

Assessment of Wlz insurance position

The purpose of this form is to check whether you are insured under the Long-term Care Act (Wlz). If your partner also wants to know whether he or she is insured under the Wlz scheme, he or she needs to fill in a form separately.

1 Personal details

surname (at birth)

forenames (first name in full)

date of birth

male

female

street name and house number

postcode and town/city

Burgerservicenummer

daytime telephone number

e-mailadres

2 Postal address

Only complete this section if you do not want the SVB to send correspondence to your home address.

street name and house number

postcode and town/city

3 Domestic situation

What is your current domestic situation?

I am married or in a registered partnership

partner's name

I am unmarried but I live together with

partner's name

I live alone

other, namely

4 Your accommodation in the Netherlands

Where do you live in the Netherlands? rented or owner-occupied accommodation since (date)
 my partner's accommodation
 I live in with relatives or friends
 student accommodation
 other, namely

Can you use the accommodation at any time? Yes
 No, because

street name and house number

postcode and town/city

province/department/district/
 county/region and country
 (only fill in if the address is outside
 the Netherlands)

5 Reason for the claim

What is your reason for requesting an assessment of your insurance position under the Wlz scheme? I have been living in (country)
 since (date)

I have been working in (country)
 since (date)

*** Please enclose a copy of your employment contract and/or a payslip. Proceed to 7.**

I / my partner have/has been posted in the Netherlands since
 (date)

(country)

*** Please enclose a copy of the posting certificate (A1/COC).**

I have been studying outside the Netherlands since
 (date)

(country)

*** Please enclose a copy of your proof of enrolment.**

I have been working as an au pair since _____ (date)

_____ (country)

*** Please enclose a copy of your au pair contract. This document should specify your duties and your salary.**

I have been doing an internship since _____ (date)

_____ (country)

*** Please enclose a copy of your internship contract.**

I have been studying for a PhD / performing research activities

since _____ (date)

_____ (country)

*** Please enclose a copy of your PhD contract.**

I will be embarking on a round-the-world trip on

_____ (date)

_____ (country)

*** Please enclose a copy of your ticket for your round-the-world trip.**

My health insurer has requested a certificate from the SVB

reason

I have received a letter from the CAK because I do not have Dutch health insurance.

reason

*** Give the reason why you do not have Dutch health insurance.**

other reason

For what period is the claim?

to

_____ (date)

*** NB:** If you are going to do an internship outside the Netherlands or embark on a round-the-world trip (backpacking), we can only take a decision after you have started your internship or trip. Please, therefore, submit your form no more than 8 weeks before your departure.

6 Studies

Are you staying in the Netherlands exclusively for study purposes? Yes, since
No

Are you staying outside the Netherlands solely for study purposes? Yes, since
No

name of course of study

name and address of educational institution

Is your course of study full-time or part-time? full-time
part-time hours per week
Please enclose documentary evidence showing that you are studying in or outside the Netherlands.

Do you intend to stay in the Netherlands after you have completed your studies? Yes
No

Do you intend to stay outside the Netherlands after you have completed your studies? Yes
No

Have you also worked in the Netherlands in addition to pursuing your studies? Yes, since
No

Have you also worked outside the Netherlands in addition to pursuing your studies? Yes, since
No

7 Details of your employment in the Netherlands

Are you employed? Yes
No Proceed to 8.

name of the company or the organisation you are working for (official name)

postcode and town/city

country

start date of employment

Do you work as a civil servant?	Yes No
Are you active in the military?	Yes, since No
Do you work for an organisation under international law?	Yes, name of organisation since Please enclose documentary evidence, such as an employer's statement or a payslip. No

8 International transport

Are you employed on a Rhine vessel?	No Yes as an employee as a self-employed person
	name of vessel name of operator place of business and country of establishment
	Enclose a copy of the Rhine navigation certificate.
Do you work as a cockpit or cabin crew member in aviation?	No Yes as an employee as a self-employed person
	The country where my home base is located is
Do you work as an international lorry driver?	No Yes as an employee as a self-employed person

9 Details of self-employment

Send documentary evidence of your activities as a self-employed person in and/or outside the Netherlands. In some countries, you can be classified as a self-employed person even if you do not work there. If this applies to you, please enclose documentary evidence by way of proof.

Are you self-employed in the Netherlands?	Yes, since No, not since
Details of your business in the Netherlands	trade name of company street name and house number postcode and town/city

Are you self-employed
outside the Netherlands?

Yes, since

No, not since

Proceed to 11.

Details of your business outside
the Netherlands

trade name of company

street name and house number

postcode and town/city

country

If you are registered in multiple countries as a self-employed person or you own multiple businesses, please attach a separate sheet.

Are you registered with
the Chamber of Commerce in
the Netherlands as an
entrepreneur or self-employed
person?

No

Yes, namely

address of Chamber of Commerce

postcode and town/city

country

trade register number

Are you listed in one or more
non-Dutch trade registers as
an entrepreneur?

No

Yes, namely

name of institution

address

postcode and town/city

country

trade register number

10 Working in more than one country

Do you work in more than one country?

Yes
No

In what country or countries do you perform your work activities?

If you work in more than one country, use percentages or hours to specify how much of your time you spend working in each country.

This means working in the territory of a particular country.

country for % or hours

country for % or hours

country for % or hours

country for % or hours

If you work from home, report this as working in your country of residence. Working from home includes, for example, doing paperwork and business correspondence. If the percentages or hours vary from year to year, please enclose a statement for each year. Kindly also enclose copies of the profit and loss account and a copy of the tax return.

11 Details of benefit/pension

If you are receiving multiple benefits or pensions, please list them on a separate sheet.

Are you receiving a benefit or pension from the Netherlands?

No
Yes, from to

type of benefit/pension

name of institution

the benefit/pension is calculated on the basis of hours

payment per week 4 weeks month

Please enclose documentary evidence showing that you are receiving this benefit/pension.

Are you receiving a non-Dutch benefit/pension?

No
Yes, from to

type of benefit/pension

number

name of institution

town/city

country

The benefit/pension is calculated on the basis of hours

payment per week 4 weeks month

Please enclose documentary evidence showing that you are receiving this benefit/pension

12 Enclosures

I am enclosing the following documents:

copy of payslip and/or contract (see question on work activities)
copy of enrolment for studies (see question on studies)
copy of certificate of registration with Chamber of Commerce (see questions on self-employment)
copies of invoices, profit and loss account (see questions on self-employment)
copies of flight or travel tickets
copy of internship contract
copy of PhD contract
copy of au pair contract

other document, namely

13 Space for explanation or additional remarks

You can use the space below for any additional information. You can attach a separate sheet of paper if you do not have enough space here. Please state your Burgerservicenummer on each enclosure:

14 Signature

Date

I declare that the information I have provided is true and complete.

Signature

Stuur dit formulier en eventuele bijlagen naar de SVB, Postbus 18607, 3501 CR Utrecht.



voor het leven
Sociale Verzekeringsbank