

**ONVZ**

**International Healthcare Guide**





# Table of Contents

General	4
Explanation of situations relating to international employees	7
Types of health-care plan	8
Which health-care plan should be taken out when?	9
1 No income	9
2 Knowledge migrants and family members	10
3 Migrants	11
4 Foreign students in the Netherlands	12
5 Policyholders with the Dutch nationality	15
6 Households with several different nationalities	15
7 Registered in the Netherlands, working in an EU/EEA or treaty country	16
8 Registered in the Netherlands, working in a non-EU/EEA or non-treaty country	17
9 Registered in the Netherlands, EU national and working in the Netherlands	18
10 Registered in a non-EU/EEA or non-treaty country, working in the Netherlands	19
11 Registered in an EU/EEA or treaty country, working in the Netherlands	20
12 Secondment	21
13 Holiday/family visit	21
14 Au pair	22
15 Health insurance allowance	22

# General

<b>General</b>	ONVZ Zorgverzekeraar provides reimbursement insurance. This means that ONVZ does not dictate which health-care provider its policyholders must visit. Policyholders make their own choice. However, thanks to its years of experience, ONVZ can support policyholders in finding the right care with its ZorgConsulent service (telephone number: 0800 668 96 60).
<b>Registration</b>	Registrations can be submitted in writing using the application form, or online using the Online Portal or MijnONVZ.
<b>Approval of policyholders</b>	Applications for the <i>Vrije Keuze Extrafit</i> and <i>Benefit</i> plans are approved on a non-selective basis. Individual medical selection applies to the other supplementary plans. We are unable to approve applications for these plans on a non-selective basis.
<b>Termination</b>	Health-care plans have a duration of 1 year. This applies to both the Basisverzekering basic health-care plan and the supplementary plans. Health-care plans can be terminated: <ul style="list-style-type: none"><li>• by the policyholder on the contract expiry date, provided he or she gives written notice before 1 January of each year;</li><li>• in case of amendments and/or changes to the terms and conditions and premium: within 30 days of being informed of the new terms and conditions and premium;</li><li>• in case of emigration;</li><li>• in case of death (one day following the death);</li><li>• on the date of commencement of military service;</li><li>• in case of fraud;</li><li>• in case of concealment;</li><li>• in case of failure to pay premiums.</li></ul>
<b>Payment schedule discounts</b>	<ul style="list-style-type: none"><li>• Quarterly 1%</li><li>• Half-yearly 2%</li><li>• Annually 4%</li></ul>
<b>Contract duration</b>	1 year, with automatic renewal for a period of 1 year. If the health-care plan commences on a date other than 1 January, the contract expiry date shall be 1 January of the year following the commencement date of the health-care plan. The contract will then be renewed on 1 January.
<b>Changing a health-care plan</b>	Existing health-care plans can be changed once per calendar year.
<b>ZorgConsulent</b>	The ZorgConsulent can help with things such as: <ul style="list-style-type: none"><li>• information and advice on possible methods of treatment or operations;</li></ul>

- general information by telephone from a doctor or dietitian about illnesses, complaints and nutrition;
- support and advice in arranging a second opinion;
- a free health check or sports and exercise advice (once a year);
- informative material on healthy living, exercise and nutrition;
- mediation to reduce the waiting time for an initial consultation, treatment or admission;
- arranging home care after hospitalisation of 6 days or more (only for those with a supplementary plan);
- information and advice on preventive health-related courses = dependent on level of cover;
- finding a health-care provider, e.g. GP, dentist, psychologist;
- information and mediation for a preventive health check;
- information about patients' associations;
- arranging childcare in case of hospitalisation of one of the parents (see policy terms and conditions).

You can call the ONVZ ZorgConsulent on 0800 668 96 60.

## Switching

### When to switch

It is possible to switch:

- annually, by cancelling the current health-care plan before 1 January of the coming year;
- during the year, by switching to a different collective plan provided by an employer.
- Employees are automatically transferred to an individual plan upon termination of the employment contract.

### Leaving a collective plan

This means they will lose entitlement to collective benefits and discounts.

