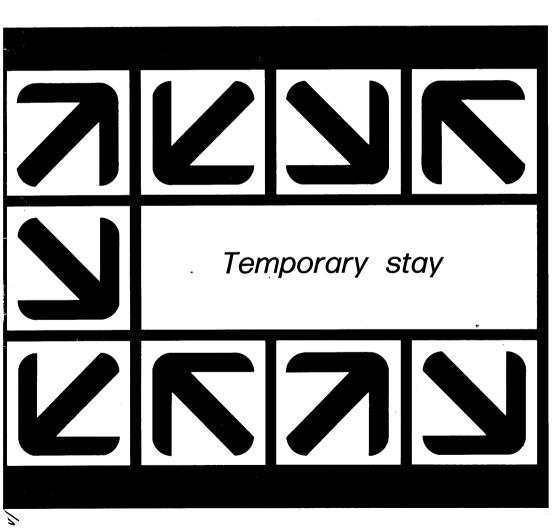
# Social security for migrant workers



# Guide No 2

for persons staying temporarily in another Member State of the European Communities (on holiday, on business, or visiting relatives)

In your own interest
READ THIS GUIDE CAREFULLY

This Guide gives only general guidance.

It must not be treated as a complete and authoritative statement on the law in any particular case.

This publication was prepared by the Administrative Commission of the European Communities on Social Security for Migrant workers.

(Secretariat: 200 rue de la Loi, Brussels, 1049 Belgium)

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# Introduction

Regulations Nos 1408/71 and 574/72, which were adopted by the Council of the European Communities pursuant to the Treaty establishing the European Economic Community, lay down the rights of migrant workers and of the members of their families with respect to social security.

These Regulations entitle you and the members of your family to obtain benefits for sickness and maternity (medical treatment, drugs and medicines, dental treatment, hospital treatment, etc.) while you are staying temporarily (e.g. on holidays, or visiting relatives) in a Member State of the European Communities other than the State in which you are insured.

This Guide is intended to inform you of your rights and of the formalities you have to complete if you or members of your family need sickness or maternity benefits.



# PART I

The Community Regulations



- The Regulations of the European Communities apply to you if you are
- (a) an employed person or a pensioner who has previously worked as an employed person 1 and is a national of one of the Member States, a stateless person or a refugee;
- (b) a member of the family of such a worker or pensioner. These Regulations apply to you only if you reside in one of the Member States.
- 2. The Member States of the European Communities are Belgium, Denmark, Federal Republic of Germany, France, Ireland, Italy, Luxembourg, Netherlands and United Kingdom of Great Britain and Northern Ireland (including Gibraltar).
- 3. You are entitled to the following benefits:
- (a) urgent medical treatment provided by a GP or specialist, drugs and medicines, dental treatment, hospital treatment, etc.

  It should be noted that the treatment you receive is that the institution of the country where you are staying provides for persons insured with it, not the treatment to which you are entitled in your own country.
- (b) cash benefits. If you think that you are entitled to such benefits, you should, within three days of falling ill,

<sup>&</sup>lt;sup>1</sup> In some Member States, these Regulations also apply to self-employed persons. For further information, apply to the institutions listed in section 4 below.

apply to the sickness and maternity insurance institution of the place where you are staying. That institution will give you any information you may need; the institution of each Member State is listed in Part II of this Guide.

4. Formalities you have to complete to obtain medical treatment

Before you go to stay temporarily in a Member State other than the one in which you are insured, you should obtain Form E 111 from your sickness and maternity insurance institution, i.e. from:

in Belgium

Mutualité/Mutualiteit (sickness fund) or Regional Office of the Caisse Auxiliaire d'Assurance Maladie-Invalidité/Hulpkas voor Ziekteen Invaliditeitsverzekering (auxiliary fund for sickness and invalidity insurance);

in Denmark

Kommunens social- og sundhedsforvaltning (social and health department of the commune); in Greenland: Kæmneren (local treasury department);

in the F.R. of Germany Sickness fund with which you are insured.

in France

Caisse primaire d'assurance- maladie (local sickness insurance fund);

in Ireland

Health Board;

in Italy

INAM (national sickness insurance institution);

in Luxembourg
in the Netherlands
in the United Kingdom

Caisse de maladie (sickness fund); Ziekenfonds (sickness fund);

local offices of the Department of Health and Social Security in Great Britain, and of the Department of Health and Social Services in Northern Ireland. In Gibraltar, the Department of Labour and Social Security.

