II

(Acts whose publication is not obligatory)

COMMISSION

ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS

DECISION No 130

of 17 October 1985

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 001; E 101—127; E 201—215; E 301—303; E 401—411)

(86/303/EEC)

THE ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971, under which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent Regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972, under which it is the duty of the Administrative Commission to draw up models of certificates, certified statements, declarations, applications and other documents necessary for the application of the Regulations,

Having regard to Decision No 120 of 7 July 1982 laying down and amending the model forms necessary for the application of Council Regulation (EEC) No 1408/71 and (EEC) No 574/72,

Whereas these model forms should be adapted with a view to their utilization in the Community as enlarged through the accession of Spain and Portugal;

Whereas these model forms should also be adapted for the purpose of taking account of the amendments which have been introduced into the national legislation of Member States;

Whereas the language in which the forms should be drawn up has been decided by Recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms printed in Decision No 120 shall be replaced by the models appended hereto.

2. The competent authorities of the Member States shall make available to the persons concerned (rightful claimants, institutions, employers, etc.) the forms according to the attached models.

3. Each form shall be available in the official languages of the Community and laid out in such a manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (persons entitled to claim, institution, employer, etc.) to receive the form printed in their own language.

4. This Decision shall be published in the *Official Journal of the European Communities*. It shall enter into force on 1 January 1986, although the model forms printed in Decision No 120 may be used until stocks are exhausted.

The Chairman of the Administrative Commission

G. SCHROEDER

List of forms

E 001 — Request for information, communication of information, request for forms, reminder, on an employed person, a self-employed person, a frontier worker, a pensioner, an unemployed person, a dependant

E 101 — Certificate concerning the legislation applicable

E 102 — Extension of term of posting or of activity as a self-employed person

E 103 — Exercising the right of option

E 104 — Certificate concerning the aggregation of periods of insurance, employment or residence

E 105 — Certificate concerning the members of the family of an employed person or self-employed person to be taken into consideration for the calculation of cash benefits in the case of incapacity for work

E 106 — Certificate of entitlement to sickness and maternity insurance benefits in kind for persons residing in a country other than the *competent country*

E 107 — Application for a certificate of entitlement to benefits in kind

E 108 — Notification of suspension or withdrawal of the right to sickness and maternity insurance benefits in kind

E 109 — Certificate for the registration of members of the employed or self-employed person's family and the updating of lists

E 110 — Certificate concerning employed persons in international transport

E 111 — Certificate of entitlement to benefits in kind during a stay in a Member State

E 112 — Certificate concerning the retention of the right to sickness or maternity benefits currently being provided

E 113 — Hospitalization: notification of entering and leaving hospital

E 114 — Granting of major benefits in kind

E 115 — Claim for cash benefits for incapacity for work

E 116 — Medical report relating to incapacity for work (sickness, maternity, accident at work, occupational disease)

E 117 — Granting of cash benefits in the case of incapacity for work

E 118 — Notification of non-recognition or of end of incapacity for work

E 119 — Certificate concerning the entitlement of unemployed persons and the members of their family to sickness and maternity insurance benefits

E 120 — Certificate of entitlement to benefits in kind for pension claimants and members of their family

E 121 — Certificate for the registration of pensioners and the updating of lists

E 122 — Certificate for the granting of benefits in kind to members of the family of pensioners

E 123 — Certificate of entitlement to benefits in kind under insurance against accidents at work and occupational diseases

E 124 — Claim for death grant

E 125 — Individual record of actual expenditure

E 126 — Rates for refund of benefits in kind

E 127 — Individual record of monthly lump-sum payments

E 201 — Certificate concerning the aggregation of periods of insurance or periods of residence

E 202 — Investigation of a claim for an old-age pension

E 203 — Investigation of a claim for a survivor's pension

E 204 — Investigation of a claim for an invalidity pension

E 205 — Certificate concerning insurance history in Belgium
— Certificate concerning periods of insurance and periods of residence in Denmark
— Certificate concerning insurance history in Germany
— Certificate concerning insurance history in Greece
— Certificate concerning insurance history in Spain
— Certificate concerning insurance history in France
— Certificate concerning insurance history in Ireland
— Certificate concerning insurance history in Italy
— Certificate concerning insurance history in Luxembourg
— Certificate concerning insurance history in the Netherlands
— Certificate concerning insurance history in Portugal
— Certificate concerning insurance history in the United Kingdom