- After termination of the employment contract, the employee has 30 days in which to switch to a different collective plan provided by an employer.
- Should this not be possible, the employee shall remain insured on an individual plan and the standard periods of notice for termination shall apply.
- It is possible to switch to a private collective plan, i.e. one not a collective plan provided by an employer, in January of the coming year.

## Abroad

### What to do when an employee goes abroad

If an employee goes abroad, various factors determine the measures that need to be taken. They can include:

- whether the employee has been seconded;
- whether or not the employee's family is going with them;
- whether the employee will have a different source of income, and if so, what is this source;
- destination country (whether this is an EU or (non-)treaty country);
- duration of the stay;
- whether the stay is permanent or temporary;
- where the employee pays social security contributions on their income;
- whether the family members receive an income;
- whether the policy is converted to an ONVZ Basisfit Internationaal plan.

Our International team can provide specific advice.

Their email address is: [buitenlandteam@onvz.nl](mailto:buitenlandteam@onvz.nl).

## What to do when employing someone from abroad

If a new employee is recruited from abroad, various factors determine the measures that need to be taken. They can include:

- whether the employee is registered in the Netherlands;
- whether the employee has been seconded;
- whether or not the employee's family is coming with them;
- whether the employee will have a different source of income, and if so, what is this source;
- country of origin (whether this is an EU or (non-)treaty country);
- duration of the stay;
- whether the stay is permanent or temporary;
- where the employee pays social security contributions on their income;
- whether the family members receive an income;
- whether an ONVZ Basisfit Internationaal plan is applied for.

Our International team can provide specific advice.

Their email address is: [buitenlandteam@onvz.nl](mailto:buitenlandteam@onvz.nl).

## Contact

### Contact information

ONVZ Zorgverzekeraar  
De Molen 66  
Postbus 392  
3990 GD Houten  
Netherlands  
Telephone +31 (0)30 639 62 22  
[www.onvz.nl](http://www.onvz.nl)

# Explanation of situations relating to international employees

The following three criteria are used to determine entitlement to health care under the Dutch system:

- Which country are you registered in?
- Which country do you work in?
- From which country do you receive income?

In applying the above criteria, the health-care system of the country where you spend the most time working takes precedence over the country where you live. A distinction is made between the types of income you may be receiving. They are:

- earnings from employment;
- earnings from self-employment;
- benefits/pension (only applies to EU/EEA or treaty countries).

A distinction is also made between EU/EEA or treaty countries and non-EU/EEA or non-treaty countries<sup>1</sup>.

## • EU/EEA countries or treaty countries

Belgium	Saint-Pierre and Miquelon	Lithuania	Slovenia
Bulgaria (as of 1/1/2007)	Greece	Luxembourg	Slovakia
Cyprus	Great Britain (including Gibraltar)	Malta	Spain (including Ceuta, Melilla and the Canary Islands)
Denmark	Hungary	Netherlands	Czech Republic
Germany	Ireland	Norway	Iceland
Estonia	Italy	Austria	Sweden
Finland	Latvia	Poland	Switzerland
France (including Guadeloupe, French Guiana, Martinique, R_union,	Liechtenstein	Portugal (including Madeira and Azores)	
		Romania (as of 1/1/2007)	

## • Treaty countries, including medical expenses

Bosnia and Herzegovina	Macedonia
Federal Republic of Yugoslavia	Morocco
Cape Verde Islands	Serbia and Montenegro
Croatia	Tunisia
	Turkey

## • Treaty countries, excluding medical expenses\*

Australia	New Zealand
Canada	United States of America
Chile	South Korea
Israel	

\* You are only entitled to the Basisverzekering if you live in one of the countries listed for professional reasons (secondment).

<sup>1</sup> Summary of countries as of August 2010

## Types of health-care plan

### **BASISVERZEKERING:**

The *Basisverzekering* or basic health-care plan is compulsory for all those covered by the *Algemene Wet Bijzondere Ziektekosten* [Dutch Exceptional Medical Expenses Act] (AWBZ). The *Basisverzekering* only covers necessary care, aimed at curing a patient, and has been in force since 1 January 2006. The features of the *Basisverzekering* are the terms and conditions that must be complied with. The government determines what comes under the basic cover and also sets a compulsory excess.

