



Your social security rights in the Netherlands



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Your social security rights in the Netherlands

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At some point in our lives we may well need to depend on social security benefits. These are available for nationals living in their own country who meet the relevant requirements, but you also have a right to claim if you are from one EU country and are legally living or working in the Netherlands. Read on to find out when you can claim, what you are entitled to and how you can apply.

Contents

FAMILY	6
Child benefits.....	7
Child care benefit	8
Parenthood.....	9
HEALTH.....	12
Healthcare.....	13
Long-term care	14
INCAPACITY	17
Invalidity benefits.....	18
Industrial accidents and occupational diseases	20
Sick pay and benefits in the event of illness.....	22
OLD-AGE AND SURVIVORS.....	24
Retirement pension	25
Survivor's benefit	26
SOCIAL ASSISTANCE.....	29
Social assistance benefits	30
UNEMPLOYMENT	32
Unemployment	33
MOVING ABROAD	35
Moving abroad	36
MAIN RESIDENCE.....	38
Habitual residency.....	39

Family

Child benefits

You can read here about child benefits in the Netherlands. These benefits include:

- The child benefit (*kinderbijslag*)
- The child budget (*kindgebonden budget*)

In what situation can I claim?

You can claim child benefit (*kinderbijslag*) and child budget (*kindgebonden budget*) if you legally live or work in the Netherlands and pay tax here, have one or more children, and meet the conditions.

What conditions do I need to meet?

You receive **child benefit** (*kinderbijslag*) if you:

- are covered by national insurance - read more [here](#);
- have one or more children under the age of 18;
- care for or support the child.

You receive **child budget** (*kindgebonden budget*), a supplementary child benefit if:

- you receive child benefit and;
- your household income does not exceed a certain amount (for more information please open the following link <https://www.belastingdienst.nl/wps/wcm/connect/bldcontentnl/belastingdienst/privetoelagen/kindgebonden-budget/> and
- you do not have too much in savings.

What am I entitled to and how can I claim?

Child benefit (*kinderbijslag*)

Child benefit does not depend on your income and is paid at the end of each quarter; amounts can be checked [on the website of the Social Insurance Bank](#) (*Sociale Verzekeringsbank*).

You can apply for child benefit for your own (including adopted) children and stepchildren (or children of your registered partner or the partner with whom you have a joint household). Entitlement to child benefits may also exist for foster children who are looked after and raised as if they were your own.

Child benefit may also be paid for children who do not live with their parents or who live with an uninsured parent if parents comply with the maintenance conditions.

Double child benefit may be paid for children not living at home because of study, sickness or disability. Double child benefit may also be paid for disabled children aged 3 to 17 living at home.

Child budget (*kindgebonden budget*)

In addition to child benefit, there is a supplementary benefit that depends on the parents' income and means, the number of children and their age. This is the [child budget](#).

Jargon busters

- **Social Insurance Bank (*Sociale Verzekeringsbank*)**: welfare agency in the area of social security in the Netherlands, responsible for implementing child benefit and a number of other schemes.
- **Child benefit (*kinderbijslag*)**: a flat-rate benefit that is granted when children are cared for and/or supported.
- **Child budget (*kindgebonden budget*)**: an income-dependent supplement to cover the costs of children, paid by the Tax Administration.

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission:

- [Child benefit](#)
- [Child budget](#)

European Commission publication and website:

- [Family benefits: your rights as an EU citizen abroad](#).

Who do you need to contact?

If your child was born in the Netherlands, the **Social Insurance Bank (SVB)** will send you a form for child benefit. If not, you can request one via: [SVB](#).

You receive child budget via the Tax Administration and usually do not need to apply for it. However, if you have not been notified but think you are entitled, please apply for the benefit on the website of the Tax Administration.

If you have a question related to your EU rights, please [apply for help from the EU](#).

Child care benefit

You can read here about the benefit for child care in the Netherlands.

In what situation can I claim?

If one or more children go to a child care facility (day care, out-of-school care or childminder service), **child care benefit (*kinderopvangtoeslag*)** can be claimed by the parent(s) if certain conditions are met. Single parents, co-parents, foster parents and adoptive parents can also apply for this benefit.

What conditions do I need to meet?

Whether you get child care benefit depends on various conditions, such as:

- household income;
- you and/or your partner should work or live in the Netherlands;
- whether your child goes to a registered child care facility;
- if you (and your partner) are working or preparing to work.

You can find all the conditions for child care benefit on the website of the Dutch Tax Administration (*Belastingdienst*). You can also apply online for this benefit.

What am I entitled to and how can I claim?

The amount of child care benefit depends on your household income, the number of hours in childcare and the [hourly price of the childcare facility](#). After you have applied for the benefit, the Tax Administration will inform you how much you will receive. The child care benefit is paid by the Dutch Tax Administration.

Forms you may need to fill in

On the website of the Dutch Tax Administration, you can apply for the child care benefits and ask for more help (see the section below *Who do you need to contact*).

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [About child care benefit](#)
- Additional information [about child care benefit](#)
- Additional information in English: [My child goes to a childcare centre](#)

European Commission publication and website:

- [Family benefits: your rights as an EU citizen abroad](#)

Who do you need to contact?

Child care benefit applications are made via the website of the [Tax Administration](#).

If you have a question related to your EU rights, please [apply for help from the EU](#).

Parenthood

You can read here about benefits for maternity/paternity in the Netherlands. These benefits include:

- Obstetric care (*kraamhulp*)
- Pregnancy and maternity leave (*zwangerschaps- en bevallingsverlof*)
- Paternity leave (*geboorteverlof*)
- Maternity benefit scheme for the self-employed (*regeling zelfstandige en zwanger*)
- Parental leave (*ouderschapsverlof*)

In what situation can I claim?

Obstetric care (*Kraamhulp*) If you are having a child and live or work legally in the Netherlands, you are insured under the Health Care Insurance Act (ZVW).

Pregnancy and maternity leave (*zwangerschaps- en bevallingsverlof*) if you are an employee.

Paternity leave (*geboorteverlof*): if you are an employee and spouse (male or female), registered or unregistered partner of the mother or the legal father.

Maternity benefit scheme for the self-employed (*regeling zelfstandige en zwanger*): if you are a self-employed woman.

Parental leave (*ouderschapsverlof*): if you are an employee and a parent of a child under 8 or if you are caring for a child under 8 years of age on a structural basis.

