ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS

DECISION No 187

of 27 June 2002

on model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 111 and E 111B)

(Text with EEA relevance)

(2003/251/EC)

THE ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81(a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community [1], under which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent regulations,

Having regard to Article 2(1) of Council Regulation (EEC) No 574/72 [2] under which it is the duty of the Administrative Commission to draw up models of certificates, certified statements, declarations, applications and other documents necessary for the application of the Regulations,

Having regard to Decision No 179 of 18 April 2000 on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 111, E 111B, E 113 to E 118 and E 125 to E 127) [3],

Whereas:

(1) It is necessary to amend form E 111 and E 111B in order to make things clearer for insured persons and the members of their family with regard to benefits in the event of pre-existing illnesses.

(2) The Agreement on the European Economic Area of 2 May 1992, supplemented by the Protocol of 17 March 1993, Annex VI, implements Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area.

(3) By Decision of the EEA Joint Committee, the model forms necessary for the application of Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and used within the European Economic Area.

(4) For practical reasons, identical forms should be used within the Community and within the European Economic Area.

(5) The language in which the forms should be issued is the subject of Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 111 and E 111B reproduced in Decision No 179 shall be replaced by the models appended hereto.

2. The competent authorities of the Member States shall make available to the parties concerned (rightful claimants, institutions, employers, etc.) the forms according to the models appended hereto.

[1] OJ L 149, 5.7.1971, p. 2.
[2] OJ L 74, 27.3.1972, p. 1.
[3] OJ L 54, 25.2.2002, p. 1.

3. These forms shall be available in the official languages of the Community and laid out in such manner that the different versions are perfectly superposable, thereby making it possible for all addressees (rightful claimants, institutions, employers, etc.) to receive the form printed in their own language.

4. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Union*.

The Chairman of the Administrative Commission

C. GARCÍA DE CORTÁZAR Y NEBREDA

EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 2 and 3.

E 111 ☐ (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Reg. 1408/71: Art. 22.1.a.i; Art.22.a; Art. 22.3; Art. 31.a; Art. 34.a
Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3

NOTE: THIS DOCUMENT ESTABLISHES NO ENTITLEMENT IF THE PURPOSE OF THE JOURNEY IS TO RECEIVE MEDICAL TREATMENT ABROAD.

1 ☐ Employed person ☐ Pensioner (scheme for employed persons) ☐ Student

☐ Self-employed person ☐ Pensioner (scheme for self-employed persons) ☐ Other insured person

(Surname ([1a]), Previous names ([1a]), D.N.I. ([2a]), Address)

1.1 Identification No ([2b]) ..... Date of birth .....

2 Members of the family ([3])

2.1 Surname ([1a])	Forenames	Previous names	Date of birth	Identification No ([2b])
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

2.2 Permanent address ([2]) ([4]) .....
.....

3 The above-named persons are entitled to benefits in kind under sickness and maternity insurance.
These benefits may be provided

3.1 ([5]) ☐ from ..... to ..... inclusive

3.2 ([5]) ☐ from .....

E 111

4 Competent institution

4.1 Name ..... Code number ([6]) .....

4.2 Address ([2]) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

4.6 Valid from ..... to	4.10 Valid from ..... to .....
4.7 Stamp 4.8 Date	4.11 Stamp 4.12 Date
.....	.....
4.9 Signature	4.13 Signature
.....	.....

5 Competent French institution for non-occupational accidents sustained by self-employed farmers

5.1 Name ..... Code number ([6]) .....

5.2 Address ([2]) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, or the member of the family of the worker should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) The document enables:

- *in the event of immediate need the employed or self-employed person, student or other insured person and the members of his family named in box 2 who are staying temporarily in a Member State other than the competent State, and*
- *the pensioner and the members of his family, named in box 2 who are staying temporarily in a Member State other than that in which they habitually reside,*

to obtain benefits in kind from insurance bodies in the country of stay, in the case of sickness (including chronic diseases and pre-existing illnesses) or maternity and, provisionally, in the event of an accident at work or occupational disease.

(b) When one of the persons concerned has to seek benefits, including hospitalisation, he should submit this form to the insurance body in the country in which he is staying, i.e.:

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of his choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting the said institution. This form must be submitted for each claim for benefits. Particulars about doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority);*

in **Germany,** *the sickness fund chosen by the person concerned;*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the medical and hospital services of the Spanish Social Security health system. The form must be submitted, together with a photocopy;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the 'Ministero della sanità, Ufficio di sanità marittima o aerea' (Ministry of Health, the navy or aviation health office responsible for the area in question);*

in **Luxembourg,** *the 'Caisse de maladie des ouvriers';*

in the **Netherlands,** *the ANOZ Verzekeringen, Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ Verzekeringen if a person has to enter hospital, the admittance Form and Form E 111 will be sent by the hospital to ANOZ Verzekeringen;*

in **Austria,** *the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance);*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay;* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo.*

in **Finland,** *the local office of the 'kansaneläkelaitos' (Social Insurance Institution), if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting the certificate;*

in **Sweden,** *the 'försäkringskassan' (Social Insurance Office). Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution;*

in **Iceland,** *the 'Tryggingastofnun rikisins' (State Social Security Institute), Reykjavik;*

in **Liechtenstein,** *the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;*

in **Norway,** *the lokale trygdekontor' (local Insurance Office). Assistance from the medical service may be sought without first contacting the institution mentioned. This form should be presented when assistance is sought.*