### **BASISFIT INTERNATIONAAL:**

It may be the case that you live in the Netherlands, but are ineligible for the *Basisverzekering* due to your personal circumstances, if for example:

- you are a migrant waiting for a residence permit;
- you live in the Netherlands and receive income from abroad.

In this case, you can take out a private health-care plan with ONVZ Zorgverzekeraar. This health-care plan has practically the same cover as the *Basisverzekering* and supplementary Dutch health-care plans. However, with ONVZ Zorgverzekeraar you can opt for a voluntary excess; there is no compulsory excess. If you live in the Netherlands, you will receive a discount of 20% on the premium, with the exception of the dental health-care plans and the *Privé Zorgpakket* plans.



# Which health-care plan should be taken out when?

## 1 No income

If you have no income, the following criterion is considered: which country are you registered in?

When registered abroad, you will need to be insured under the foreign health-care system. In the Netherlands, we take into account whether you are an EU or non-EU national.

### 1.1 EU nationals in the Netherlands

You are required to take out a Basisverzekering basic health-care plan as of the date of your registration in the Netherlands. If you registered before 1 January 2006, you must be insured from 1 January 2006 onwards.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Proof of registration with a Dutch local council (if you emigrate to the Netherlands).
- Copy of passport.

### 1.2 Non-EU nationals in the Netherlands

You are only entitled to a Basisverzekering basic health-care plan if you have a residence permit.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).
- Copy of passport.

It is possible to apply for a private health-care plan via medical selection up to the date when you are issued a residence permit: you can apply for Basisfit Internationaal and all supplementary international health-care plans. Registration with a Dutch local council is required. A 20% discount applies to private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.\*
- Proof of registration with Dutch local council.
- Copy of passport.

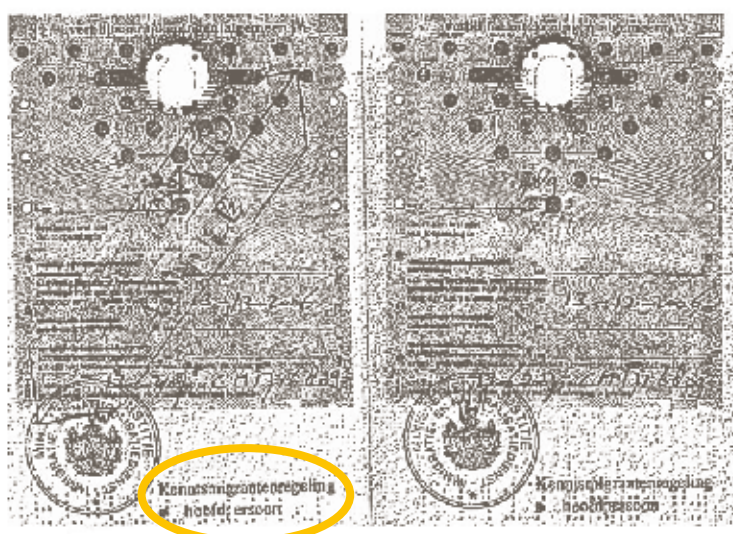
\* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

## 2 Knowledge migrants and family members

You are a knowledge migrant if you come to the Netherlands to pass your knowledge onto others. The residence permit procedure will already have been taken care of at the Dutch embassy before you travel to the Netherlands. Since it is certain that you, as a knowledge migrant, will be given a residence permit, the start date of employment is always the start date of the Basisverzekering basic health-care plan.

You will need to demonstrate that you are a knowledge migrant. If the Dutch embassy agrees, you will be given a stamp on the page for residence permit endorsements in your passport (see below).

Example of endorsement in passport:



You can also present a letter from the IND (Immigration and Naturalisation Service) or a copy of your residence permit, which states that you are a knowledge migrant.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Passport endorsement/Provisional Residence Permit (MVV) declaration, IND letter with indication or copy of residence permit card.
- Copy of proof of starting employment.
- Copy of passport.

### 2.1 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences (employment start date). The Dutch health-care insurer will then provide the Basisverzekering plan with retrospective effect from the employment start date.

If you are able to demonstrate that you have paid health insurance premiums (whether for a private or social plan) during the period preceding your late registration, you can send proof of these payments.

