

Have you recently moved to the Netherlands? Remember to take out health insurance.

Obligatory health insurance

Health insurance covers the costs of medical care. Residents in the Netherlands are obliged by law to take out health insurance, for themselves and for their partners and children. Even if you already have a health insurance policy, you are still obliged to take out a new policy in the Netherlands.

You can do this with a Dutch health insurance company. A health insurance company cannot refuse to cover you for the standard insurance package, irrespective of your age or state of health. For every health insurance company, the standard insurance package is the same, but the contribution you have to pay may vary. You do not have to pay contributions for children under 18.

You must take out health insurance within 4 months after you move to the Netherlands. If you do not do this within 4 months, you will be fined and you will have to pay all your medical expenses yourself.

Zorgtoeslag (health care allowance)

If your income is under a fixed minimum level, you are entitled to a health care allowance to help pay part of the cost of the contribution. You can claim the health care allowance from the *Belastingdienst* (Dutch tax authorities).

Further information in the Dutch language

General information on health care and health insurance in the Netherlands is available in English at www.minvws.nl/en/themes. If you read Dutch, you can find out more about the different health insurance companies and their insurance packages at www.kiesbeter.nl. Further information about claiming health care allowance is available on the *Belastingdienst* website at www.toeslagen.nl. If you have any questions or you would like information and you speak Dutch, you can contact the Dutch public service information office (Postbus 51) on the freephone number 0800-8051 (from within the Netherlands), on weekdays from 8a.m. to 8p.m.

The Dutch Ministry of Health, Welfare and Sport (VWS)

