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► **B**

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)

(OJ L 93, 10.4.2003, p. 40)

Amended by:

► **M1** Decision 2004/562/CE No 198 of 23 March 2004

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**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.
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.

⁽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.

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

▼ **M1****ADMINISTRATIVE COMMISSION
ON SOCIAL SECURITY
FOR MIGRANT WORKERS****E 111** ☐ ⁽¹⁾**CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN ANOTHER MEMBER STATE***(This form can only be used by certain States and is of a transitional nature. Form E 111 may not be issued or utilised after 31 December 2005, the date on which the European health insurance card will be distributed by all the Member States)***Note!**

This document establishes no entitlement if the purpose of the journey is to receive medical treatment

Information concerning the beneficiary

1. Name(s):	<input type="text"/>
2. First name(s):	<input type="text"/>
3 Date of birth:	<input type="text"/>
4. Personal identification number ⁽²⁾ :	<input type="text"/>

Information concerning the institution

5. Name of institution:	<input type="text"/>
6. Identification number of the institution:	<input type="text"/>

Period of validity of the form

(a) From:	<input type="text"/>
(b) To:	<input type="text"/>

Date of issue of the form

(c)	<input type="text"/>
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Signature and seal of the institution

(d)

▼ M1**INSTRUCTIONS**

Please complete this form in block letters

- (a) This form is personal and non-transferable.
- (b) This document allows any insured person and the members of his/her family to receive any benefits in kind that may become necessary for medical reasons during a stay in another Member State, taking account of the nature of the services and the duration of the stay.
- (c) When a person has to seek benefits, including hospitalisation, this document must be presented to the health care provider.

NOTES

- ⁽¹⁾ Symbol of the country in which the institution completing the form is situated: IT = Italy, NL = Netherlands, AT = Austria, PT = Portugal, UK = United Kingdom, IS = Iceland, LI = Liechtenstein, CY = Cyprus, LV = Latvia, LT = Lithuania, HU = Hungary, MT = Malta, PL = Poland, SK = Slovakia, CH = Switzerland.
- ⁽²⁾ If the family member does not have a personal identification number, indicate the identification number of the person from whom the rights of the family member are derived.



SCHEME FOR SELF-EMPLOYED PERSONS

E 111

B

4.14 Valid from	to	4.18 Valid from	to
4.15 Stamp	4.16 Date	4.19 Stamp	4.20 Date

	4.17 Signature		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 'ANOV-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 ríkisins' (the State Social Security Institution), Reykjavik;

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

in **Norway**, the 'lokale trygdekantor' (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.