

A1



Certificate concerning the Social Security legislation which applies to the holder

EU Regulations 883/04 and 987/09 (*)

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		
2.2 Starting date	2.3 Ending 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 Regulation 1408/71 remains applicable on the basis of Article 87 (8) of Regulation 883/2004		

(*) Regulations (EC) No 883/2004, articles 11 through 16, and 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.

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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, 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 countries |
| <input type="checkbox"/> 3.9 working as a civil servant in one country and as an employed/self-employed person in one or more other countries | <input type="checkbox"/> 3.10 Exception |

4. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE STATE WHOSE LEGISLATION APPLIES

- | | |
|--|---|
| <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. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE OTHER MEMBER STATE(S)

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

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

5.3 or no fixed address in state(s) of (self)employment

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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 dddddd