## 2.2 Family members of knowledge migrants

Under the Dutch Zorgverzekeringswet [Health Insurance Act], your family members are simply classed as migrants, despite the fact that they are your family members and you can demonstrate that you are a knowledge migrant.

This means that, although they are registered with a local council in the Netherlands, your family members will only be entitled to the Basisverzekering basic health-care plan when their residence permit has been issued. The card's issue date will then be the start date of the Basisverzekering.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).
- Copy of passport.

Your family members are entitled to our private health-care plans whilst no residence permit has been issued. However, they must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

You should then indicate on the Basisverzekering application form that your family members would like a private health-care plan until the date when their definitive residence permit card is issued.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.
- Proof of registration with Dutch local council.
- Copy of passport.

## 2.3 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## 3 Migrants

You are a migrant if you come to settle in the Netherlands. Since, contrary to knowledge migrants, no arrangements have been made for you, it is not certain whether you will be issued a residence permit.

The following distinction is made between migrants:

- Migrants who are EU nationals.
- Migrants who are non-EU nationals.

### 3.1 Migrants who are EU nationals

As of 1 January 2006 (start date of the new health-care system), EU nationals living in the Netherlands must take out a Basisverzekering basic health-care plan with effect from the date when they settled in the Netherlands. An exception is made to this rule for those who receive income on which they have to pay social security contributions abroad.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Proof of settling in the Netherlands.
- Copy of passport.

### 3.2 Migrants who are non-EU nationals

Non-EU nationals are only entitled to a Basisverzekering basic health-care plan from the date when their residence permit is issued. They can, however, take out a private health-care plan until that date.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).
- Copy of passport.

As a non-EU national, you are entitled to our private health-care plans whilst no residence permit has been issued. However, you must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.\*
- Proof of registration with Dutch local council.
- Copy of passport.

\* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

### 3.3 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## 4 Foreign students in the Netherlands

If you are a student from a non-EU/EEA country studying in the Netherlands, you are not entitled to the Dutch Basisverzekering basic health-care plan, not even if you have been issued a residence permit, which states on the back that you are a student. You can, however, take out a private health-care plan. You must be registered as a student with a Dutch

local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.
- Copy of residence permit card (with "Student" stated on the back).
- Copy of passport.

If you are a student from an EU/EEA country studying in the Netherlands, and you are insured in your home country in accordance with the laws that apply there, you can register with CZ Zorgverzekeringen. You will need an E106 form from the insurance provider in the country where you are insured. In the Netherlands, you will be entitled to medical care under the Algemene Wet Bijzondere Ziektekosten [Dutch Exceptional Medical Expenses Act] (AWBZ) and the Zorgverzekeringswet [Health Insurance Act]. In the country where they are insured, you will be entitled to medical care of which the costs will be borne by that country.

CZ Zorgverzekeraar's telephone number is +31 (0)46 459 58 12.

For further information, please visit the website of the College voor Zorgverzekeringen [Health-Care Insurance Board]: [www.cvz.nl](http://www.cvz.nl).

If you are a student and also start to work, you will have to take out a Dutch Basisverzekering basic health-care plan.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- If applicable: Copy of residence permit card (front and back).
- Copy of passport.
- Copy of employment contract.

#### 4.1 Dutch students abroad

Dutch students (with the Dutch nationality) who study abroad temporarily (usually for a maximum of 3 years) still have to be insured under the Algemene Wet Bijzondere Ziektekosten [Exceptional Medical Expenses Act] (AWBZ) and the Zorgverzekeringswet [Health Insurance Act]. The Basisverzekering and any supplementary plans will also be continued, regardless of whether or not you remain registered in the Netherlands.

The following criteria must be met in order for the Basisverzekering to be continued:

- You are a student aged under 30 years.
- You are studying abroad and your studies are the sole reason for your stay abroad.
- You have not lived in any other country between leaving the Netherlands and starting your study abroad.

Insurance will cease to be compulsory if you work alongside your studies abroad. You will then be considered an employee and will be covered by the social security system of the country where you live and work. You can take out a private health-care plan. However, you must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.
- Copy of residence permit card (with "Student" stated on the back).
- Copy of passport.

If you are a student aged 30 years or above, or you reach your 30th birthday during your studies abroad, we advise you to find out whether you are covered by the social security system in the country where you live and study. If this is not the case, you will need to take out a private health-care plan, not a Basisverzekering, either in the Netherlands or in the country where you live and study.