What conditions do I need to meet?

You are having a child, you live or work legally in the Netherlands, and you are insured under the Health Care Insurance Act (ZVW).

For more details, see above "In what situation can I claim".

What am I entitled to and how can I claim?

Obstetric care

Obstetric care (*kraamhulp*) is covered by the basic package of your care insurance. It lasts from the start of the pregnancy until 6 weeks after delivery.

You can search for an obstetrician in your neighbourhood via the website of [the Royal Dutch Organisation of Midwives \(KNOV\)](#).

Check-ups by a gynaecologist in hospital are reimbursed for women aged 36 or over and women with a medical condition.

Pregnancy and maternity leave

You have the right to pregnancy leave from 6 to 4 weeks before the day after the due date (in the case of multiple birth –10-8 weeks). Pregnancy leave lasts until the day of delivery.

You have the right to at least 10 weeks' maternity leave. The maternity leave starts on the day after the birth.

The pregnancy leave and maternity leave together must be at least 16 weeks (in the case of multiple birth 20 weeks). The leave must be taken consecutively and is not extended for a multiple birth.

In the event of adoption, both parents have the right to 6 weeks' paid leave.

You must submit a [Pregnancy form](#) to your employer not later than 3 weeks before you intend to take pregnancy leave.

Benefits for pregnancy and maternity

The Employee Insurance Agency (*Uitvoeringsinstituut Werknemersverzekeringen*, UWV) pays 100% of your income during the leave period. The maximum daily pay is EUR 219,28 and it is taxable.

If you become ill as a result of your pregnancy before the start of your pregnancy leave, you will receive sickness benefit equal to your pay. If you are unable to work after your leave due to your pregnancy or delivery, you will receive the same benefit amount for up to 104 weeks.

Your holiday allowance continues to build up during your pregnancy and maternity leave. Your employer is not allowed to ask you to take up your holidays during your leave.

If you are self-employed, you can get a benefit based on the **Maternity Benefit Scheme for the Self-Employed** (*Regeling Zelfstandige en Zwanger, ZEZ*). The amount you receive depends on your income in the year before the benefit starts and cannot exceed the minimum wage.

Paternity leave

Fathers or partners (also same sex partners) have the right to 5 days paternity leave (*geboorteverlof*) paid by the employer. Part-time workers are entitled to one working week of paternity leave.

Maternity care

Your care insurance will cover the midwifery/obstetric costs and the reimbursement of the postnatal care costs. If you give birth at home with the help of a midwife, or in hospital for medical reasons, the basic insurance will cover all the costs.

If you wish to deliver in hospital, but have not been advised to do so for medical reasons, you will have to pay a part of the cost yourself. Some supplementary insurance policies cover the costs of hospital delivery.

If you want to have maternity care, contact a midwifery organisation no later than 5 months before the birth. Maternity care lasts maximum 10 days.

Maternity care is covered by the basic package of your care insurance. You must make a mandatory, non-reimbursable contribution of EUR 4.10 per hour. Ask your care insurer whether you may choose a midwifery organisation yourself.

You have the right to care offered under [the Long Term Care Act](#) (WLZ) if you work or live in the Netherlands. This covers ordinary check-ups for the child at a baby clinic, and costs in the case of long-term illness or invalidity.

For more information about reimbursement for midwifery, obstetric and postnatal care, please contact your care insurer. **Parental leave**

Unpaid parental leave exists in the Netherlands for employed parents/main carers of children under eight. Per child, each entitled parent can take unpaid parental leave of maximum 26 times the number of weekly working hours. Leave can be taken part-time or fulltime.

Jargon busters

- **[Health Care Insurance Act](#)** (ZVW): Act that makes care insurance mandatory for everyone living and/or working in the Netherlands.
- **[Long-term Care Act](#)** (WLZ): Act introducing a general long-term care insurance covering individually uninsurable health risks for people living or working in the Netherlands with severe, long-term care needs and staying in an institution or at home (frail elderly, and people with severe disabilities, chronic illness or disability that need close all day intensive care or supervision).
- **[Employee Insurance Agency](#)** (UWV): the UWV is a Dutch welfare agency that is responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).
- **[Pregnancy benefit \(or WAZO, Work and Care Act\)](#)**: [pregnancy and maternity leave](#) paid for at least 16 weeks.
- **[Maternity Benefit Scheme for the Self-Employed \(ZEZ\)](#)**: 16-week benefit for the self-employed, cannot exceed the minimum wage.
- **[Pregnancy confirmation](#)**: when you apply for pregnancy benefits, you need to submit a '[pregnancy confirmation](#)' from your physician to your employer specifying among others the due date.
- **[Maternity care/midwifery](#)**: the care for mother and child during and after giving birth at home. Maternity care is provided by a midwife.
- **[Baby clinic](#)**: an establishment providing preventive health care for children from 0 to 4 years old.

Forms you may need to fill in

You may complete a [Pregnancy confirmation](#) yourself or use a statement from your doctor or obstetrician when applying for pregnancy benefit.

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [pregnancy and maternity leave](#)

European Commission publication and website:

- [Family benefits: your rights as an EU citizen abroad](#).

Who do you need to contact?

- An obstetrician or gynaecologist and possibly your general practitioner;
- Your employer or, if you are self-employed, the UWV, to organise payment of your pregnancy benefit or paternity benefit;
- A midwifery organisation to organise postnatal maternity care;
- If you have a question related to your EU rights, please [apply for help from the EU](#).

Health

Healthcare

You can read here about insurance for healthcare in the Netherlands

In what situation can I claim?

If you live or work in the Netherlands and pay tax, you are obliged to take out care insurance as stipulated in the Health insurance act (*Zorgverzekeringswet*, ZVW) and are insured under the Long-term care Act (*Wet Langdurige Zorg*, WLZ). You then have the right to reimbursement of the costs of your medical care from the basic package.

What conditions do I need to meet?

You must live or work, pay tax and have mandatory health care insurance in the Netherlands.

What am I entitled to and how can I claim?

The amount that is reimbursed depends on your insurance policy. Your healthcare insurer can tell you more about this.

The basic insurance covers a minimum number of reimbursable expenses, determined annually by the Ministry of Health, Welfare and Sport. See here for the [list of reimbursements in 2020](#).

