

Applying for CAK insurance abroad

With this form you can request a document S1/form 121. Fill out the form only if you meet the following conditions:

- You have a statutory pension or a statutory benefit from the Netherlands.
- You live or go to live in a treaty country.
- You no longer work in the Netherlands and you do not own a business.

Complete the application form entirely (in block capitals) and sign at the bottom.

Please send the form with the attachments to:

CAK, Regeling Buitenland, Antwoordnummer 91041, 2509 VC The Hague, The Netherlands.

We handle your data with care. Read more at www.hetcak.nl/en/your-privacy.

1 Personal details

1.1 First names (in full) _____
Surname _____
Maiden name (if married) _____
Date of birth DD / MM / YYYY
1.2 BSN

2 Address details in your (new) country of residence

2.1 Street and house number _____

Postcode _____
Town/city _____
Province _____
Country _____

2.2 Are you emigrating or have you emigrated? No. *Continue to point 3.* Yes

Emigration date (Registered date at your municipality.) DD / MM / YYYY



For more information go to
www.hetcak.nl/en/s1

3 Contact details

- 3.1 Telephone number _____
- 3.2 Email address _____
- 3.3 Do you wish to use a postal or correspondence address? No, use the address filled in at point 2. *Continue to point 4*
 Yes, please use the following address:
- Street and house number _____
- Postcode _____
- Town/city _____
- Province _____
- Country _____
- Does this address expire after your emigration? Yes
 No

4 Pension or benefit

- 4.1 What pension or benefit are you receiving *Send a copy of the award of your pension or benefit and – if you already have one – a (monthly) payment overview of your pension or benefit.*
- Old-age pension (AOW) or survivors' pension (Anw)
 - Military invalidity or survivors' pension
 - Bridging benefit - OBR
 - Remigration benefit Cape Verde
 - Railway pension or survivors' pension
 - Wajong benefit
 - Wamil benefit
 - Benefit under Invalidity Insurance Act (WAO), Work and Income (Capacity for Work) Act (WIA) or Invalidity Insurance (Self-Employed Persons) Act (WAZ)
 - Early retirement, flexible pension, optional pension or RVU
 - Redundancy pay for military personnel and civil servants
 - Other (please specify) _____
- 4.2 From which date have you been receiving a pension or benefit? DD / MM / YYYY
- 4.3 When did/will you stop working in the Netherlands?
- I stopped working on DD / MM / YYYY
 - I will stop working on DD / MM / YYYY

5 Family members

- 5.1 Do you have a family member with no income who lives/moves with you?
- No. *Continue to point 6.*
- Yes. *Continue to point 5.2.*

Please note! Does your family member have a statutory pension or benefit? Then he/she has to fill in their own application form.

5.2 Family member 1

First name

Surname

Maiden name *(if married)*

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DD / MM / YYYY

BSN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family member 2

First name

Surname

Maiden name *(if married)*

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DD / MM / YYYY

BSN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family member 3

First name

Surname

Maiden name *(if married)*

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DD / MM / YYYY

BSN

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Family member 4

First name

Surname

Maiden name *(if married)*

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DD / MM / YYYY

BSN

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Family member 5

First name

Surname

Maiden name *(if married)*

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 DD / MM / YYYY

BSN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you have more family members living/moving with you?

Write their data on a separate sheet of paper and send it as an attachment.

6 Signature

- 6.1 I am enclosing the following supporting document(s)
- Proof of pension or benefit grant (copy)
 - Proof of (monthly) pension or benefit payment (copy)
 - Data of family members (only in case of more than 5 family members)

- 6.2 I declare that I have read all the information carefully and that I have entered the details truthfully

Place _____

Date

DD / MM / YYYY

Signature _____



Send us the form and the attachments to:
CAK, Regeling Buitenland
Antwoordnummer 91041
2509 VC The Hague, The Netherlands