If you lived abroad prior to commencing your studies, it is also advisable to check whether you are covered by the social security system in the country where you live and study. If you, as a student, are not covered by this system, you will need to take out a private health-care plan, not a Basisverzekering, either in the Netherlands or in the country where you live and study.

#### **4.2 Graduates who are non-EU nationals**

If you are a non-EU national and you graduate from your studies, you will be given a new residence permit. The IND can issue one of several indications on the back of the residence permit:

- zoekjaar afgestudeerde [job-seeking year for foreign graduates].
- zoekjaar hoogopgeleide [job-seeking year for highly-skilled migrants].
- reguliere verblijfsvergunning [regular residence permit].

##### **4.2.1 Job-seeking year for graduates and highly-skilled migrants**

In this situation, you are only entitled to a Dutch Basisverzekering basic health-care plan when you have commenced employment. The employment start date will be the start date of the Basisverzekering.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).
- Copy of employment contract.

##### **4.2.2 Regular residence permit**

In this situation, you are entitled to a Basisverzekering basic health-care plan as of the issue date of the residence permit.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).

#### **4.3 Deadline for registering for Basisverzekering**

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## **5 Policyholders with the Dutch nationality**

As of 1 January 2006 (start date of the new health-care system), Dutch nationals living in the Netherlands must take out a Basisverzekering basic health-care plan with effect from the date when they settled in the Netherlands. An exception is made to this rule for those who receive income on which they have to pay social security contributions abroad.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Proof of settling in the Netherlands.
- Copy of passport.

### **5.1 Deadline for registering for Basisverzekering**

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## **6 Households with several different nationalities**

In households with several different nationalities, the situation of each individual resident is considered to see whether they are entitled to the Basisverzekering basic health-care plan.

The following distinction is made here:

- Policyholders who are EU nationals.
- Policyholders who are non-EU nationals.

### **6.1 EU nationals**

As of 1 January 2006 (start date of the new health-care system), EU nationals living in the Netherlands must take out a Basisverzekering basic health-care plan with effect from the date when they settled in the Netherlands. An exception is made to this rule for those who receive income on which they have to pay social security contributions abroad.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Proof of settling in the Netherlands.
- Copy of passport.

### **6.2 Non-EU nationals**

Non-EU nationals are only entitled to a Basisverzekering basic health-care plan from the date when their residence permit is issued. They can, however, take out a private health-care plan until that date.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of residence permit card (front and back).
- Copy of passport.

As a non-EU national, you are entitled to our private health-care plans whilst no residence permit has yet issued. However, you must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.\*
- Proof of registration with Dutch local council.
- Copy of passport.

\* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

### 6.3 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## 7 Registered in the Netherlands, working in an EU/EEA or treaty country

You work in an EU/EEA or treaty country. You are therefore not entitled to a Basisverzekering basic health-care plan. You will need to apply to CZ Zorgverzekeraar for a treaty policy. CZ Zorgverzekeraar has been designated by the Dutch government as the institution responsible for administering and executing this package. CZ Zorgverzekeraar does not make a distinction between different types of income. You can, however, apply for all supplementary Dutch health-care plans.

You will be covered by the health-care system in the country where you work for more than 25% of the time, whether this is the Netherlands or another country.

**Example:** You work for a Belgian company and pay social security contributions on your income in Belgium. You perform your activities for this company in the Netherlands for more than 25% of the time. You will therefore need to take out a health-care plan under the Dutch system, despite the fact that you pay social security contributions in Belgium.

### 7.1 Family members of an employee working in an EU/EEA or treaty country, without income from abroad and resident in the Netherlands

Your family members are probably entitled to the Basisverzekering basic health-care plan and Dutch supplementary health-care plans. However, they must also first contact CZ Zorgverzekeraar to see whether they can be included on a treaty policy. CZ Zorgverzekeraar has been designated by the Dutch government as the institution responsible for administering and executing this package.

You can, however, apply for all supplementary Dutch health-care plans.



Documents required to apply for a Basisverzekering plan for family members:

- Basisverzekering application form.
- Residence permit (for non-EU nationals).
- Copy of passport.