Dental care for children up to 18 years old including preventive maintenance work, fluoride applications up to twice a year from the age of six, sealing, periodontal care and surgical treatment are included in the legally defined coverage. Dental care for adults only covers dentures and specialist surgical treatments if it concerns a serious development disorder, growth disorder or an acquired defect of the dental/jaw/mouth system. Other dental treatments are only covered through voluntary supplemental insurance.

Care received from a general practitioner or medical specialist is paid for by the insurance company. A consultation with a medical specialist proceeds on the basis of a referral from a general practitioner.

Your insurer will give you a policy document and insurance number, which you can use as proof of insurance when you need medical care.

In kind and restitution policies

There are different kinds of insurance policies. With an in-kind policy, the full costs of care are reimbursed if the care is provided by a contracted care provider.

If you have an in-kind policy, but decide to go to a non-contracted care provider, your care insurer can apply a deduction to the reimbursement of the care costs. However, the deduction cannot be so high that it forms an obstacle in obtaining care.

With a restitution policy, you are free to choose the care providers yourself. In most cases, the costs incurred will be reimbursed after submitting the invoice.

'Mandatory' excess

Insured people of 18 and older have to pay the first EUR 385 of their healthcare costs per year themselves. The amount is updated annually and is collected by the healthcare insurer. This 'mandatory' excess does not apply to:

- the general practitioner;
- maternity care;
- obstetric care;
- care from a supplementary insurance policy;
- rental of medical aids on loan;
- any contributions or payments made by the insured.

In addition, the insurer may offer the insured the option of a higher 'voluntary' excess (on top of the mandatory excess) of EUR 100, 200, 300, 400 or 500, but lower premium. The higher the voluntary excess, the lower the premium.

People may qualify for compensation of the health insurance premiums. They can apply for this via Tax and Customs Administration (*Belastingdienst*). The supplementary compensation is called "Zorgtoeslag" (health care allowance).

Jargon busters

- **Health insurance act (*Zorgverzekeringswet, ZVW*):** Act that makes healthcare insurance mandatory for everyone living or working in the Netherlands.
- **Care insurance or basic insurance:** mandatory health insurance for people living or working in the Netherlands to cover essential healthcare.
- **Long-term care Act (*Wet Langdurige Zorg, WLZ*):** collective long term care insurance mandatory in the Netherlands for non-individually-insurable long-term care cost risks.

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Information about health insurance](#)
- [Questions about cross border healthcare](#)

European Commission publication and website:

- [Provision of social security: your rights as an EU citizen abroad.](#)

Who do you need to contact?

There are various websites that allow you to compare the different health insurance providers.

If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Long-term care

You can read here about the provisions and benefits for long-term care in the Netherlands.

In what situation can I claim?

If you are living or working in the Netherlands and thus pay tax in the Netherlands, you are insured for long-term care through the Long-term care Act (*Wet Langdurige Zorg, WLZ*).

Long-term care is introduced as a general insurance for people with severe, long-term care needs and stay in an institution, or at home such as the frail elderly and people with severe disabilities, chronic illness or disability that need close all day intensive care or supervision. Long-term care can be provided in an institution or at home.

What conditions do I need to meet?

Anyone who comes from abroad to settle in the Netherlands and consequently becomes eligible for entitlements under the WLZ is subject to a waiting time equal to one month for every year that they were uninsured under the WLZ with a maximum of twelve months. However, insurance periods in EU and EEA countries and Switzerland are recognised in the Netherlands and will be counted as well.

The waiting time applies to inpatient care to which the insured person is entitled at the start of the insurance, or to inpatient care required by the health condition in the first six

months after settling in the Netherlands. This does not mean that these individuals will be unable to obtain care, but means that no claim for the associated costs can be made under the WLZ.

You live or work in the Netherlands and are insured under the WLZ. To receive WLZ care, you need an [indication](#) from the Care Needs Assessment Centre (*Centrum Indicatiestelling Zorg, CIZ*).

What am I entitled to and how can I claim?

Risks covered under the WLZ:

- a stay in a care facility: long-term stay, or being placed in a nursing home or designated, sheltered accommodation for people with mental disabilities;
- personal care: assistance with washing, dressing, using the toilet, and eating and drinking;
- care that increases self-reliance: assistance in structuring the day, gaining greater control over one's life, and learning to perform household duties;
- nursing care: medical assistance, e.g. tending to wounds or administering injections;
- treatment under the Long-Term Care Act: a medical, paramedical or behavioural treatment which helps with the recovery or improvement of a specific condition;
- transport to and from day programmes and day treatment: for people whose medical condition prevents them from travelling to the day programme or day treatment independently.

The CIZ decides whether someone has the right to WLZ care and how much. This is called a [WLZ indication](#). The decision is valid for a maximum of 5 years.

Care providers and the Youth Care Offices (*Bureaus Jeugdzorg*) determine the care for children up to the age of 18 who have psychiatric/psychological problems.

You can arrange WLZ care in two ways:

- contracted care: the care provider determines how you receive the care;
- personal care budget (*Persoonsgebonden budget, PGB*): you arrange the care yourself (for personal care, nursing, assistance or short-term stays).

Insured parties can choose to use their PGB for care from informal care providers, such as a neighbour or friend, or from formal care providers, such as specialised agencies.

Your insurer will give you a policy document and insurance number which you can use as proof of insurance.

Jargon busters

- **Long-term care Act (WLZ):** collective health insurance mandatory in the Netherlands for non-individually-insurable health cost risks.
- **Personal care budget (PGB):** a budget within the WLZ to buy care independently.
- **Care Needs Assessment Centre (*Centrum Indicatiestelling Zorg, CIZ*):** determines whether you are entitled to WLZ care, the WLZ indication.
- **WLZ institutions:** institutions where you live (temporarily) and receive care.

Forms you may need to fill in

[Application for WLZ care](#)

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Apply for WLZ care yourself](#)
- [More about the WLZ](#)

- [Personal budget \(PGB\)](#)
- [CIZ \(Care Needs Assessment Centre\)](#).

European Commission publication and website:

- [Provision of social security: your rights as an EU citizen abroad](#).

Who do you need to contact?

- If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Incapacity

Invalidity benefits

You can read here about invalidity benefits in the Netherlands. Within the invalidity scheme (the WIA-scheme), a distinction is made between full and permanent disability (IVA-benefit) and partial disability (WGA-benefit).