Form E 111 tells you, among other things for what length of time benefits are provided.

If you or a member of your family need medical treatment during your stay, you should present Form E 111 to the sickness and maternity insurance institution of the place where you are staying (see page 2 of the Form). The other formalities you have to complete are outlined in Part II of this Guide, in separate sections for each Member State.

If you do not have the Form, the sickness and maternity insurance institution of the place where you are staying should apply for it on your behalf to the institution with which you are insured. In such a case, you risk having to pay the cost of treatment yourself, paying higher fees and getting a refund only after considerable delay.

Form E 111 is not required in some Member States. For further details, see the sections on the various Member States in Part II of this Guide.

How to obtain medical treatment in each of the Member States of the European Communities . .

#### **BELGIUM**

#### A. Institutions of the place of stay which provide benefits

Benefits are provided by the following insurance bodies: the local sickness insurance funds (mutualité/mutualiteit) or the office of the region where you are residing of the auxiliary fund for sickness and invalidity insurance (Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor ziekteen invaliditeitsverzekering).

# 1. Local sickness insurance funds

Alliance Nationale des Mutualités Chrétiennes/Landsbond der Christelijke Mutualiteiten, Rue de la Loi 131, 1040 Brussels;

Union Nationale des Fédérations Mutualistes Neutres/ Landsbond van de Neutrale Mutualiteitsverbonden, Chaussée de Charleroi 145, 1060 Brussels;

Union Nationale des Mutualités Socialistes/Nationaal Verbond van Socialistische Mutualiteiten, Rue St Jean 32/38, 1000 Brussels;

Ligue Nationale des Fédérations Mutualistes Liberales de Belgique/Nationale Bond der Liberale Mutualiteitsfederaties van België, Rue de Livourne 25, 1050 Brussels;

Union Nationale des Fédérations de Mutualités Professionnelles de Belgique/Landsbond van de Federaties der Beroepsmutualiteiten van België, Rue Boduognat, 1040 Brussels;

Caisse Auxiliaire d'Assurance Maladie-Invalidité/Hulpkas voor Ziekte- en Invaliditeitsverzekering, Boulevard St Lazare 10, 1030 Brussels.

 Regional offices of the Caisse auxiliaire d'assurance maladieinvalidité/Hulpkas voor ziekte- en invaliditeitsverzekering

Province of Antwerpen Schuttershofstraat 9, 2000 Antwerpen.

Province of Brabant Place St Lazare 2, 1030 Bruxelles.

Province of West-Vlaanderen St Katelijnestraat 40, 8000 Brugge.

Province of Oost-Vlaanderen St Pietersnieuwstraat 51, 9000 Gent.

Province of Hainaut rue des Belneux 12, 7000 Mons. rue Léon Bernus 64, 6000 Charleroi.

Province of Liège rue Louvrex 28, 4000 Liège.

Province of Limburg Runxtersteenweg 72 A, 3500 Hasselt.

Province of Luxembourg rue du Parc 1, 6700 Arlon.

Province of Namur boulevard Cauchy 8, 5000 Namur. Eupen rue Neuve 42, 4700 Eupen.

Malmédy rue Abbé Peters, 4890 Malmédy.

#### B. Benefits and formalities

3. Medical and dental treatment, drugs and medicines

You do not need to go to a sickness insurance fund or to the regional office (see section A) before going for treatment.

You may go to any doctor for treatment. You have to pay him the fees he asks you for, and you should ask him for a certificate of treatment provided (attestation des soins donnés/getuigschrift voor verstrekte hulp).

Except in the very rare cases where he is authorized to supply you with drugs or medicines, the doctor will give you a prescription with which you may go to any dispensing chemist to get the drugs and medicines prescribed. You have to pay the chemist and ask him for a receipt and a copy of the prescription.

You are granted a refund for a part of your expenditure (in Belgium, the insured person has to pay a share of the costs) if you present the doctor's certificate of treatment provided, the chemist's receipt and Form E 111 to a sickness insurance fund or to the regional office of the Caisse auxiliaire d'assurance maladie-invalidité/Hulpkas voor Ziekte- en Invaliditeitsverzekering.

The proportion of the costs you have to pay will depend on whether or not you went for treatment to a doctor who has agreed to the scale of rates laid down by the insurance body and on whether or not he issued or prescribed drugs or medicines for which a refund is payable. No refund is payable for certain patent medicines which have not been listed.

