www.hetcak.nl/en/your-privacy.

1 Your personal details

1.1	Name	<i>First names (in full)</i>	_____
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<i>Surname</i>	_____
		<i>Maiden name (if married)</i>	_____
1.2	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>DD / MM / YYYY</i>	
1.3	BSN or Sofi number		_____
1.4	Dutch health insurer		_____

2 Your address details

2.1	Address	<i>Street and house number</i>	_____
		<i>Postcode</i>	_____
		<i>Town/city</i>	_____
		<i>Province</i>	_____
		<i>Country</i>	_____

3 Your contact details

- 3.1 Email address
- 3.2 Telephone number

4 Your family member's details

- 4.1 Name *First names (in full)*
- Sex Male Female
- Surname*
- Maiden name (if married)*
- Date of birth *DD / MM / YYYY*
- BSN or Sofi number
- 4.2 Address *Street and house number*
- Postcode*
- Town/city*
- Province*
- Country*
- 4.3 109 start date *DD / MM / YYYY*
- 4.4 Reason for applying for a 109
- Your family member is moving to Bosnia and Herzegovina, Cape Verde, Morocco, Montenegro, North Macedonia, Serbia, Tunisia or Turkey.
- Your family member stopped working in his or her country of residence.
- Birth.
- Marriage.
- Other reason (please specify):

5 Your signature

I declare that I have read all the information carefully and that I have entered the details truthfully.

- 5.1 Place and date
- DD / MM / YYYY*
- 5.2 Signature