In what situation can I claim?

If you become unable to work, your employer will pay at least 70% of your income up to a maximum of 2 years. If you have no employer, the UWV (Employee Insurance Agency) pays the sickness benefit (via the Sickness Benefits Act). After 104 weeks of illness, you may be eligible for a WIA-benefit, which is the invalidity benefit.

WIA is the Dutch abbreviation for the Work and Income (Capacity for Work) Act. The WIA-benefit is the benefit you receive if, due to illness or disability, you cannot work or earn less than your previous income from work.

You apply for the WIA-benefit if you have been ill for nearly 2 years (104 weeks) and, because of the illness or disability, only can earn 65% or less of your previous income. Under the WIA, you must work as much as you can.

The WIA encompasses two schemes:

- WGA: Return to Work (Partially or temporarily Disabled Persons) Scheme, for people who are temporarily or partially (at least 35%) incapacitated for work;
- IVA: Full Invalidation Benefit Regulation, for people who are completely (at least 80%) and permanently incapacitated for work.

Young disabled persons

Young disabled persons who reach the age of 18 and do not have any working capacity in the long term may be entitled to cash benefits (Wajong) on the condition that they reside in the Netherlands legally.

Self-employed

If you are self-employed, you can take out a private insurance to ensure you are entitled to benefits in the event of incapacity for work.

Industrial accidents and occupational diseases

There is no separate legislation for industrial accidents and occupational diseases in the Netherlands. In these cases you are entitled to receive your wage by your employer for the first 104 weeks or by payment of sickness benefits in cash according to the Sickness Benefits Act in case your contract has legally ended. After the period of 104 weeks you may be entitled to benefits in cash according to the Work and Income Act (WIA).

Furthermore, workers can sue their employer in the civil court and claim additional financial compensation to compensate for the damage.

What conditions do I need to meet?

Complete incapacity for work

If you are completely incapacitated for work due to illness or disability (at least 80%), have no or only a slight chance of recovery, you may be entitled to an IVA benefit after two years of sickness.

Partial incapacity for work

If you are temporarily or partially incapacitated for work due to illness or invalidity (at least 35%) and you have an employer, you could receive a WGA-benefit after 2 years.

If you are less than 35% incapacitated for work, you have no right to invalidity benefit.

You remain employed by your employer in principle, for example in a modified position. If this is not possible, your employer may dismiss you after two years of sickness and you may be entitled to unemployment benefit.

Young people with an illness/disability (Wajong)

You are entitled to a Wajong-benefit in cash if you are living legally in the Netherlands and you lack any long-term labour capacity on your 18th birthday due to sickness or impairment. You may also be entitled to a Wajong-benefit in cash if you are living in the Netherlands and become disabled after your 18th birthday and before your 30th birthday and had studied for at least 6 months in the year before you became disabled.

What am I entitled to and how can I claim?

Complete incapacity for work

The IVA-benefit is 75% of the daily wage. The daily wage is based on the earned salary in the year prior to the starting date of the incapacity for work with [a maximum of EUR 219.28 per day](#).

Partial incapacity for work (partially disabled person)

The WGA benefit you receive depends on how much you still can work, and on how much you still work in practice.

Types of WGA benefit:

There are three kinds of [WGA](#)-benefit:

- pay-related;
- pay-supplementary;
- follow-up benefit.

You can receive a **pay-related benefit** under the following conditions:

- due to illness, you can only earn less than 65% of your old income;
- you had worked for 26 of the last 36 weeks before you became ill.

If you also worked in another Member State in this period, this period of work counts as if you had performed it in the Netherlands when determining your right to pay-related work incapacity benefit.

The duration of the pay-related benefit may be extended to a maximum of 24 months. The duration depends on the number of calendar years that you worked in the period prior to the year in which you became ill. Periods of work in another Member State are counted when determining the duration.

If you are not working, you have the right to 75% of your last pay during the first 2 months and 70% of the last pay thereafter.

If you do not work when the pay-related benefit ends, or you earn less than 50% of the remaining work capacity, you will receive a **wage supplement benefit** or a **follow-up benefit**. See [WIA](#). If you earn more than 50%, you will receive a pay-supplementary benefit.

For **Young Disabled persons** there is a Wajong-benefit that provides an income of 75 percent of the minimum wage.

Jargon busters

- [Work and Income \(Capacity for Work\) Act](#) (*Wet werk en inkomen naar arbeidsvermogen*, **WIA**): covers all employees who as a result of illness or disability are not able to earn 65% of their last income by working.
- [Full Invalidity Benefit Regulation](#) (*Inkomensvoorziening volledig arbeidsongeschikten*, IVA): provides an income for those who are completely and permanently incapacitated for work or have only a slight chance of recovery.
- [Return to Work \(Partially Disabled Persons\) Act](#) (*Werkhervatting gedeeltelijk arbeidsongeschikten*, WGA): programme to return the partially disabled to work.
- [Young Disabled Persons Act](#) (*Wet arbeidsongeschiktheidsvoorziening jonggehandicapten*, Wajong): scheme for people who have a long-term illness or handicap at their 18th birthday or after their 18th birthday and before they turn 30 during their study. This benefit can continue till the pensionable age.
- [Employee Insurance Agency](#) (*Uitvoeringsinstituut Werknemersverzekeringen*, UWV): a Dutch welfare agency that is responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).

Forms you may need to fill in

- [Application for Wajong](#)
- [Application for WIA-benefit](#)

Know your rights

The rights you have are described on the websites below (these are not European Commission websites and do not represent the EC standpoint:

- Apply for [Wajong](#)- benefit;
- Apply for [WIA](#) and [IVA](#).

European Commission publication and website:

- [Provision of social security during unemployment: your rights as an EU citizen abroad](#).

Who do you need to contact?

When you become ill, you must report this to your employer as soon as possible.

The UWV will decide whether you are incapable of work and to what extent. You apply for the benefit from UWV after a waiting period of 89 weeks, but you may apply after a waiting period of 13 weeks (or more) if it becomes clear that you are fully and permanently disabled.

If you are self-employed, you may take out a voluntary insurance for the risk of incapacity for work due to illness. For more information, please see:

- [Insurance for the self-employed against illness or incapacity](#)

If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Industrial accidents and occupational diseases

In the Netherlands, there are no separate schemes for industrial accidents and occupational diseases. The rules for sick pay in the event of illness and work incapacity benefits apply to all cases of illness or incapacity for work.