# 4. Special treatment

If you require medical treatment such as technical and radiological examinations, laboratory tests, operations, etc., it would be useful to go to the sickness insurance fund or regional office (see section A) beforehand, for information on where to obtain a treatment at the most favourable rates, and to obtain a certificate that they will cover the cost of relevant services.

In an emergency you may, however, go to any establishment which provides treatment. In such cases you have to pay the fees and ask for a receipt.

On presentation of that receipt and of Form E 111 the sickness insurance fund or regional office (see section A) will pay you a refund on the basis of the rates laid down.

You will probably have to pay a part of the fees. The size of your share will depend on whether or not the establishment treating you charged the fees laid down.

The share of the costs to be borne by insured persons is refunded, in full or in part, to pensioners, widows and orphans, on condition that they fulfil the conditions laid down by Belgian legislation, in particular that their income does not exceed a certain limit.

The same applies to disabled persons if their income does not exceed a certain limit.

For further details, in particular on the documents to be presented, apply to the institutions listed above.

# 5. Hospital treatment

Before going into hospital, you should go to the sickness insurance fund or regional office (see section A) for information on where to obtain treatment at the most favourable rates.

If you have to go to hospital in an emergency and you cannot get in touch with your sickness insurance fund or the regional office (see section A), you should present Form E 111 to the administration of the establishment you have gone to, and ask them to get in touch with the sickness insurance fund or the regional office for the certificate that they will cover the cost of the relevant services.

## 6. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the sickness insurance fund (mutualité) or the regional office (office régional).

#### **DENMARK**

Most GPs, specialists and dentists in Denmark work under an agreement with the public health service (offentlige sygesikring). The Social and Health Department of your commune (kommunens social- og sundhedsforvaltning) will give you the names and addresses of doctors and dentists to whom you may apply for treatment.

#### 1. General medical services

If you or members of your family need medical treatment, you may go to any general practitioner covered by an agreement with the public health service. You should hand the doctor Form E 111.

The doctor will give you a bill for the treatment provided. After you have paid the bill you should present the receipt and Form E 111 to the Social and Health Department of your commune which will refund the amount you have paid.

Outside the Copenhagen area there may be an arrangement whereby the doctor is paid directly by the district administration, so that you need not make any payment to the doctor.

# 2. Treatment by specialists

If you or a member of your family need specialist treatment, you should be referred to a specialist by a GP. You should

pay the specialist's fee. The Social and Health Department of the commune will refund the amount you paid on receipt of the doctor's bill and Form E 111.

#### 3. Dental treatment

If you or a member of your family need medical treatment, you may go to any dentist covered by an agreement with the public health service. You should hand Form E 111 to the dentist. Part of the cost of certain types of dental treatment is paid by the health service. The relevant amount is normally deducted from that shown on the dentist's bill; if this is not done you should present your receipt together with Form E 111 to the local Social and Health Department by which you will be refunded.

# 4. Drugs and medicines

The health service contributes towards the cost of drugs and medicines that are prescribed by a doctor or dentist and appear on the special list of reimbursable medicaments. You should give Form E 111 to the chemist.

In general the health service's contribution will be deducted from the amount charged to you by the chemist. Where this is not the case, you should present your receipt and Form E 111 to the local Social and Health Department, by which you will be reimbursed.

# 5. Hospital treatment

Hospital treatment is free of charge for you and the members of your family. Admission to hospital is normally on referral by a doctor. When entering hospital you should submit Form E 111.

#### 6. Ambulance services

In emergencies transport to hospital by ambulance is free of charge.

Note: United Kingdom nationals do not need Form E 111; to obtain treatment, they need to present their British passport stamped with a temporary residence permit, or accompanied by an embarkation card from a cruise ship.

# 7. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the Social and Health Department of your commune (kommunens social- og sundhedsforvaltning).

#### FEDERAL REPUBLIC OF GERMANY

1. Medical and dental treatment, drugs and medicines

You or the members of your family should first of all present Form E 111 to the Ortskrankenkasse (local sickness fund) of the place where you are staying. There you will be given a *Krankenschein* (document showing entitlement to health benefits) and information on the GPs, specialists or dentists you may go to for treatment.