CZ Zorgverzekeraar's telephone number is +31 (0)46 459 58 12.

For further information, please visit the website of the College voor Zorgverzekeringen [Health-Care Insurance Board]: [www.cvz.nl](http://www.cvz.nl).

If you work in the Netherlands for more than 25% of the time, your family members will be covered by the Dutch health-care system and you will need to take out a Dutch Basisverzekering plan for your family members.

## 7.2 Registered in the Netherlands, benefits/pension from an EU/EEA or treaty country

If you receive a pension or benefits and are not entitled to health care under the Dutch system, you will need to apply to CZ Zorgverzekeraar for a treaty policy. This also applies to your family members who do not receive an income. CZ Zorgverzekeraar has been designated by the Dutch government as the institution responsible for administering and executing this package. You can, however, apply for all supplementary Dutch health-care plans.

CZ Zorgverzekeraar's telephone number is +31 (0)46 459 58 12.

For further information, please visit the website of the College voor Zorgverzekeringen [Health-Care Insurance Board]: [www.cvz.nl](http://www.cvz.nl).

## 7.3 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering plan will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## 8 Registered in the Netherlands, working in a non-EU/EEA or non-treaty country

If you work in a non-EU/EEA or non-treaty country, you are not entitled to a Basisverzekering basic health-care plan.

In this situation, you will be able to apply for a private health-care plan via medical selection: you can apply for Basisfit Internationaal and all supplementary international health-care plans.

However, you must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.\*
- Proof of registration with Dutch local council.
- Copy of passport.

- \* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

#### **8.1 Family members of an employee working in a non-EU/EEA or non-treaty country, without income from abroad and resident in the Netherlands**

Your family members remain entitled to the Basisverzekering basic health-care plan and Dutch supplementary health-care plans.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.\*
- Residence permit (for non-EU nationals).
- Copy of proof of registration with a Dutch local council (if you have only just moved to the Netherlands).

- \* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

#### **8.2 Registered in the Netherlands, benefits/pension from a non-EU/EEA or non-treaty country**

If you receive benefits/a pension from a non-EU/EEA or non-treaty country, you are not entitled to a Basisverzekering basic health-care plan. Since no treaties have been signed with non-EU/EEA or non-treaty countries, you are not entitled to any health care whatsoever under the Dutch system. As a person receiving a pension/benefits, you will be able to apply for a private health-care plan via medical selection: you can apply for Basisfit Internationaal and all supplementary international health-care plans.

However, you must be actually registered with a Dutch local council. A 20% discount applies to the private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisverzekering application form.\*
- Proof of registration with Dutch local council.
- Copy of passport.

- \* You can indicate that you are applying for a private health-care plan on the Basisverzekering application form. As soon as you become entitled to a Basisverzekering plan, you can then send us the remaining documents; you will not need to send a new application form.

Your family members who do not receive an income may, however, be entitled to a Basisverzekering plan. We advise you to email our International team about this: [buitenlandteam@onvz.nl](mailto:buitenlandteam@onvz.nl).

#### **9 Registered in the Netherlands, EU national and working in the Netherlands**

You must take out a Basisverzekering basic health-care plan. You can also apply for all Dutch supplementary packages.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of passport (if you are not a Dutch national).
- Copy of proof of employment (if you do not yet have a Basisverzekering).

If you work outside the Netherlands in an EU/EEA country for more than 25% of the time, you will be covered by that country's health-care system. You will need to apply to CZ Zorgverzekeraar for a treaty policy. This also applies to your family members. CZ Zorgverzekeraar has been designated by the Dutch government as the institution responsible for administering and executing this package.

Example: You work for a Dutch company and pay social security contributions on your income in the Netherlands. You perform your activities for this company in Belgium for more than 25% of the time. You will therefore need to take out a health-care plan under the Belgian system, despite the fact that you pay social security contributions in the Netherlands.

CZ Zorgverzekeraar's telephone number is +31 (0)46 459 58 12.

For further information, please visit the website of the College voor Zorgverzekeringen [Health-Care Insurance Board]: [www.cvz.nl](http://www.cvz.nl).

#### 9.1 Registered in the Netherlands, EU national and receiving benefits/pension from the Netherlands

You must take out a Basisverzekering basic health-care plan. You can also apply for all Dutch supplementary packages.