In what situation can I claim?

In the Netherlands, there are no separate schemes for industrial accidents and occupational diseases. The rules for sick pay in the event of illness and work incapacity benefits apply to all cases of illness or incapacity for work.

If you become ill and are in paid employment, your employer must continue to pay at least 70% of your pay. If you are a temporary employee or are receiving unemployment benefit, you are covered by the Sickness Benefits Act and will receive a benefit from UWV, the Employee Insurance Agency.

If you are self-employed, you can take out insurance in case you become ill.

For more information, please see the chapter Invalidity benefit.

What conditions do I need to meet?

When you become ill, you must report this to your employer as soon as possible (no later than the second day of your illness).

Employers may impose supervision requirements with which the ill employee must comply.

What am I entitled to and how can I claim?

If you are ill, you receive at least 70% of your income from your employer or from the UWV. You receive this amount during the first 2 years of your illness. If your contract is for a limited time, the continued payment will not extend beyond the duration of the contract.

If you receive a benefit from the UWV, the amount is based on your last earned pay, with a maximum of EUR 219.28 per day.

If 70% of your daily income is less than the [minimum income](#) (*sociaal minimum*), you may be entitled to a supplement based on the [Supplementary Benefits Act \(Toeslagenwet\)](#).

Jargon busters

- [Sickness Benefits Act \(Ziektewet, ZW\)](#): a Dutch law implemented by the UWV to ensure that ill employees, whose employer is not obliged to continue to pay during illness (for example because they are no longer employed), have the right to a benefit.
- [Supplementary Benefits Act \(Toeslagenwet\)](#): a Dutch law that is implemented by the UWV. The supplement based on this Act increases the income of benefit recipients in certain cases to the [level of the minimum income \(sociaal minimum\)](#).
- [Employee Insurance Agency \(Uitvoeringsinstituut Werknemersverzekeringen, UWV\)](#): a Dutch welfare agency responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Insurance for the self-employed against illness or incapacity](#)
- [How can I as a self-employed person insure myself against incapacity for work?](#)

European Commission publication and website:

- [Provision of social security during unemployment: your rights as an EU citizen abroad.](#)

Who do you need to contact?

When you become ill, you must report this to your employer as soon as possible. The first two years of your sickness, the employer pays your salary.

The UWV will decide whether you are incapable of working and to what extent. You apply for the benefit via UWV after 2 years. If it becomes clear earlier than two years that you are completely and permanently disabled, you may apply for the benefit earlier.

If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Sick pay and benefits in the event of illness

You can read here about sick pay and benefits in the Netherlands if you become ill.

In what situation can I claim?

If you become ill and are in paid employment, your employer must continue to pay at least 70% of your pay for 2 years. If you are a temporary employee or are receiving unemployment benefit, you come under the Sickness Benefits Act and will receive a benefit from the UWV, the Employee Insurance Agency, equal to 70% of the average daily pay you received before your illness.

If you are self-employed, you could take out voluntary insurance in case you become ill. This could be with the UWV or a private insurer.

What conditions do I need to meet?

When you become ill, you must report this to your employer as soon as possible (no later than the second day of your illness). In case you do not have an employment contract, you must apply for Sickness Benefit and report your illness to the UWV.

Employers may impose checking conditions; the ill employee must comply with these.

What am I entitled to and how can I claim?

If you are ill, you receive at least 70% of your income from your employer or from the UWV. You receive this amount during the first 2 years of your illness. If you have a fixed-term contract, the continued payment will not extend beyond the duration of the contract.

After this, you have the right to a benefit from the UWV.

If you receive a benefit from the UWV, the amount is based on your last earned pay, with a maximum of EUR 219.28 per day (maximum daily pay).

If 70% of your daily income is less than the [minimum income](#) (*sociaal minimum*), you may be entitled to a supplement based on the [Supplementary Benefits Act \(Toeslagenwet\)](#).

Jargon busters

- **[Sickness Benefits Act \(Ziektewet\)](#)**: a Dutch law that is implemented by the UWV to ensure that ill employees, whose employers are not obliged to continue to pay during illness (for example because they are no longer employed), have the right to a benefit.
- **[Supplementary Benefits Act \(Toeslagenwet\)](#)**: a Dutch law that is implemented by the UWV. The supplement based on this Act makes up the income of benefit recipients in certain cases to the social minimum.
- **[Employee Insurance Agency \(Uitvoeringsinstituut Werknemersverzekeringen, UWV\)](#)**: a Dutch welfare agency that is responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).

Know your rights

See further Section Invalidation Benefits European Commission publication and website:

- [Provision of social security during unemployment: your rights as an EU citizen abroad.](#)

Who do you need to contact?

If you become ill, you must report this to your employer as soon as possible. If you do not have an employment contract, you have to report your illness to the UWV in order to claim Sickness Benefit.

If you are self-employed, you can take out insurance in case you become ill. For more information, please see: Insurance [for the self-employed against illness or incapacity.](#)

If you are seeking advice or help with your EU rights, please [apply for help from the EU.](#)

Old-age and survivors

Retirement pension

You can read here about retirement pension in the Netherlands.

In what situation can I claim?

The Dutch pension system consists of three pillars: the General Old Age Pensions Act (AOW), supplementary pension accrual via the employer and supplementary individual pension policies.

General Old Age Pensions Act (*Algemene Ouderdomswet, AOW*)

If you live or work in the Netherlands, you are insured under the General Old Age Pensions Act (AOW). Everyone who reaches the statutory retirement age has the right to an AOW benefit, the so-called first pillar pension. This provides a basic income for getting by.

The statutory retirement age is gradually being raised. In 2020 and 2021, it will remain at 66 years and 4 months. In 2022, it will be raised by 3 months and will reach 67 years in 2024. You can simulate your AOW-pension age (fixed or as an estimate, depending on your birth date) on the following page <https://www.svb.nl/en/aow-pension/aow-pension-age/your-aow-pension-age>.

See [this page](#) for more information about the AOW.

If you live abroad, you can under certain conditions take out insurance for the AOW voluntarily. You must apply for this within one year of starting to live abroad. If you have lived abroad and start living or working in the Netherlands, you can voluntarily purchase extra AOW-insurance periods under strict conditions. If you do not do this, you will not receive AOW benefit for the time you did not live or work in the Netherlands.

