

Application for a document 109

Medical care for family members

You can use this form to apply for a document 109 for family members who live 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 members live in Bosnia and Herzegovina, Cape Verde, Morocco, Montenegro, North Macedonia, Serbia, Tunisia or Turkey.
- Your family members do not have their own health insurance.

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

Please use block letters when filling out the form. Send the completed form to:
CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC Den Haag, The Netherlands.

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

1 Your personal details

1.1	First names (in full)	<input type="text"/>
	Surname	<input type="text"/>
	Maiden name (if married)	<input type="text"/>
	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"/> DD / MM / JJJJ
1.2	BSN number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3	Dutch health insurer	<input type="text"/>



Find more information at
www.hetcak.nl/crossborder

2 Your address details

- 2.1 Street and house number
- Postcode
- Town/city
- Province
- Country

3 Your contact details

- 3.1 Email address
- 3.2 Telephone number

4 Your eldest family member's details

For example your partner or eldest child. The health insurance fund in the country of residence will decide which other family members can be co-insured and will notify us.

- 4.1 First names (in full)
- Surname
- Maiden name (if married)
- Date of birth DD / MM / JJJJ
- BSN number
- 4.2 Street and house number
- Postcode
- Town/city
- Province
- Country
- 4.3 109 start date DD / MM / JJJJ
- 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.

Place

Date

DD / MM / JJJJ

Signature



Send the completed form to:
CAK, Regeling Buitenland,
Antwoordnummer 91041,
2509 VC Den Haag,
The Netherlands