

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.

Complete the application form entirely (in block capitals or digital) and sign at the bottom. Please upload the form via www.hetcak.nl/contact (select Health insurance outside the Netherlands) or send 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 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

1.4 Dutch health insurer

2 Your address details

2.1 Address 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 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



Send us the form via
www.hetcak.nl/contact or by mail:
 CAK, Regeling Buitenland
 Antwoordnummer 91041
 2509 VC The Hague, The Netherlands