Supplementary pension

If you work in the Netherlands, you can also be insured for a supplementary pension, the so-called second pillar pension. Around 90% of employers have a supplementary pension scheme granting retired employees an additional payment on top of their AOW benefit.

The pension fund of your employer knows how much pension you have built up so far. Basically, employees receive a so-called uniform pension overview (*uniform pensioenoverzicht, UPO*) every year. You can also consult your online pension insurance record online at: <https://www.mijnpensioenoverzicht.nl/>.

Individual insurance

Individual policies include annuities, single premium policies and life insurance policies. With this so-called third pillar pension, you can save for extra pension in a fiscally attractive way. For example, in order to fill in a pension gap in the supplementary pension insurance record, or in order to retire early.

Self-employed

The self-employed must arrange their supplementary pension themselves. They can do this with individual insurance policies.

What conditions do I need to meet?

See: In what situation can I claim?

What am I entitled to and how can I claim?

For each year that you live or work in the Netherlands, you build up 2% of a full AOW pension. After having been insured for 50 years you are entitled to receive the full AOW pension. If you have lived abroad and were not insured for AOW during that time, you do not build up pension for that period. In order to be entitled for AOW, you need to be insured for AOW for at least one year.

If you are living in the Netherlands, an application form will be sent to your home a few months before you reach the statutory retirement age. You must complete and send back this form to the Social Insurance Bank (*Sociale Verzekeringsbank, SVB*). If you live in another EU country, you can apply for the AOW from the pension authorities in the country where you are living, or in the country where you were last insured.

The AOW is paid monthly. The amount is adjusted twice a year in line with wage inflation. The holiday allowance is paid in May.

You can find the [current AOW rates online](#).

AIO supplement

If you are living in the Netherlands and do not receive a full AOW pension, and have little other income and means besides your AOW pension, you might be entitled to a supplement to your AOW pension (Additional Income Provision for the Elderly or AIO supplement). This supplement is paid under the Participation Act (*Participatiewet*). For more information, please see: <https://www.svb.nl/en/aio-supplement>.

Jargon busters

- **AOW**: the General Old Age Pensions Act. Everyone who lives or works in the Netherlands is insured under the AOW Act and has the right to a pension when reaching the statutory retirement age.
- **Statutory retirement age**: The statutory retirement age is gradually being raised. In 2020 and 2021, it will remain at 66 years and 4 months. In 2022, it will be raised by 3 months and it will reach 67 years in 2024. For those born after 30 September 1957, the statutory retirement age is linked to life expectancy.
- **Social Insurance Bank (*Sociale Verzekeringsbank, SVB*)**: The welfare agency in the area of social security in the Netherlands.
- **Additional Income Provision for the Elderly (*aanvullende inkomensvoorziening ouderen, AIO*)**: supplement to your pension under the Participation Act.

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [State old-age pension](#) (AOW)
- [Occupational pension](#)

European Commission publication and website:

- [Retirement abroad: your rights as an EU citizen abroad](#).

Who do you need to contact?

State old-age pension (AOW): If you are living in the Netherlands, the Social Insurance Bank (SVB) will send an application form to your home a few months before you reach the statutory retirement age. If you live in another EU country, you can apply for the AOW from the pension authorities in the country where you are living, or in the country where you were last insured.

Supplementary pensions and pension policies: ask your employer for more information. If you are self-employed, you can take out pension insurance yourself.

Survivor's benefit

You can read here what benefits there are in the Netherlands for surviving dependants.

In what situation can I claim?

If your partner or ex-partner has passed away, you may be entitled to a benefit under the Anw. The partner or ex-partner must have been insured when he/she passed away; in other words, he or she must have lived in the Netherlands or have worked and paid tax in the Netherlands.

Minor children may also receive a benefit if both parents pass away. This applies to both biological and adopted children.

If you no longer live or work in the Netherlands, you may opt voluntarily to stay insured under the Anw. You must apply for this from the SVB (Social Insurance Bank) within one year of leaving the Netherlands.

What conditions do I need to meet?

Everyone who lives or works in the Netherlands is automatically insured under the Anw.

As a partner of a deceased insured person, you have the right to an Anw benefit if you:

- have an unmarried child who is under the age of 18;
- are expecting a child;
- are more than 45% incapacitated for work;

The Anw benefit stops if you:

- no longer have an unmarried child who is under 18 (or the child goes to live in another household);
- are no longer more than 45% incapacitated for work;
- reach the statutory retirement age under the General Old Age Pensions Act (AOW);
- remarry, enter into a registered partnership or start living together with a partner.

What am I entitled to and how can I claim?

The Social Insurance Bank (SVB) is responsible for the Anw payments.

There are different Anw benefits:

- the benefit for partners and for ex-partners receiving maintenance;
- the benefit for children up to 16 whose both parents are deceased.

The amount of the surviving relative's benefit depends on the income of the surviving relative. There is a maximum of 70% of the minimum wage. Surviving relatives also receive a holiday payment in May each year.

The amount of the orphans' benefit depends on the orphan's age and is linked to the minimum wage. Orphans aged between 16 and 21 may also receive orphans' benefit under certain circumstances. For example, if they attend school full time, or take care of a brother or sister.

Surviving relatives pension

Employees can often build up a [surviving relatives' pension](#) for their partner within supplementary pension schemes. You can enquire about your pension scheme and how this is arranged for you. The survivor's pension is on top of any surviving relative's benefit.

Jargon busters

- **Anw benefit:** a benefit for surviving relatives under the General Surviving Relatives Act (ANW, *Algemene nabestaandenwet*).
- **Social Insurance Bank (Sociale Verzekeringsbank, SVB):** welfare agency in the area of social security in the Netherlands.

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Survivor's benefit](#)

European Commission publication and website:

- [Survivors' pensions and death grants: your rights as an EU citizen abroad.](#)

Who do you need to contact?

You can find all the [information and application forms for the survivors' benefit](#) on the SVB website.

If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Social assistance

Social assistance benefits

You can read here about social assistance benefits in the Netherlands.

In what situation can I claim?

The Participation Act (*Participatiewet*) guarantees a minimum income for everyone who is living legally in the Netherlands and who has insufficient means to maintain themselves.

What conditions do I need to meet?

