II

(Acts whose publication is not obligatory)

COMMISSION

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

DECISION No 73

of 11 January 1973

adapting model form E 111 for use in the enlarged Community

(73/11/EEC)

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 and their families moving within the Community, under which it is the duty of the Administrative Commission to deal with all administrative questions arising from EEC Regulation No 1408/71 and subsequent Regulations;

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972 fixing the procedure for implementing EEC Regulation No 1408/71, 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 72 of 1 October 1972 laying down the model forms necessary for the application of Council Regulation (EEC) No 1408/71 and Council Regulation (EEC) No 574/72;

Whereas the said model forms should be adapted for use in the enlarged Community;

Whereas, for administrative reasons, priority should be given to the adaptation of form E 111;

HAS DECIDED AS FOLLOWS:

Model form E 111, adopted by the Decision of 1 October 1972, shall, as from 1 April 1973, be replaced by model E 111 as printed below.

The institutions of the original Member States, however, shall retain the right to use between them the model adopted by the Decision of 1 October 1972, as long as supplies last.

The present Decision shall be published in the *Official Journal of the European Communities*.

The Chairman of the Administrative Commission

Fr. CASSIERS

EUROPEAN COMMUNITIES
Social Security Regulations

For instructions, see overleaf

E 111 ☐ (1)

CERTIFIED STATEMENT OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Regulation No 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a
Regulation No 574/72: Art. 20.5; Art. 21.1; Art. 23; Art. 31.1 and 3

1 Institution of the place of stay (2)

1.1 Name: .....

1.2 Address (3): .....

.....

1.3 Reference: your form E 107 of .....

2 (4) ☐ Worker ☐ Pensioner

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Permanent address (3): .....

.....

2.3 Insurance number: .....

3 Members of the family (5)

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

3.2 Permanent address (3) (6): .....

.....

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

4.1 (7) ☐ from ..... to .....

4.2 (7) ☐ in the case of illness occurring up to ..... inclusive

and for ..... days ..... weeks

5 Competent institution

5.1 Name: .....

5.2 Address (3): .....

.....

5.3 Official stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

This form should be completed in block capitals

The competent institution or, where appropriate, the institution of the place of residence of the pensioner should complete this form and send it to the person concerned, or send it to the institution of 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 worker and the members of his family named in section 3, who are staying temporarily in a country other than the competent State,*

— *the pensioner and the members of his family named in section 3, who are staying temporarily in a country 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 or maternity and, provisionally, in the case of an accident at work or occupational disease.

(b) When one of the persons concerned has to seek benefits, including hospital treatment, 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 office) of his choice;*

in **Denmark,** *the 'amtskommune' (district administration). In the municipalities of Copenhagen and Frederiksberg, the 'kommunalbestyrelsen' (municipal administration). Assistance from a doctor, dentist or dispensing chemist may be requested without first contacting the said bodies;*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

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

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

in **Italy,** *the provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institution);*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness-insurance fund for manual workers);*

in the **Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Kromme Nieuwe Gracht 56, in Utrecht. Assistance from a doctor, dentist or dispensing chemist may be requested without first contacting the ANOZ.*

(c) For persons insured in Italy: in the case of tuberculosis, the benefits can be provided only on presentation of a certified statement issued by the 'Istituto nazionale della previdenza sociale' (INPS, national social welfare institute).

NOTES

(1) Initials of the country to which the institution completing the form belongs: B = Belgium; Dk = Denmark; D = Germany; F = France; Irl = Ireland, I = Italy; L = Luxembourg; N = Netherlands; UK = United Kingdom.

(2) Only indicate if the form is drawn up at the request of the institution of the place of stay.

(3) Post code, town, street, number, country.

(4) Put a cross in the box before the appropriate information.

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

(6) To be completed only if the address of the members of the family differs from that of the worker or pensioner.

(7) These two items are alternative. Give only that which is applicable and put a cross in the corresponding box.