



REPUBLIC OF CYPRUS



ΤΜΗΜΑ ΦΟΡΟΛΟΓΙΑΣ  
TAX DEPARTMENT

## EXEMPTION FOR THE PAYMENT OF GeSY CONTRIBUTION

### Part 3-B2. COUNTRY OF INSURANCE FOR SI AND GHS PURPOSES

Taxpayers insured in another country of the European Economic Area or Switzerland or any other exempt international organization i.e. United Nations may be exempt from GeSY contribution:

#### 1. Select from the drop down list the country/organization in which you are insured

If you are exempt from contributions to GHS due to insurance in another country of the European Economic Area (EEA) or Switzerland or from an exempt international organisation, declare the country / insurance organisation and fill in the following

#### 2. Declare the document by which you are exempt from GeSY contribution as follows and complete the highlighted fields accordingly:

**S1 Card** /white coloured hospital ID card Y.Y. (I.Y.)91 issued to the S1 owners (see annex 1)

EXEMPTION TYPE	SI Number in Country of Insurance	A1 Start date (DD/MM/YYYY)	A1 End date (DD/MM/YYYY)	MOH DOCUMENT DATE (DD/MM/YYYY)	REF NUMBER OF MOH DOCUMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A1 Card** (see annex 2)

EXEMPTION TYPE	SI Number in Country of Insurance	A1 Start date (DD/MM/YYYY)	A1 End date (DD/MM/YYYY)	MOH DOCUMENT DATE (DD/MM/YYYY)	REF NUMBER OF MOH DOCUMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OTHER** (i.e.EXEMPTION CERTIFICATE issued by the Ministry of Health) (see annex 3)

EXEMPTION TYPE	SI Number in Country of Insurance	A1 Start date (DD/MM/YYYY)	A1 End date (DD/MM/YYYY)	MOH DOCUMENT DATE (DD/MM/YYYY)	REF NUMBER OF MOH DOCUMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you haven't got any of the above you need to contact the Ministry of Health and require the issuance of an **EXEMPTION CERTIFICATE**

#### 3. Confirm the right to be exempt

I certify that I am entitled to be exempted from GHS contributions based on the provisions of Regulations (EC) no. 883/2004 and / or other international agreement and that I am not aware of any reason why this certificate may have been withdrawn.

## ΟΔΗΓΙΕΣ

1. Η ταυτότητα νοσηλείας πρέπει να παρουσιάζεται μαζί με την πολιτική ταυτότητα του ασθενούς.
2. Η ταυτότητα χρησιμοποιείται μόνο από τον κάτοχο και τους εξαρτωμένους του που αναγράφονται σ' αυτή.
3. Τυχόν απώλεια της ταυτότητας πρέπει να δηλώνεται στο Υπουργείο Υγείας.

No. 9041485



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ  
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

ΤΑΥΤΟΤΗΤΑ ΝΟΣΗΛΕΙΑΣ  
ΔΙΚΑΙΟΥΧΟΣ

Υ.Υ. (Ι.Υ.) 91

Αρ. Δελτίου Ταυτότητας: 05 - [redacted] Ημερ. Γέννησης: [redacted] 0/1936

Όνοματεπ.: [redacted] *51: (Ε121) (Ε106) (Ε109)*

Διεύθυνση: [redacted]

4100 - ΑΓΙΟΣ ΑΘΑΝΑΣΙΟΣ

ΛΕΜΕΣΟΣ

Δικαιούχος: A

Ετήσιο Εισόδημα Οικογένειας: .....

**ΕΞΑΡΤΩΜΕΝΟΙ**

Όνομα συζύγου: [redacted] *51: (Ε121) (Ε106) (Ε109)*

Αρ. Δελτίου Ταυτότητας: 05 - [redacted] Ημερ. Γέννησης: [redacted]

Τέκνα:

Όνομα	Αρ. Δελτίου Ταυτότητας	Ημερ. Γέννησης
1. ....	-	.....

★ = Δικαιούχος A

3. Δέκτης Δημοσίου Βοηθήματος

Ισχύει από: 11/01/2021

Ισχύει μέχρι: 31/01/2026

Αρ. Αναφοράς: 99999999



A1



## Certificate concerning the Social Security legislation which applies to the holder

EU Regulations 883/2004 and 987/2009 (\*)

### INFORMATION FOR THE HOLDER

This certificate concerns the social security legislation which applies to you and confirms that you have no obligations to pay contributions in another State.

Before you leave the State where you are insured to go to another State to work, make sure you have the documents which entitle you to receive the necessary benefits in kind (e.g. medical care, treatment in hospital, and other) in the State where you are working.

