II

(Acts whose publication is not obligatory)

COMMISSION

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

DECISION No 165

of 30 June 1997

on the forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 128 and E 128B)

(Text with EEA relevance)

(97/823/EC)

THE ADMINSTRATIVE COMMISSION 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, 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 of 21 March 1972, 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 153 of 7 October 1993 laying down and adapting the model forms necessary for the application of the Regulations,

Whereas new forms E 128 and E 128B are to be introduced in order to take account of Council Regulations (EC) No 3095/95, (EC) No 3096/95 and (EC) No 1290/97 amending, in particular, the provisions governing entitlement to sickness benefits;

Whereas the Agreement on the European Economic Area of 2 May 1992, as adjusted by the Protocol of 17 March 1993, Annex VI, implements Council Regulation (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas, by Decision of the EEA Joint Committee, the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 shall be adapted and implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas the langage in which the forms should be drawn up has been decided by Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. Two new model forms E 128 and E 128B shall be created for benefits in kind required during a stay in a Member State without imposing a condition of immediate need.

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

3. Each form shall be available in the official languages of the Community and laid out in such a manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, 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 Communities.*

The Chairman
of the Administrative Commission
Cees VAN DEN BERG

EUROPEAN COMMUNITIES
EUROPEAN ECONOMIC AREA (*)

E 128 (1)
(See instructions)

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

(Note: this document establishes no entitlement if the purpose of the journey is to receive medical treatment abroad)

Social security regulations: Regulation No 1408/71: Art. 22b; Art. 22c.

The competent institution should complete this form in block letters and send it to the person concerned, or to the institution in the place of stay if the form has been drawn up at the latter's request.

1.	**Beneficiary:**	☐ **activity in a Member State other than the competent State: employed/self-employed person** (2) ☐ **student** *(for the Netherlands, applicable from 1 January 1999)*
1.1	Surname (3):	
	Previous names (3):	
	Forenames:	Date of birth (4): .....
	Permanent address: Street	
	Town ..... Postcode	Country (1) .....
1.2	D.N.I. (5):	Identification No (6): .....

2.	**Members of the family travelling temporarily to another Member State**				
2.1	Surname (3)	Previous names (3)	Forenames	Date of birth (4)	Identification No (6)
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
2.2	Permanent address (7): Street				
	Town ..... Postcode			Country (1)	

3. This document enables the above-named persons to obtain **the necessary benefits in kind** from insurance bodies in the country of stay in the event of sickness or maternity and, provisionally, in the case of an accident at work or occupational disease,

in (1): ..... from (4): ..... to: .....inclusive.

4.	**Competent institution**	
4.1	Name:	Code No (8): .....
4.2	Address: Street	
	Town ..... Postcode	Country (1) .....
4.3	Stamp:	Date (4): ..... Signature: .....

5.	**Extension of the period of validity**			
5.1	From ..... to		5.3 From ..... to	
5.2	Stamp:	Date: ..... Signature:	5.4 Stamp:	Date: ..... Signature: .....

INSTRUCTIONS FOR THE INSURED PERSON AND THE MEMBERS OF HIS FAMILY

(a) When one of the persons concerned has to seek benefits, including hospitalization, 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**, general practitioners, dentists, and hospitals belonging to the public health service. Specialist treatment may be obtained on the basis of a referral from the general practitioner. Further information may be obtained from the local/regional authority;

in **Germany**, the sickness insurance fund of his choice, which will, on receipt of the form, issue a certificate establishing entitlement to all care without imposing a condition of immediate need;

in **Greece**, normally the regional or local office 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**, when applying for reimbursement, to the 'Caisse primaire d'assurance maladie' (local sickness insurance fund) or directly to the hospital in the event hospitalization;

in **Ireland**, the health board in whose area the benefit is claimed;

in **Italy**, normally 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' (sickness fund for manual workers);

in the **Netherlands**, the 'ANOZ Verzekeringen' (Netherlands general sickness insurance fund), Utrecht, which will, on receipt of the form, issue a certificate establishing entitlement to all care without imposing a condition of immediate need;

in **Austria**, the 'Gebietskrankenkasse' (regional fund for sickness insurance) responsible for the 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), 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 this 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 the **United Kingdom**, assistance may be obtained from the medical services without first contacting the competent institution. This form should be presented when assistance is sought;

in **Iceland**, the 'Tryggingastofnun rikisins' (State social security institute), Reykjavik; assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought;

in **Liechtenstein**, directly from the medical services (doctor, hospital, etc.);

in **Norway**, the 'lokale Trygdekontor' (local insurance office). Assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought.