The document showing your entitlement to health benefits is to be presented to the GP, specialist or dentist, who then treats you free of charge. Medicaments they may prescribe are provided by dispensing chemists, but as a rule you have to pay a small non-refundable fee for each prescription.

If you or the members of your family are unable to present Form E 111 to the local sickness fund before you go to the doctor, you may present the Form to the doctor treating you. In such cases the doctor is entitled to request immediate payment for treatment provided on the basis of the scale of rates officially agreed with the local sickness fund. The doctor refunds these fees if you forward the document showing your entitlement to health benefits within ten days of first receiving treatment.

If you or the members of your family are unable to pay the fee as a guarantee, the doctor would be prepared to accept Form E 111 and to obtain the document showing your entitlement to health benefits from the local sickness fund.

# 2. Hospital treatment

If you or the members of your family require hospital treatment, the local sickness fund, to which you have already presented, or are about to present Form E 111, will, on presentation of the certificate from the doctor treating you that you need treatment in hospital (Notwendigkeits-bescheinigung), issue you with a Kostenübernahmeschein (certificate entitling you to hospital treatment free of charge in the public ward). This statement should be presented to the hospital administration.

If you or the members of your family are admitted to hospital in an emergency before you or they can get in touch with the local sickness fund, you should present Form E 111 to the hospital administration and request them to apply to the local sickness fund for the certificate entitling them to treatment free of charge.

# Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to local sickness fund (Ortskrankenkasse).

#### **FRANCE**

# 1. Medical and dental treatment, drugs and medicines

If you or members of your family need treatment, you should present Form E 111 to the nearest Caisse primaire d'assurance maladie (local sickness insurance fund); in Paris or in the Paris area you should present it to the Caisse primaire centrale d'assurance maladie de la Région parisienne (Central local sickness insurance fund for the Paris area), Centre 461, 84, rue Charles Michels, 93525 St Denis.

If you are unable to present Form E 111 to your local sickness insurance fund before going for treatment to a GP or dentist, you should present it to the GP or dentist and ask him for the sickness document. You should preferably go to a GP or dentist who has agreed to charge the fees laid down in order to obtain the most favourable refund. The GP or dentist to whom you present your sickness document will give you a prescription and will enter the amount of fees, which you have to pay him, on the sickness document.

If he prescribes drugs or medicines, you present the prescription and the sickness document to a chemist of your choice. He will enter the cost of drugs and medicines, which you will have to pay, on the sickness document.

You should stick the labels from the packages of drugs and medicines to the sickness document, which you should present to your local sickness insurance fund, together with Form E 111 and the prescription to obtain a refund for your expenses.

If you go for treatment to a GP or dentist who has agreed to charge the official fees, the refund will usually amount to 75%.

If you go for treatment to a GP or dentist who has not agreed to charge the official fees, your refund will not be based on your actual expenses.

Where a refund is payable on drugs and medicines, it usually amounts to 70 %. You will have to pay 30 % of the cost (ticket modérateur).

# 2. Hospitalization

If you require hospital treatment, you should immediately inform the Caisse primaire d'assurance maladie of the place where you are staying, and let the administration of the public hospital or private hospital bound by the official rates know that you are insured.

On presentation of Form E 111 the fund will, if you are entitled, pay all or a part of the costs (between 80 % and 100 %, as appropriate). You do not need to pay an advance on fees. Costs may be paid in full in the case of major surgery or confinement.

If you have entered a private hospital not bound by the official rates, the refund will not be based on your actual expenses and you have to pay an advance on all fees.

For any further information you may require, please apply to the Caisse primaire d'assurance maladie of the place where you are staying.

# 3. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to la Caisse primaire d'assurance maladie (local sickness insurance fund).

#### IRELAND

# 1. Medical treatment, drugs and medicines

If you or members of your family need medical treatment you may go direct to a general practitioner who has an agreement with the Health Board taking with you Form E 111 and making it clear that you wish to be treated under EEC Regulations. Medical treatment is provided free of charge. Medicines prescibed by a doctor can be obtained at chemists without charge.

# 2. Hospital treatment

Free hospital and specialist treatment will usually be arranged by the doctor. If you or members of your family enter hospital urgently you should present Form E 111 to the hospital authorities so that you may obtain free treatment.

Note: United Kingdom nationals do not need Form E 111; to obtain treatment, they need to present their British passport, or other evidence of United Kingdom citizenship.

