



Registration - Change form Health Insurance

Do you want to register for health insurance?

Please read the following information carefully.

Anyone who lives or works legally on Bonaire, St. Eustatius or Saba may be eligible for healthcare services on these islands. You must fulfil 1 of the following conditions.

1. Residency

You must present your Sédula/ID card. This document will be used as a basis for registering you in the insured persons administration.

2. Employment contract with local employer

You must present a declaration by your employer. You must also have a contract for longer than 3 months.

3. Residence permit or legal statement

You must present your residence permit or legal statement. If you have a temporary residence permit or legal statement, you will be registered for the period that these documents are valid.

4. Application for residence permit renewal

You must present proof of a renewal application. You will continue to be registered until a decision has been taken on the application.

Children under the age of 12 do not have a Sédula/ID card yet, but they will be registered via one of their parents. If one of the parents is the main applicant for the residence/work permit or legal statement, this person will be registered as the principal insured party. This means that when the health insurance ends, it will also end for the spouse and other family members who live with the principal insured party.

What other conditions are there with regard to registration?

- Yes No You have been deregistered in your country of origin and can demonstrate this with proof of deregistration?
- Yes No You no longer have any other health insurance and can demonstrate this with a statement from your health insurer.
- Yes No You did **not** have any health insurance in your country of origin.

Other info:

Personal details

Registration Changes

First name: (in full)

Surname (maiden name in case of marriage)

ID-number (sedula)

Valid until (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

Gender: male female other

Place and country of birth

Nationality

Current family doctor

New family doctor

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Address

Street name

House number

Addition of house number

Place of residence (neighborhood)

Island

Contact

Telephone number (home)

Telephone number (mobile)

E-mail address

Bank information

Bank account number

Name and place of the Bank

Name of account holder

You are responsible to inform Zorg en Jeugd Caribisch Nederland of whatever changes you may have in your contact- or bank- information, if you do not register these changes, this could have consequences for future medical referrals. By signing this form the undersigned declares that the information provided is, to the best of their knowledge and belief, true and complete.

Place

Date (mm/dd/yyyy)

Signature

Name

To be filled in by Zorg en Jeugd Caribisch Nederland

Received on: (mm/dd/yyyy)

Received by:

Registration under

Valid from (mm/dd/yyyy)

Valid tm (mm/dd/yyyy)

Sedula/ID

Labor contract

Residence permit

Extension permit