

Application for a document S1

Medical care for a family member

You can use this form to apply for a document S1 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 outside the Netherlands, but in an EU Member State, an EEA country, the United Kingdom or Switzerland.
- Your family member does not have his own health insurance.

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

Fill out a separate form for each family member.

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 family member's details

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 S1 start date DD / MM / JJJJ

4.4 Reason for applying for an S1

☐ Your family member is moving to another EU/EEA country, to the United Kingdom or Switzerland

☐ 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