You have the right to a social assistance benefit if you:

- are living legitimately in the Netherlands;
- are at least 18 years old;
- as a single person, single parent or family have an income that is lower than the social assistance norm;
- cannot claim any other benefit;
- have assets that do not exceed a certain sum;
- are not in jail or a detention centre.

Assets

Assets may not exceed [a certain maximum](#) for married couples, couples living together or single parents, and a [different maximum](#) for single people. Assets include not only savings, but also assets such as for example a car.

If you own your own home, then its value will also be taken into account when assessing your assets. A [certain amount](#) is excluded from the assessment.

Is the value of your house, minus any mortgage still to be paid off, more than the maximum amount? Then the local authority could grant you a social assistance benefit in the form of a financial loan.

See [here](#) for the current maximum amounts of assets.

Obligations

If you receive a social assistance benefit, you must do everything possible to find work. Your local authority can help you with this. Single parents with a child up to 5 years old do may request dispensation from the obligation to look for work. The parent is however obliged to attend training courses.

Read [more](#) about your obligations if you receive a social assistance benefit.

What am I entitled to and how can I claim?

Social assistance levels

The social assistance levels for single people, single parents and married people between the age of 21 and the statutory retirement age (AOW age) are based on the net minimum wage. There are three different categories: 18-21 years, 21-pensionable age and from pensionable age.

The benefit you have a right to depends on your age and living situation. The social assistance levels depend on the number of persons aged 21 or older living in the same house, regardless of whether they are family members or not (shared living costs standard). Such people are referred to as cost sharers. In addition, 5% holiday pay is paid out annually.

Retired people with an insufficient pension can also claim the additional income provision for the elderly (AIO).

See [here](#) for the current amounts of social assistance benefit.

Under certain circumstances, you also have the right to [Housing allowance](#) and Care allowance.

Special assistance

[Special assistance](#) is a cash benefit for essential expenditure that you cannot pay due to exceptional circumstances, for example the cost of buying a washing machine. Your local authority will pay this amount.

Young and ill/disabled

See the <https://www.uvw.nl/particulieren/arbeidsbeperkt/index.aspx>.

Jargon busters

- **Participation Act (*Participatiewet*)**: a Dutch law that guarantees a minimum income for everyone who is living legally in the Netherlands and has insufficient means to maintain themselves.
- **Young Disabled Persons Act (*Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong*)**: scheme for children and young people who have a long-term illness or disability on their 17th birthday or during their study.
- The **Employee Insurance Agency (*Uitvoeringsinstituut werknemersverzekeringen, UWV*)** is a Dutch welfare agency responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Social assistance](#)
- [Social assistance for the self-employed](#)

European Commission publication and website:

- [Provision of social security during unemployment: your rights as an EU citizen abroad](#).

Who do you need to contact?

- Applying for social assistance: you can find more information regarding social assistance [online](#)
- Applying for housing and care allowances: you can find [information on housing allowance online](#) and/or approach the **Tax Administration**.
- If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Unemployment

Unemployment

You can read here about benefits in the Netherlands if you become unemployed.

In what situation can I claim?

If you become unemployed in the Netherlands, you can be entitled to unemployment benefit under the Unemployment Insurance Act (WW, *Werkloosheidswet*).

What conditions do I need to meet?

The conditions for a WW benefit include the following:

- you are insured against unemployment. This is the case if you are employed and have not yet reached the statutory retirement age (AOW age);
- you have lost at least 5 work hours a week and the associated pay (for employees who are employed for maximum 10 hours per week, the condition is to have lost at least half of the working hours);
- you are available for work on the Dutch labour market;
- you must avoid becoming or remaining unemployed by, for example, sending enough applications for suitable work;
- you have worked for at least 26 weeks in the 36 weeks before you became unemployed (if you also worked in another Member State in this period, this period of work will be taken into account when determining your right to unemployment benefit);
- you have become unemployed through no fault of your own.

You do not have the right to unemployment benefit if you:

- are receiving a benefit due to illness or invalidity;
- have reached the statutory retirement age;
- live outside the Netherlands;
- are not staying in the Netherlands legitimately;
- are in prison.

What am I entitled to and how can I claim?

You receive 75% of your last pay per day (up to a maximum of EUR 219.28 during the first 2 months and 70% of the last pay earned thereafter).

The duration of the unemployment benefit is 3 months. Depending on the total duration of the working career it can be extended up to 24 months.

One year in employment gives entitlement to one extra month of WW benefit receipt for the first 10 years. From the 11th year, one year of employment gives entitlement to ½ month of WW benefit (with a maximum of 24 months). If you have received pay for at least 208 hours' work for at least four of the last five years before the year you became unemployed, you have a right to an extension of the benefit.

To claim unemployment benefit, you must submit an application to the UWV within one week of becoming unemployed, and register as a jobseeker with the UWV.

If your benefit is less than the [minimum income \(sociaal minimum\)](#), you might be entitled to a supplement based on the [Supplementary Benefits Act \(Toeslagenwet\)](#).

If you do not meet the conditions to receive WW-benefit, you may qualify for social assistance benefit under certain conditions. The amount depends on your financial circumstances and those of your family and, if applicable, your partner.

Jargon busters

- **WW benefit:** unemployment benefit under the Unemployment Insurance Act (*Werkloosheidswet*, WW) which provides a temporary benefit to involuntarily unemployed employees with sufficient working history and who are available for work.
- **Social assistance benefit:** (*bijstand*, as foreseen in the *Participatiewet*) guarantees a minimum income for everyone living legally in the Netherlands and with insufficient means to maintain themselves.
- **The Employee Insurance Agency** (*Uitvoeringsinstituut werknemersverzekeringen*, UvV) is a Dutch welfare agency that is responsible for implementing the employee insurance schemes (unemployment, illness, incapacity for work).
- **Supplementary Benefits Act** (*Toeslagenwet*): a Dutch law that is implemented by UvV. The law increases the income of benefit recipients to the level of the [minimum income](#) (*sociaal minimum*).

Know your rights

The links below set out your rights. They are not European Commission sites and do not represent the view of the European Commission.

- [Working in the Netherlands](#).

European Commission publication and website:

- [Provision of social security during unemployment: your rights as an EU citizen abroad](#).

Who do you need to contact?

You may apply for a benefit via:

- www.werk.nl
- information by phone: +31 88 8989294 (local rate - calling costs depend on your telephone provider) or +31 09009294 (EUR 0.04 per minute).