(c) In order to receive cash benefits the person concerned shall, within three days of commencement of the incapacity for work, apply to the institution of the place of stay by submitting a notification of having ceased work or, if the legislation administered by the competent institution or by the institution of the place of stay so provides, a certificate of incapacity for work issued by the doctor providing treatment for the person concerned.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

([1]) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

([1a]) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

([2]) Street, number, post code, town, country.

([2a]) In the case of Spanish nationals state the number appearing on the national identy card (D.N.I.), if it exists, even if the card is out of date.

([2b]) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

([3]) Include only those members of the family who are temporarily going to another Member State.

([4]) Complete only if the address of the members of the family differs from that of the worker or pensioner.

([5]) These two items are mutually exclusive. Give only that which is applicable and put a cross in the corresponding box.

([6]) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' overleaf

SCHEME FOR SELF-EMPLOYED PERSONS

E 111 **B** (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Reg.. 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a
Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3

NOTE: THIS DOCUMENT ESTABLISHES NO ENTITLEMENT IF THE PURPOSE OF THE JOURNEY IS TO RECEIVE MEDICAL TREATMENT ABROAD.

1 ☐ Self-employed person ☐ Pensioner (Surname ([1a]), Previous names ([1a]), forenames, address ([2]))

1.1 Identification No ([1b]): ..... Date of birth .....

2 Members of the family ([3])

2.1 Surname ([1a])	Forenames	Previous names	Date of birth	Identification No ([1b])
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

2.2 Permanent address ([2]) ([4]): .....
.....

FOR HOSPITALISATION ONLY

3 The above-named persons are entitled to benefits in kind in the case of hospitalisation only.
These benefits may be provided

3.1 from ..... to ..... inclusive

4 Competent institution

4.1 Name ..... Code number ([5]): .....
4.2 Address ([2]): .....
.....
4.3 Stamp

4.4 Date .....
4.5 Signature
.....

4.6 Valid from ..... to	4.10 Valid from ..... to .....
4.7 Stamp 4.8 Date	4.11 Stamp 4.12 Date .....
4.9 Signature	4.13 Signature .....

SCHEME FOR SELF-EMPLOYED PERSONS **E 111** **B**

4.14 Valid from ..... to ..... 4.15 Stamp 4.16 Date ..... 4.17 Signature	4.18 Valid from ..... to ..... 4.19 Stamp 4.20 Date ..... 4.21 Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) This document enables:

- *the self-employed person and the members of his family named in box 2, who are staying temporarily in a Member State other than the competent State, and*
- *the pensioner covered by the scheme for the self-employed and the members of his family named in box 2, who are staying temporarily in a Member State other than that in which they habitually reside,*

to obtain benefits in kind from insurance bodies in the country of stay only in the event of hospitalisation (including in the event of chronic diseases and pre-existing illnesses).

(b) When one of the persons concerned has to enter hospital, he should submit this form to the insurance body in the country in which he is staying, i.e.:

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). This form must be submitted for each claim for benefits;*

in **Germany,** *the sickness fund chosen by the person concerned;*

in **Greece,** *the regional or local branch of the Social Insurance Institute (IKA) which issues the person concerned with a 'health book' without which no benefits can be provided;*

in **Spain,** *the hospital services provided under the social security scheme. The form must be submitted, together with a photocopy;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);*

in **the Netherlands,** *the 'ANOZ-Verzekeringen', Utrecht;'*

in **Austria,** *the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of stay;*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration of the place of stay);* for Madeira: *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo;*

in **Finland,** *the local office of the 'Kansaneläkelaitos' (social insurance Institution) and the hospital providing treatment. This form must be submitted with each claim for benefits;*

in **Sweden,** *the 'försäkringskassan' (Social Insurance Office) at the place of stay;*

in **Iceland,** *the 'Tryggingastofnun rikisins' (the State Social Security Institution), Reykjavik;*

in **Liechtenstein,** *the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;*

in **Norway,** *the lokale trygdekontor' (the local Insurance Office) at the place of stay.*

NOTES

(*) EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

([1]) Symbol of the country to which the institution completing the form belongs: B = Belgium.

([1a]) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

([1b]) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.'

([2]) Street, number, post code, town, country.

([3]) Include only those members of the family who are temporarily going to another Member State.

([4]) Complete only if the address of the members of the family differs from that of the insured person or pensioner.

([5]) To be completed where this exists.