Documents required to apply for a Basisverzekering plan:

- Basisverzekering application form.
- Copy of passport (if you are not a Dutch national).
- Copy of proof of employment (if you do not yet have a Basisverzekering).

#### 10 Registered in a non-EU/EEA or non-treaty country, working in the Netherlands

You must take out a Basisverzekering basic health-care plan. You can also apply for Dutch supplementary plans, up to a maximum of the Vrije Keuze Optifit plan, the Tandfit C module and the Vrije Keuze Privé Zorgpakket.

Registration:

- Basisverzekering application form.
- Copy of letter from the tax authorities allocating a sofinummer/Burger Service Number (Dutch social security number).
- Copy of proof of starting employment.
- Copy of passport.

##### 10.1 Family members of an employee working in the Netherlands who live in a non-EU/EEA or non-treaty country

Your family members are not entitled to a Basisverzekering basic health-care plan. However, they can apply for our private health-care plans up to a maximum of the Vrije Keuze Optifit Internationaal plan, the Vrije Keuze Tandfit C module and the Vrije Keuze Privé Zorgpakket. However, they must have been insured in the Netherlands immediately prior to the commencement of one of these plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.

#### 10.2 Registered in a non-EU/EEA or non-treaty country, EU national and benefits/pension from the Netherlands

You are not entitled to a Basisverzekering basic health-care plan. This also applies to your family members who do not receive an income.

However, you can apply for our private health-care plan Vrije Keuze Basisfit, with a maximum additional International plan of the Vrije Keuze Optifit Internationaal plan, the Vrije Keuze Tandfit C module and the Vrije Keuze Privé Zorgpakket. However, you must have been insured in the Netherlands immediately prior to the commencement of one of these plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.

#### 11 Registered in an EU/EEA or treaty country, working in the Netherlands

You must take out a Basisverzekering basic health-care plan. You can also apply for Dutch supplementary plans, up to a maximum of the Vrije Keuze Optifit plan, the Tandfit C module and the Vrije Keuze Privé Zorgpakket.

Registration:

- Basisverzekering application form.
- Copy of letter from the tax authorities allocating a sofinummer/Burger Service Number (Dutch social security number).
- Copy of proof of starting employment.
- Copy of passport.

You can also claim reimbursement of your health-care expenses in your country of residence, as per the rates prevailing there. In this situation, you can request an E106 form from your Dutch health-care insurer. Upon receiving the form, you can send it to a health-care insurer in your country of residence.

##### 11.1 Family members of an employee working in the Netherlands who live in an EU/EEA or treaty country

Your family members are not entitled to a Basisverzekering basic health-care plan, but can apply to the College van Zorgverzekeringen [Health-Care Insurance Board] (CVZ) for a "country-of-residence package" or Woonlandpakket. This package forms the basis of the health-care plan, but in accordance with the health-care system in the country of residence. The insurance company with which you have taken out your Basisverzekering plan will have to issue an E106 form for your family members. You will have to include the names and dates of birth of your family members on the form when submitting your application.

For further information, please contact the CVZ.

CVZ telephone number: +31 (0)10-4289551.

Information: [www.cvz.nl](http://www.cvz.nl)

If you live in Belgium, France or Germany, you can apply for separate supplementary international health-care plans for your family members, up to a maximum of the Vrije Keuze Optifit plan, the Vrije Keuze Tandfit C module and the Vrije Keuze Privé Zorgpakket.

### 11.2 Registered in an EU/EEA or treaty country, EU national and benefits/pension from the Netherlands

If you live in an EU/EEA or treaty country and you receive a Dutch pension or benefit, you will need to apply to the College voor Zorgverzekeringen [Health-Care Insurance Board] for a “country-of-residence” package or Woonlandpakket. The CVZ will issue an E121 form, which you should submit to a health-care insurer in your country of residence. You will then be registered with this health-care insurer.

If you live in Belgium, France or Germany, you can apply for separate supplementary international health-care plans, up to a maximum of the Vrije Keuze Basisfit Internationaal plan, the Vrije Keuze Optifit plan, the Vrije Keuze Tandfit C module and the Vrije Keuze Privé Zorgpakket.

