This translation of the 'application for healthcare allowance' form is for information purposes only.
DO NOT FILL IN THIS FORM. Use the original form send to you by the Tax Administration

Tax and Customs Administration **Allowances**

2010 Application for
Healthcare Allowance

Antwoordnummer 21230 6400 TH Heerlen

Address of applicant

Applicant Sofi/BSN Number

Applicant date of birth

Applying for 2010 healthcare allowance
You would like to apply for an allowance for the cost of your healthcare insurance for 2010. Please complete this form. Use a blue or black pen and write inside the boxes. Complete all relevant questions on the reverse of this form. Sign the front page and have your allowance partner sign as well.

Returning the form
After you have completed and signed this form, you must send it back to the Tax and Customs Administration / Allowances. Please use the enclosed envelope for this. Do not send any supplementary documents. You will be notified within 8 weeks.

Your signature and your allowance partner's signature

Daytime telephone number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Signature date [ ][ ][ ][ ][ ][ ][ ][ ]

Your signature
Sign inside the box.
Read page 8 of the Explanatory Notes

Your allowance partner's signature.
Sign inside the box.

1 Start date and account number

1a Date in 2010 on which you would like your healthcare allowance to start.
Also read 1a on page 8 of the Explanatory Notes. (Mention as dd mm) [ ][ ] – [ ][ ] – [2][0][1][0]

1b Account number into which the Tax Administration should transfer your healthcare allowance. *Do not use a savings or foreign account* [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

2 Your own income

2a Use the calculation tool on page 6 or 7 of the Explanatory Notes and estimate your own assessment income for the entire year 2010. Copy the amount from the calculation tool. ***Attention!*** *Enter* ***0*** *if you will have no income for 2010* [€][ ][ ][ ][ ][ ][,][ ][ ]

3 Spouse or housemate

Were you married on the date on which you would like the allowance to start? *Permanently separated counts as not married*

→ **No**

Were you living with a boyfriend, girlfriend, parent, grandparent, child, grandchild or other housemate on that date?

→ **Yes**

Go through the diagram on page 4 of the Explanatory Notes. Use it to determine whether your housemate is your allowance partner. Go to ***question 3a*** *if you have an allowance partner. If you do not have an allowance partner, sign the front page and return the form*

↓ **Yes**

Go to ***question 3a****. Your spouse is your allowance partner*

↓ **No**

You do not have to complete this form any further. ***Sign the front page*** *and return the form*

3a Initials and surname of your allowance partner [ ][ ][ ][ ] [ ]

3b Tax and BSN / sofi number of your allowance partner [ ][ ][ ][ ][ ][ ][ ][ ][ ]

3c Date of birth
(State as dd mm yyyy) [ ][ ] – [ ][ ] – [ ][ ][ ][ ]

3d Tick the box if your allowance partner has a Dutch healthcare insurance on the date on which you would like the healthcare allowance to start.
Also read the 3d on page 8 of the Explanatory Notes [ ]

3e Use the calculation tool on page 6 or 7 of the Explanatory Notes and estimate the assessment income of your allowance partner for the entire year 2010. Copy the amount from the calculation tool. ***Attention!*** *Enter* ***0*** *if your allowance partner does not have any income for 2010*

Sign front page *and have allowance partner sign. If spouse lives abroad, fill in questions 3f to 3h first*

Address of your spouse if s/he is living abroad

3f House number and street of spouse _____

3g Postcode and town/city _____

3h Country _____