

**CERTIFICATE CONCERNING THE RETENTION OF THE RIGHT TO SICKNESS OR MATERNITY BENEFITS
CURRENTLY BEING PROVIDED**

*Regulation (EEC) No 1408/71: Article 22(1)(b)(i); Article 22(1)(c)(i); Article 22(3); Article 22(a) and Article 31
Regulation (EEC) No 574/72: Article 22(1) and (3); Article 23 and Article 31(1) and (3)*

The competent institution or the institution of the place of residence of the insured person, pensioner or family member should issue the form to the insured person, pensioner or family member. If the insured person or the pensioner is going to the United Kingdom, one copy of the form should also be sent to the Department for Work and Pensions, Pension Service, International Pension Centre, Tyneview Park, Newcastle upon Tyne.

Please complete this form in block letters, writing on the dotted lines only. It consists of two pages, none of which may be left out.

1.	☐ Insured person	☐ Family member of the insured person
	☐ Self-employed worker	☐ Family member of a self-employed worker
	☐ Pensioner (employed worker)	☐ Family member of a pensioner (employed worker)
	☐ Pensioner (self-employed worker)	☐ Family member of pensioner (self-employed worker)

1.1	Surname(s) ⁽²⁾ :	
1.2	Forename(s) ⁽³⁾ :	Date of birth:
1.3	Previous name(s):	
1.4	Address in the competent country:	
1.5	Address in the country to which the person concerned is going:	
1.6	Personal identification number ⁽⁴⁾ :	

2. The person referred to above is authorised to retain the right to benefits in kind

	☐ from sickness and maternity insurance	☐ from non-occupational accident insurance ⁽⁵⁾
	in (country), where he/she is going	
2.1	☐ to take up residence	
2.2	☐ to receive treatment from ⁽⁶⁾	
	or from any other establishment of a similar nature in case of a transfer which is medically necessary in respect of this treatment.	
2.3	☐ to send biological samples for the purposes of analysis without the need for the person concerned to be present.	

3. These benefits may be provided, on production of this certificate,
from to inclusive.

4.	The report from our examining doctor	
4.1	☐ is attached to this form in a sealed envelope	
4.2	☐ was sent on to ⁽⁷⁾	
4.3	☐ will be sent by us on request	
4.4	☐ has not been drawn up	

5.	Competent institution	
5.1	Name:	
5.2	Identification number of the institution:	
5.3	Address:	
5.4	Stamp	5.5 Date:
		5.6 Signature:

Instructions for the person concerned

You should submit this form as soon as possible to the sickness and maternity insurance institution of the place to which you are going, i.e.:

in **Belgium**, the 'mutualité' (local sickness insurance fund) of your choice;
 in the **Czech Republic**, the 'Zdravotní pojišťovna' (health insurance fund of your choice);
 in **Denmark**, the treatment provider, normally the general practitioner, who will refer you to a specialist;
 in **Germany**, the 'Krankenkasse' (sickness insurance fund) of your choice;
 in **Estonia**, the 'Eesti Haigekassa' (Sickness Insurance Agency);
 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 / hospital services of the health system covered by Spanish social insurance. You must submit the form and a photocopy;
 in **France**, the 'Caisse primaire d'assurance maladie' (local sickness insurance fund);
 in **Ireland**, the local health Office of the Health Service Executive;
 in **Italy**, normally the 'Unità sanitaria locale' (local health administration unit) responsible for the area concerned;
 in **Cyprus**, the 'Υπουργείο Υγείας' (Ministry of Health, 1448 Lefkosia);
 in **Latvia**, the 'Veselības obligātās apdrošināšanas valsts aģentūra' (Health Compulsory Insurance State Agency);
 in **Lithuania**, the 'Territorial Patient Fund', the sickness and maternity institutions;
 in **Luxembourg**, the 'Caisse de maladie des ouvriers' (sickness fund for manual workers);
 in **Hungary**, the treatment provider;
 in **Malta**, the National Health Service establishment (doctor, dentist, hospital, health centre) providing treatment;
 in the **Netherlands**, any sickness fund competent for the place of residence or, in case of temporary stay, the 'Agis zorgverzekeringen', Utrecht;
 in **Austria**, the 'Gebietskrankenkasse' (regional sickness insurance fund) competent for the place of residence or stay;
 in **Poland**, the regional branch of the 'Narodowy Fundusz Zdrowia' (National Health Fund) competent for the place of residence or stay;
 in **Portugal, for metropolitan Portugal**: the 'Administração Regional de Saúde' (Regional Health Administration) of the place of residence or stay; **for Madeira**: the 'Centro de Saúde' (Health Centre) of the place of stay; **for the Azores**: the 'Centro de Saúde' (Health Centre) of the place of stay;
 in **Slovenia**, the regional unit of the 'Zavod za zdravstveno zavarovanje Slovenije (ZZZS)' (Health Insurance Institute of Slovenia) at the place of residence or stay;
 in **Slovakia**, the 'zdravotná poisťovňa' (health insurance company) of the insured person's choice. For cash benefits, the 'Sociálna poisťovňa' (Social Insurance Agency), Bratislava;
 in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution). The form must be presented to the municipal health centre or the public hospital providing treatment;
 in **Sweden**, the 'Försäkringskassan' (Local Social Insurance Office). The form must be presented to the institution providing treatment;
 in the **United Kingdom**, the medical service (doctor, dentist, hospital, etc.) providing treatment;
 in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;
 in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
 in **Norway**, the 'lokale Trygdekantor' (local insurance office);
 in **Switzerland**, the 'Institution commune LAMal — Istituto comune LAMal — Gemeinsame Einrichtung KVG' (Joint institution under the Federal Sickness Insurance Act), Solothurn. The form must be presented to the doctor or the hospital providing the treatment.

NOTES

- (¹) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Give the full surname in the order of civil status.
- (³) Give the forenames in the order of civil status.
- (⁴) Please indicate the number of the insured person if the member of family does not have a personal identification number.
- (⁵) To be completed by French institutions for self-employed agricultural workers.
- (⁶) To be completed if possible.
- (⁷) Name and address of the institution to which the medical report has been sent.