# 3. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the Department of Social Welfare, Dublin, 1.



## **ITALY**

# 1. Medical and dental treatment, drugs and medicines

If you or members of your family need treatment you should present Form E 111 to the nearest INAM (Istituto nazionale per l'assicurazione contro le malattie), (national sickness insurance institution) office, which will provide you with a document showing entitlement to health benefits and will, at your request, give you the names of doctors and dentists in the INAM scheme.

For treatment by dentists and specialists you have to go to the INAM treatment centres.

Medicaments are provided free of charge by the chemist on presentation of the document entitling you to health benefits and the doctor's prescription; for some medicaments there is a non-recoverable charge.

# 2. Hospital treatment

If you or a member of your family need hospital treatment, and if you already have the INAM document entitling you to health benefits, you should go to any doctor in the INAM scheme to give you a reference (proposta di ricovero).

In an emergency you may go straight to the hospital and present Form E 111 and the INAM document entitling you to health benefits.

If you are staying in the province of Trento or Bolzano you should, if you require benefits in kind, apply to the local offices of the provincial sickness fund (cassa mutua) and present Form E 111 or, if you already have it, the INAM document entitling you to free treatment.

## 3. Cash benefits

If you think that you are entitled to such benefits, you should within three days of falling ill, apply to INAM or the provincial sickness fund (for Trento or Bolzano).

#### LUXEMBOURG

# A. Institutions of the place of stay that provide benefits

Benefits are provided by the national sickness insurance fund for manual workers (Caisse nationale d'assurance maladie des ouvriers) in the city of Luxembourg and by its branch offices in Bettembourg, Clervaux, Diekirch, Differdange, Dudelange, Echternach, Esch s/Alzette, Ettelbruck, Grevenmacher, Larochette, Mersch, Pétange, Redange s/Attert, Remich, Rumelange, Steinfort and Wiltz.

The Caisse or the branch office nearest to the place where you are a temporary resident is responsible for paying the benefits.

# B. Benefits - Formalities to be completed

# 1. Medical and dental treatment, drugs and medicines

When you or members of your family need treatment, you should submit your Form E 111 to the nearest branch office of the national sickness insurance fund for manual workers (Caisse nationale d'assurance maladie des ouvriers) after which that office will give you a certificate enabling you or members of your family to obtain treatment at the rates charged to persons insured by the fund. You may present this certificate to any doctor, specialist or dentist. If you have not first applied to the fund, you should hand Form E 111 to the doctor, specialist or dentist. In that case, you

should pay the fees charged by the doctor, specialist or dentist and the cost of any drugs or medicines prescribed by them; make sure you get a receipt for any such payment.

The fund's branch office will pay you back the doctor's, specialist's and dentist's fees and the charges for pharmaceutical products – although you may be asked to pay part of these expenses – in the same way as persons insured by the fund.

# 2. Hospital treatment

If you or members of your family must enter hospital, you should first (except in emergencies) obtain a medical certificate confirming that admission to hospital is necessary. You should give this certificate, together with your Form E 111, if you have not already given it to the fund before, to the hospital administration which will then inform the sickness insurance fund. Stay in hospital in the 3rd or 2nd class (rooms with 2 beds) and treatment in hospital is free of charge.

# 3. Transport to hospital

If you or a member of your family must be taken to hospital, you will be reimbursed the costs of transport on production of a certificate from the doctor treating you confirming that such transport was necessary.

# 4. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the branch office of the national sickness insurance fund (caisse de maladie).

#### NETHERLANDS

# 1. Medical and dental treatment, drugs and medicines

In the Netherlands practically all GPs and most dentists are connected with a sickness fund. You or a member of your family must present Form E 111 or a photocopy thereof when visiting the doctor or dentist at his surgery, if possible during the consulting hours for sickness fund patients. You need not get in touch with the sickness fund beforehand.

Treatment by a GP is free of charge, but in some cases a part of the cost of dental treatment has to be paid, e.g. for emergency treatment during the week-end. Drugs and medicines are provided free of charge by dispensing chemists if prescribed by a GP; to obtain them, you should present the prescription and Form E 111 to the dispensing chemist.

# 2. Specialist treatment

Specialist treatment can be provided only on referral by a GP. You should, where possible, go to the specialist during the consulting hours for sickness fund patients.

The reference note from the GP and Form E 111 should be presented to the specialist. As a rule, specialist treatment is free of charge.