(b) In order to receive cash benefits, the person concerned shall, within three days of commencement of 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

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

(1) Symbol of the country: 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.

(2) Delete as appropriate.

(3) 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.

(4) Give the date in the following order: day/month/year.

(5) In the case of Spanish nationals state the number appearing on the national identity card (DNI), if it exists, even if the card is out of date. Failing this, state 'none'.

(6) In the case of Italian nationals indicate, if possible, the insurance number and/or 'codice fiscale'.

(7) Complete only if the address of the members of the family differs from that of the worker or student.

(8) To be completed where this exists.

EUROPEAN COMMUNITIES
EUROPEAN ECONOMIC AREA (*)

SCHEME FOR SELF-EMPLOYED PERSONS

E 128 B (1)
(See instructions)

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

(Note: this document establishes no entitlement if the purpose of the journey is to receive medical treatment abroad)

Social security regulations: Regulation No 1408/71: Art. 22b; Art. 22c.

The competent institution should complete this form in block letters and send it to the person concerned, or to the institution in the place of stay if the form has been drawn up at the latter's request.

1.	☐ **Self-employed person** carrying out an activity in a Member State other than the competent State ☐ **Student** under the terms of Article 22 (c)
1.1	Surname (2): ..... Previous names (2): ..... Forenames: ..... Date of birth (3): ..... Permanent address: Street: ..... No: ..... Box: ..... Town ..... Postcode ..... Country (1) .....
1.2	Identification No: .....

2.	**Members of the family**				
2.1	Surname (2)	Forenames (2)	Previous names (2)	Date of birth (3)	Identification No
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
2.2	Permanent address (4): Street ..... No: ..... Box: ..... Town ..... Postcode ..... Country (1)				

FOR HOSPITALIZATION ONLY

3. This document enables the persons referred to in box 1 and/or box 2 who are **staying temporarily** in a Member State other than in the competent State to obtain necessary benefits in kind **only in the event of hospitalization** from insurance bodies in the country of stay:

in (1): ..... from (3): ..... to: .....inclusive.

4.	**Competent Institution**	
4.1	Name: ..... Code No:	
4.2	Address: Street: ..... No: ..... Box: ..... Town ..... Postcode ..... Country: BELGIUM	
4.3	Stamp:	Date (3): ..... Signature: .....

INSTRUCTIONS FOR THE INSURED PERSON AND THE MEMBERS OF HIS FAMILY

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**, general practitioners, dentists, and hospitals belonging to the public health service. Specialist treatment may be obtained on the basis of a referral from the general practitioner. Further information may be obtained from the local/regional authority;

in **Germany**, the sickness insurance fund of his choice in the place of stay;

in **Greece**, normally the regional or local office 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**, when applying for reimbursement, to the 'Caisse primaire d'assurance maladie' (local sickness insurance fund) or directly to the hospital in the event hospitalization;

in **Ireland**, the health board in whose area the benefit is claimed;

in **Italy**, normally 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' (sickness fund for manual workers);

in the **Netherlands**, the 'ANOZ Verzekeringen' (Netherlands general sickness insurance fund), Utrecht, which will, on receipt of the form, issue a certificate establishing entitlement to all care without imposing a condition of immediate need;

in **Austria**, the 'Gebietskrankenkasse' (regional fund for sickness insurance) responsible for the 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), 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 this 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 the **United Kingdom**, assistance may be obtained from the medical services without first contacting the competent institution. This form should be presented when assistance is sought;

in **Iceland**, the 'Tryggingastofnun rikisins' (State social security institute), Reykjavik; assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought;

in **Liechtenstein**, directly from the medical services (doctor, hospital, etc.);

in **Norway**, the 'lokale Trygdekontor' (local insurance office). Assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought.

Notes

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(2) 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.

(3) Give the date in the following order: day/month/year.

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