

# Application for a document S1/form 121

With this form you can request a document S1/form 121. Fill out the form only if you meet the following conditions:

- You have a statutory pension or a statutory benefit from the Netherlands.
- You live or go to live in a treaty country.
- You no longer work in the Netherlands and you do not own a business.

Complete the application form entirely (in block capitals or digital) and sign at the bottom. Please upload the form – with attachment(s) – via [www.hetcak.nl/contact](http://www.hetcak.nl/contact) (select Zorgverzekering en buitenland) 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](http://www.hetcak.nl/en/your-privacy).

## 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*

*Registered date at your municipality.*



For more information go to  
[www.hetcak.nl/en/s1](http://www.hetcak.nl/en/s1)

### 3 Contact details

3.1 Telephone number \_\_\_\_\_

3.2 Email address \_\_\_\_\_

3.3 Do you wish to use a postal or correspondence address?

No, use the address filled in at point 2. *Continue to point 4.*

Yes, please use the following address:

*Street and house number* \_\_\_\_\_

*Postcode* \_\_\_\_\_

*Town/city* \_\_\_\_\_

*Province* \_\_\_\_\_

*Country* \_\_\_\_\_

Does this address expire after your emigration?

Yes  No

### 4 Pension or benefit

4.1 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) \_\_\_\_\_

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

*DD / MM / YYYY*

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

I stopped working on         *DD / MM / YYYY*

I will stop working on         *DD / MM / YYYY*

## 5 Family members

5.1 Do you have a family member with no income who lives/moves with you?

No. *Continue to point 6.*

Yes. *Continue to point 5.2.*

**Please note!** Does your family member have a statutory pension or benefit?  
Then he/she has to fill in their own application form.

5.2 Name First name family member\*

Surname

Maiden name (if married)

Sex  Male  Female

Date of birth         *DD / MM / YYYY*

BSN or Sofi number \_\_\_\_\_

*\*Do you have more than 1 family member living/moving with you? Write their data on a separate sheet of paper and send it as an attachment.*

## 6 Signature

6.1 I am enclosing the following supporting document(s):

Proof of pension or benefit grant (copy)

Proof of (monthly) pension or benefit payment (copy)

Data of family members (only in case of more than 1 family member)

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

Place and date \_\_\_\_\_

*DD / MM / YYYY*

Signature \_\_\_\_\_



Send us the form and the attachments via  
[www.hetcak.nl/contact](http://www.hetcak.nl/contact) or by mail:  
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Antwoordnummer 91041  
2509 VC The Hague, The Netherlands