If you are seeking advice or help with your EU rights, please [apply for help from the EU](#).

Moving abroad

Moving abroad

You can read here about the accumulation of the insured period in the Netherlands and other EU Member States where you have lived and/or worked.

In what situation can I claim?

You are an EU citizen, or citizen from Norway, Liechtenstein, Iceland or Switzerland and you come to live and work in the Netherlands.

Because earlier periods of working or living in other Member States, Norway, Liechtenstein, Iceland or Switzerland can be added up to your insurance record, the loss of accumulated rights in one of these countries is prevented in case you migrate to one of these countries.

Insurance periods accumulated while working or living in the Netherlands may also be exported if you move to another EEA state or Switzerland.

What am I entitled to and how can I claim?

If you come to live and work in the Netherlands (as an employee), you are subject to the Dutch social insurance legislation from your first working day. This means that you are legally obliged to be insured under the employee insurance and national insurance schemes from the very first day. You do not have to have worked or lived in the Netherlands for a certain period before you become insured.

The employee insurance schemes comprise the Unemployment Insurance Act (WW), the Sickness Benefits Act (ZW) and the Work and Income (Capacity for Work) Act (WIA). The national insurance schemes comprise the General Old Age Pensions Act (AOW), the Surviving Dependants Act (ANW), the General Child Benefit Act (AKW) and the Long-term care Act (WLZ).

You are obliged to take out care insurance based on the Health insurance act (ZVW).

Accumulation of insured periods

The accumulation of earlier periods of insurance in other Member States may play a role if you receive a WW (unemployment), WIA (incapacity) or WGA benefit (WGA is the Return to Work (Partially Disabled Persons) Scheme) and must comply with the following reference periods:

- for the right to 3 months of WW benefit: you have worked for at least 26 weeks in the 36 weeks before you became unemployed;
- for the right to extension of the WW benefit and the length of the extension: you have received pay for at least 208 hours' work for at least four of the last five years before the year when you became unemployed;
- for the right to three months of pay-related WIA/WGA benefit for the partially incapacitated: you have worked for at least 26 weeks in the 36 weeks before you became unemployed;
- for the length of the extension of the WIA/WGA benefit: you have received pay for at least 208 hours' work for at least 4 of the last 5 years before the year when you became unemployed.

If you have not worked sufficiently in the Netherlands, it might be that, through the accumulation of the periods that you have built up in another Member State, you are still entitled to a WW or WIA-benefit. The accumulation principle can only be applied to starting a claim for a benefit and not to its amount.

When living or working in the Netherlands, the accumulation of earlier periods of insurance in other Member States plays no role in establishing the right to the AOW (old-age pension), because you need to have been insured for at least one year in the Netherlands in order to be entitled to an AOW pension, but in a few cases of ANW (Survivors' benefits) or AKW (child) benefits it does.

The accumulation of earlier periods of insurance in other Member States could play a role for the WIA (incapacity) or ANW (surviving dependants) benefits, if you have worked as an employee in the Netherlands and then return to your own or another EU country.

If, for example, the employee passes away, the surviving dependants have in principle the right to a survivor's benefit from all Member States where the deceased employee was insured, including the Netherlands.

Some long-term benefits, such as the AOW (retirement) pension or the ANW (surviving dependants) benefit are calculated according to a different principle, which ensures that every Member State where you have been insured pays part of the insurance, proportional to the duration of the insurance in that country ('pro rata' calculation).

The benefits from the various Member States are then multiplied using a (pro rata) fraction, so that the completed insurance periods in all Member States are taken into consideration. The same pro rata system applies to long-term incapacity for work.

Know your rights

European Commission publication and website:

- [Provision of social security: your rights as an EU citizen abroad.](#)

If you are seeking advice or help with your EU rights, please [apply for help from the EU.](#)

Main residence

Habitual residency

You can read here about habitual residency in the Netherlands.

Am I a habitual resident?

To be covered by the Dutch social security system and therefore be insured under the national insurance schemes, you must legitimately work or live in the Netherlands.

Legitimately means that you are a Dutch citizen or that you meet the conditions for legitimate residency in the Aliens Act (*Vreemdelingenwet, VW*). The Aliens Act stipulates very precisely in what cases you may remain in the Netherlands as an alien or foreigner.

Personal connection of a permanent nature

You are considered to live in the Netherlands if there is a personal connection of a permanent nature between you and the Netherlands. Whether such a connection exists depends on factors such as:

- the duration and continuity of the stay in the Netherlands;
- the nature and specific characteristics of the work done, particularly the place where this was usually carried out;
- the stable nature of the work or the length of an employment contract;
- the family situation and family connections;
- the attendance of the children at a Dutch school;
- the participation in a course to learn the Dutch language, a naturalisation course or professional education;
- the performance of voluntary work or other activities;
- for students, the source of their income;
- the accommodation situation and how permanent this is;
- the Member State where the person concerned lives for tax purposes.

Test of legitimate residence

Factors such as living and working environment, family, finances and entry in the population register are weighed up together to reach a final conclusion. The decision is not made on the basis of one factor, but is based on the underlying relationship between the various factors.

The will of the person concerned to remain in the Netherlands may be of importance. However, the intention must be assessed on the basis of the person's behaviour and supported by the facts and circumstances.

The test of legitimate residence takes place at an individual level. Family members living illegally in the Netherlands have no right to benefits, even when the partner or parent living legitimately in the Netherlands has that right.

What am I entitled to and how can I claim?

The general rule is that everyone who lives in the Netherlands is insured under these social insurance schemes. Habitual residents in the Netherlands may also claim social assistance based on the Participation Act, and young disabled people a benefit based on the [Young Disabled Persons Act \(Wajong\)](#).

Know your rights

European Commission publication and website:

- [Provision of social security: your rights as an EU citizen abroad.](#)

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at:

europa.eu/european-union/contact_en

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by email via: europa.eu/european-union/contact_en

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the

Europa website at: europa.eu/european-union/index_en

EU publications

You can download or order free and priced EU publications at: publications.europa.eu/en/publications. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1952 in all the official language versions, go to EUR-Lex at: eur-lex.europa.eu

Open data from the EU

The EU Open Data Portal (data.europa.eu/euodp/en) provides access to datasets from the EU.

Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