- If you are staying temporarily in the State where you are working, ask your health care institution for the European Health Insurance Card (EHIC). You must show this card to your health care provider if you need benefits in kind during your stay.
- If you are going to be living in the State where you are working, ask your health care institution for the S1 document and submit it as soon as possible to the competent health care institution of the place you are going to work (\*\*).

Provisionally the insurance institution in the State of stay will also provide special benefits in the event of an accident at work or an occupational disease.

### 1. PERSONAL DETAILS OF THE HOLDER

1.1	Personal Identification Number	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1.2	Surname		
1.3	Forenames		
1.4	Surname at birth (***)		
1.5	Date of birth	1.6	Nationality
1.7	Place of birth		
1.8	Address in the State of residence		
1.8.1	Street, N°	1.8.3	Post code
1.8.2	Town	1.8.4	Country code
1.9	Address in the State of stay		
1.9.1	Street, N°	1.9.3	Post code
1.9.2	Town	1.9.4	Country code

### 2. MEMBER STATE LEGISLATION WHICH APPLIES

2.1	Member State	2.3	Ending date
2.2	Starting date		
<input type="checkbox"/>	2.4 The certificate applies for the duration of the activity		
<input type="checkbox"/>	2.5 The determination is provisional		
<input type="checkbox"/>	2.6 Transitional rules apply as provided for by Regulation (EC) No 883/2004		

(\*) Regulations (EC) No 883/2004, Articles 11 through 16 and Regulation (EC) No 987/2009, Article 19.

(\*\*) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(\*\*\*) Information given to the institution by the holder when this is not known by the institution.



A1



Certificate concerning the Social Security legislation which applies to the holder

3. STATUS CONFIRMATION OF YOUR POSITION

- |  |  |
|--|--|
| <input type="checkbox"/> 3.1 Posted employed person  | <input type="checkbox"/> 3.2 Employed, working in two or more States   |
| <input type="checkbox"/> 3.3 Posted self-employed person   | <input type="checkbox"/> 3.4 Self-employed, working in two or more States                                      |
| <input type="checkbox"/> 3.5 Civil servant   | <input type="checkbox"/> 3.6 Contract staff  |
| <input type="checkbox"/> 3.7 Mariner   | <input type="checkbox"/> 3.8 Working as an employed person and as a self-employed person in different States   |
| <input type="checkbox"/> 3.9 Working as a civil servant in one State and as an employed/self-employed person in one or more other States | <input type="checkbox"/> 3.10 Flight or cabin crew member  |
| <input type="checkbox"/> 3.11 Exception  | <input type="checkbox"/> 3.12 Working as an employed / self-employed person in the State referred to under 2.1 |

4. DETAILS OF EMPLOYER / SELF EMPLOYMENT

- |  |   |
|--|---|
| <input type="checkbox"/> 4.1.1 Employee  | <input type="checkbox"/> 4.1.2 Self-employed activity |
| 4.2 Employer/self-employed activity code |   |
| 4.3 Name or business name                |   |
| 4.4 Registered address                   |   |
| 4.4.1 Street, N°                         | 4.4.2 Country code                                    |
| 4.4.3 Town                               | 4.4.4 Post code                                       |

5. DETAILS OF EMPLOYER / SELF EMPLOYMENT WHEN AN ACTIVITY IS PURSUED

5.1 Name(s) or business name(s) and code(s) of the firm(s) or ship(s) or the home base(s) where you will be employed

A1



## Certificate concerning the Social Security legislation which applies to the holder

### 5. DETAILS OF EMPLOYER / SELF EMPLOYMENT WHEN AN ACTIVITY IS PURSUED

5.2 Address(es) or name(s) of ship(s) or the home base(s) where you will be (self) employed in the 'host' State(s)

5.3 Or no fixed address in State(s) of (self)employment

### 6. INSTITUTION COMPLETING THE FORM

6.1 Name

6.2 Street, N°

6.3 Town

6.4 Post code

6.5 Country code

6.6 Institution ID

6.7 Office fax N°

6.8 Office phone N°

6.9 E-mail

6.10 Date

6.11 Signature

STAMP





REPUBLIC OF CYPRUS  
MINISTRY OF HEALTH

Our ref.: MOH.4.2.13.10.38.21.02  
Tel.: 22605349  
Fax: 22605485

Ref. No. 16232

23 September 2019

CONFIRMATION

This is to certify that [redacted] with Identity Card No./ARC (Alien / E.U. Citizen Registration Certificate) [redacted] has submitted the document S1 (E121, E106, E109) in accordance with the provisions of the European Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems and registered 1/11/2010 until (indefinitely). It is also certified that the above mentioned person is not subjected to contributions according to the General Health System Law of 2001.



*(Signature)*  
(Soteris Stratis)  
for Permanent Secretary  
of Ministry of Health

NOTE: The above condition may be varied at any time without any further notice