# 3. Hospital treatment

If you or a member of your family requires to be admitted to hospital, permission should first be requested from the general sickness fund of the Netherlands (Algemeen Nederlands Onderling Zikenfonds ANOZ); address: Kaap Hoorndreef 24-28 Utrecht.

The GP or specialist usually asks for this permission on presentation to him of Form E 111. In an emergency permission may be requested after admission to hospital.

The patient does not have to pay for treatment in the lowest class in hospital.

# 4. Transport to hospital

In the Netherlands the cost of transporting the sick by ambulance or taxi may be refunded by the general sickness fund of the Netherlands (ANOZ) on presentation of the following:

- (a) Form E 111;
- (b) the bill for the cost of transport;
- (c) a certificate from the doctor confirming that transport was necessary.

The compulsory payment which also applies to Dutch insured persons is deducted from the refund.

## 5. Obstetric treatment

In the Netherlands women are entitled to attendance by an obstetrician free of charge in the place where they are staying. If there is no obstetrician in the place of stay, a GP may be called in to help with the confinement.

Form E 111 should be presented to the obstetrician or GP.

# 6. Cash benefits

If you think that you are entitled to such benefits, to be provided by the sickness and maternity insurance institution with which you are insured, you should, within three days of becoming incapable of work, apply to the New general professional and trade association (Nieuwe Algemene Bedrijfsvereniging; address: Bos en Lommerplantsoen, Amsterdam) or to any of the district offices of the Gemeenschappelijk Administratiekantoor (joint administrative office).

### UNITED KINGDOM

#### A. Great Britain and Northern Ireland

You will not need Form E 111 in order to obtain benefits provided by the National Health Service of Great Britain or the Health Service of Northern Ireland. However, practitioners and hospitals providing Health Service treatment may also accept private patients.

If you are treated privately and not as an NHS patient you will have to pay the full cost of your treatment and no part of this cost is recoverable within the terms of the EEC social security Regulations. Further information about Health Service treatment can be obtained from the local Area Health Authority, in Great Britain, or the Central Service Agency, in Northern Ireland.

# 1. Medical treatment, drugs and medicines

If you or members of your family need treatment you should go direct to any doctor and ask to be treated under the Health Service. You will not be charged for treatment. Medicines prescribed by a doctor are provided by any pharmacist on production of the doctor's prescription and the payment of a fixed amount, which is not recoverable. Men over 65 and women over 60 are exempt from these charges and should complete the application on the reverse of the doctor's prescription.

#### 2. Dental treatment

Dentists are not obliged to provide services under the Health Service and it is therefore necessary to make sure that the dentist is willing to provide Health Service treatment. Part of the cost of dental treatment must be paid for by the patient and is not recoverable.

## 3. Hospital treatment

Hospital treatment, where necessary, including consultations with a specialist, will usually be arranged by a doctor, but direct admission to hospital is possible in an emergency. You will not be charged unless you ask for special amenities or extra treatment which is not clinically necessary.

#### 4. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the local social security office, in Great Britain; in Northern Ireland, to the Department of Health and Social Services, Belfast.

#### B. Gibraltar

## 5. Medical treatment, drugs and medicines

Medical treatment is available under the local Medical Scheme at the Health Centre, Casemates, Gibraltar, if you present Form E 111. A small charge per item is made for medicines prescribed under the Scheme.

#### 6. Dental treatment

You will have to pay the full cost but extractions are obtainable at St Bernard's Hospital on payment of a nominal fee.

# 7. Hospital treatment

Treatment is available at St Bernard's Hospital. You will be asked to pay a percentage of the total cost.

Further information can be obtained from the Medical and Health Department, St Bernard's Hospital, Gibraltar.

Note: United Kingdom nationals do not need Form E 111; to obtain treatment, they need to present their British passport stamped with a temporary residence permit, or accompanied by an embarkation card from a cruise ship.

## 8. Cash benefits

If you think that you are entitled to such benefits, you should, within three days of falling ill, apply to the Department of Labour and Social Security, Gibraltar.

Social Security guides for nationals of the Member States of the European Communities, moving from one Member State to another

#### ● Guide No. 1 - General guide

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities.

There are nine separate booklets, each containing information concerning one Member State.

#### ● Guide No. 2 - Temporary stay

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

#### Guide No. 3 – Workers posted abroad or employed in more than one Member State

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

#### ■ Guide No. 4 - Pensioners

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

#### ● Guide No. 5 - Members of the family

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.