For further information, please contact the CVZ.

CVZ telephone number: +31 (0)10-4289551.

Information: [www.cvz.nl](http://www.cvz.nl)

### 11.3 Deadline for registering for Basisverzekering

The aforementioned documents must all be submitted to a Dutch health-care insurer within 4 months of the date when entitlement commences, i.e. the employment start date. The Basisverzekering plan will then be provided with retrospective effect from the employment start date.

If the employee can demonstrate that he or she has paid health insurance premiums (whether for a private or social plan) during the period preceding the late registration, he or she can send proof of these payments.

## 12 Secondment

If you have been seconded to the Netherlands from abroad, or to another country from the Netherlands and a 101 secondment declaration has been issued for you, you will remain insured under the social system in the country where your employer is based. If you have been seconded to the Netherlands from abroad, the authorised body abroad may issue a 101 treaty form. As an employee, you will not be able to take out a Basisverzekering basic health-care plan in the Netherlands. The Sociale Verzekeringsbank [Social Insurance Bank] (SVB) takes care of this for Dutch employees seconded abroad. The SVB will do this upon request of the Dutch employer. If specific situations arise, or if you will be accompanied by family members, we advise you to get in touch with our International team, on +31 (0)30 639 62 22.

## 13 Holiday/family visit

If you have a Basisverzekering basic health-care plan and go abroad on holiday or to visit family, you will remain entitled to the Basisverzekering. Our health-care plans cover you up to a maximum of 100% of the prevailing Dutch rates if you visit a health-care provider abroad. Extra reimbursement for unforeseen treatment depends on the supplementary plan (see our policy terms and conditions).

### 13.1 Backpacking, round-the-world trips

If you go on a round-the-world trip or backpacking in Australia, for example, and the trip lasts less than 1 year, you will still have to be insured under the Dutch Zorgverzekeringswet

[Health Insurance Act]. Your Basisverzekering basic health-care plan will be continued. In this case, it does not matter whether or not you remain registered as living in the Netherlands.

If you work abroad during the year for a period of more than 3 consecutive months, you may cancel your Basisverzekering. You will, however, have to send us proof of your employment, e.g. contracts and/or pay slips. Extra reimbursement for unforeseen treatment depends on the supplementary plan (see our policy terms and conditions).

#### **14 Au pair**

If you work as an au pair, there are two situations that determine your health-care plan:

- You come from the Netherlands and go abroad to work as an au pair.
- You come from abroad to work as an au pair in the Netherlands.

##### **14.1 Going abroad from the Netherlands**

You remain insured for the Basisverzekering basic health-care plan, regardless of whether you cease to be registered with a Dutch local council.

If, in your role as au pair, you receive an income from abroad on which you pay social security contributions, you will no longer be entitled to a Basisverzekering plan. In this case, you will be able to apply for a private health-care plan via medical selection: you can apply for Basisfit Internationaal and all supplementary international health-care plans. If you are registered in the Netherlands whilst you are working as an au pair, a 20% discount applies to private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.
- Proof of registration with Dutch local council.
- Copy of passport.

##### **14.2 Coming to the Netherlands from abroad**

As an au pair, you are not entitled to health care under the Dutch system. You will need to remain insured under the system in your country of origin.

In this situation, you will be able to apply for a private health-care plan via medical selection: you can apply for Basisfit Internationaal and all supplementary international health care plans. If you are registered in the Netherlands, a 20% discount applies to private health-care plans, with the exception of the dental health-care plans and the Privé Zorgpakket plans.

Documents required to apply for a Basisfit Internationaal plan:

- Basisfit Internationaal application form.
- Proof of registration with Dutch local council.
- Copy of passport.

#### **15 Health insurance allowance**

The Dutch Zorgtoeslag [Health Insurance Allowance] is a contribution towards the costs of the health-care plan.

Further information is available at [www.toeslagen.nl](http://www.toeslagen.nl). Click on 'Zorgtoeslag' at the top of the page to find out more.





**ONVZ**  
zorgverzekeraar

**ONVZ Zorgverzekeraar**

De Molen 66

Postbus 392

3990 GD Houten

Telefoon 030 639 62 22

[www.onvz.nl](http://www.onvz.nl)

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