



Aevitae
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Eligibility Assessment for Dutch Health Insurance

Please fill in this form per insured adult.

Initials: _____ Surname: _____
BSN (Citizen Service Number): _____ Date of birth: _____
Policy number: _____ E-mail address: _____

1.a What is your residing address abroad?

1.b If you would like to receive your mail at a different address than your residence abroad, please provide your postal address:

1.c On what date will you be deregistered from the Dutch municipality? _____

2. What is the reason for your stay abroad?

Immigration.

Holiday / World trip.

Education / Internship with the intention to return to The Netherlands.

Education / Internship with no intention to return to The Netherlands.

Secondment.

Posting abroad.

Other, namely: _____

3. What is the duration of your stay abroad?

Less than 1 year.

1 year or longer.

4. Do you currently receive salary or profits exclusively from the Netherlands or a Dutch employer?

Yes. *Please include a copy of your salary slip or statement of posting out (A1).*

No. On what date has your Dutch employment contract been terminated? _____

5. Do you currently receive unemployment benefit (WW-uitkering) or sickness benefit (ZW-uitkering) from the Netherlands?

Yes. *Please include a copy of the benefit specification of UWW.*

No.

6. Do you currently receive pension exclusively from the Netherlands?

Yes.

No.

7. Do you currently receive salary, profit or any other income exclusively from your residing country?
(Excluding an educational benefit through DUO.)

Yes. What is the starting date of this employment contract? _____ *Please include a copy.*

No.

8. Are you an independent entrepreneur?

Yes, exclusively in the Netherlands. *Please include a summary of the Chamber of Commerce (Kamer van Koophandel) which states your name and SVB statement, or a current tax return.*

Yes, exclusively in the residing country.

No.

9. Do you receive income from both the Netherlands and your residing country?

Yes.*

No.

* If "yes", please request a Wlz assessment from the Sociale Verzekeringsbank (SVB) and send us a copy of the outcome. Once we have received it, we will assess your entitlement to Dutch basic health insurance. You can apply for the Wlz assessment via:

www.svb.nl/en/the-wlz-scheme/assessment-of-your-wlz-insurance-position/apply-for-an-assessment-of-your-wlz-insurance-position.

Note: Everyone who lives or works in the Netherlands is insured under the Long-term Care Act (Wet langdurige zorg, Wlz). The Wlz is a form of social insurance that covers healthcare costs not included in the regular health insurance package. Are you insured under the Wlz? If so, you are also required to take out Dutch health insurance.

10. Other, namely:

11. Declaration and Signature

Place: _____ Date: _____

Signature: _____