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	☐ Female ☐ 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

☐ 2.4 The certificate applies for the duration of the activity

☐ 2.5 The determination is provisional

☐ 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.

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3. STATUS CONFIRMATION OF YOUR POSITION

☐ 3.1 Posted employed person

☐ 3.3 Posted self-employed person

☐ 3.5 Civil servant

☐ 3.7 Mariner

☐ 3.9 Working as a civil servant in one State and as an
employed/self-employed person in one or more
other States

☐ 3.11 Exception

☐ 3.2 Employed, working in two or more States

☐ 3.4 Self-employed, working in two or more States

☐ 3.6 Contract staff

☐ 3.8 Working as an employed person and as a
self-employed person in different States

☐ 3.10 Flight or cabin crew member

☐ 3.12 Working as an employed / self-employed person
in the State referred to under 2.1

4. DETAILS OF EMPLOYER / SELF-EMPLOYMENT

☐ 4.1.1 Employee

4.2   Employer/self-employed activity code

4.3   Name or business name

4.4   Registered address

4.4.1   Street, N°

4.4.3   Town

☐ 4.1.2 Self-employed activity

4.4.2   Country code

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

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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