

# Application for a document S1/form 121

You can use this form to apply for a document S1/form 121. You will receive this document/form if you are entitled to medical care in your country of residence. The main conditions are that:

- The Netherlands has a treaty with your country of residence in the area of healthcare costs.
- You are receiving a Dutch statutory pension or benefit.
- You are no longer working in the Netherlands.

We will assess your entitlement on the basis of this application form.

Send the completed application form, with enclosures, to:  
CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC The Hague

If you complete the form by hand, please use block capitals.

**Please note!** The information under points 1 to 4 is compulsory; only complete the additional information if it applies to you.

## 1 Personal details

1.1 Name  *First names (in full)*

Sex  Male  Female

*Surname*

*Maiden name (if married)*

1.2 Date of birth    *DD / MM / YYYY*

1.3 BSN or Sofi number

## 2 Address details in your new country of residence

2.1 Address  *Street and house number*

*Postcode*

*Town/city*

*Province*

*Country*

2.2 Are you emigrating or have you emigrated  No  Yes

Emigration date    *DD / MM / YYYY*

*Date to be notified to your municipality.*



More information can be found on our website: [www.hetcak.nl/buitenland](http://www.hetcak.nl/buitenland). You can also send us an email using the contact form on our website.

### 3 Pension or benefit

3.1 What pension or benefit are you receiving? (enclose supporting document)

- Old-age pension (AOW) or surviving dependant's pension (Anw)
- Benefit under Invalidity Insurance Act (WAO), Work and Income (Capacity for Work) Act (WIA) or Invalidity Insurance (Self-Employed Persons) Act (WAZ)
- Employee early retirement benefit (e.g. under an early retirement (VUT) or flexible pension and retirement (FPU) scheme)
- Redundancy pay for military personnel and civil servants
- Other (please specify) \_\_\_\_\_

3.2 From which date have you been receiving a pension or benefit?

DD / MM / YYYY

3.3 When did/will you stop working in the Netherlands?

- I stopped working on         DD / MM / YYYY
- I will stop working on         DD / MM / YYYY
- I don't know yet

### 4 Signature

4.1 I am enclosing the following supporting document

- Evidence of pension award
- Specification of pension payment

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

4.2 Place and date

\_\_\_\_\_  
        DD / MM / YYYY

4.3 Signature

\_\_\_\_\_

### Additional information

Are you using a postal or correspondence address in your new country of residence?

Street and house number

Postcode

Town/city

Province

Country

Can we contact you by telephone or email?

*Landline telephone number*

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*Mobile telephone number*

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*Email address*

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## Is a family member moving with you?

Here you should only provide details of a family member who does not have his or her own income. Are any other family members moving with you? Provide their details on a separate sheet and enclose it with this application form.

Name *First names (in full)* 

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Sex  Male  Female

*Surname* 

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*Maiden name (if married)* 

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Date of birth         *DD / MM / YYYY*

BSN or Sofi number 

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**Please note!** Does your family member have his or her own statutory pension or benefit (see question 3.1)? If so, he or she will need to apply to us separately for a document S1/form 121.



Send the completed form to:

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Antwoordnummer 91041  
2509 VC The Hague