E 206 — Certificate concerning periods of employment in mines and similar undertakings

E 207 — Information concerning the insured person's insurance history

E 208 — Determination of entitlement to pension

E 209 — Determination of pension amounts regarding the possible application of Art. 46.3 of Reg. 1408/71

E 210 — Notification of decision concerning a claim for pension

E 211 — Summary of decisions

E 212 — Appeals and periods allowed for appeals

E 213 — Detailed medical report

E 214 — Medical report concerning assessment of functional abilities and limitations

E 215 — Administrative report on the position of a pensioner

E 301 — Certificate concerning the periods to be taken into account for the granting of unemployment benefits

E 302 — Certificate relating to members of the family of an unemployed person who must be taken into account for the calculation of benefits

E 303 — Certificate concerning retention of the right to unemployment benefits

E 401 — Certificate concerning the composition of a family for the purpose of the granting of family benefits

E 402 — Certificate of continuation of studies for the purpose of the granting of family benefits

E 403 — Certificate of apprenticeship for the purpose of the granting of family benefits

E 404 — Medical certificate for the purpose of the granting of family benefits

E 405 — Payment of family benefits or family allowances in the case of successive employment in several Member States, between the dates on which payment is due according to the legislation of these States

E 406 — Claim for family allowances to be submitted by an employed person who is subject to French legislation and whose family resides in a Member State other than France

E 407 — Certificate of periods of employment in France, or periods of unemployment in France for which benefits were paid, for the purpose of granting family allowances to members of the family of an employed person or an unemployed person who was formerly employed and who resides in a Member State other than France

E 408 — Request for information

E 409 — Verification of the declaration of lack of entitlement to family allowances by virtue of an occupation pursued in the country of residence of the family

E 410 — Notification of cancellation of entitlement to family allowances

E 411 — Request for information on entitlement to family benefits (family allowances) in the Member State of residence of the members of the family

The E forms, models of which are presented in this Official Journal, which are necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 relating to social security for persons moving within the Community, can be obtained in the various Member States in accordance with the following list:

BELGIUM	All information relating to the communication of forms can be obtained from: Ministère de la prévoyance sociale, Secrétariat général, Service des relations internationales, Tour Philips, Boulevard Anspach, 1, Boîte 8, 1000 Bruxelles (tel. 02-219 10 30)
DENMARK	Apply to: J. H. Schultz Forlag, Møntergade 21, 1116 København K (tel. 01-12 11 95)
FEDERAL REPUBLIC OF GERMANY	1. For information concerning sickness insurance apply to: Verlag der Ortskrankenkassen, Postfach 20 07 66, 5300 Bonn 2 2. For information concerning accident insurance apply to: Hauptverband der gewerblichen Berufsgenossenschaften e.V., Postfach 150140, 5300 Bonn 1 3. For information concerning pension insurance apply to: the relevant competent institution 4. For unemployment forms and family benefits apply to: Bundesanstalt für Arbeit, Regensburger Straße 104, 8500 Nürnberg
GREECE	Information may be obtained from: Idryma Koinonikon Asfaliseon (IKA), Dieuthynsi Diethnon Scheseon By post: Odos Agiou Konstantinou 8, Athinai — TT 101 or in person from: Odos Menandrou 43 — Athinai
SPAIN	For all series except series 300 apply to: Instituto Nacional de la Seguridad Social, C/ Padre Damián n° 4, 28036 Madrid (tel. 4 50 51 50) For series 300 apply to: Instituto Nacional de Empleo, C/ Condesa de Venadito n° 9, 28027 Madrid (tel. 4 08 15 00)
FRANCE	Apply to: Union des caisses nationales de sécurité sociale, Tour Maine-Montparnasse, Boîtes 45 et 46, 33, avenue du Maine, 75755 Paris Cedex 15
IRELAND	Sale of single copies: Government Publications, Sales Office, Sun Alliance House, Molesworth Street, Dublin 2 By post from: Stationery Office, Dublin 4 (tel. 78 96 44)
ITALY	Series 100, apply to: Ministero della sanità, Ufficio attuazione, Servizio sanitario nazionale, Piazzale dell'Industria, 20, 00144 Roma — EUR Other forms, apply to: INPS, Direzione generale, Rapporti e convenzioni internazionali, Via della Frezza, 22, 00187 Roma
LUXEMBOURG	Apply to: Inspection générale de la sécurité sociale, Boîte postale 1308, 1013 Luxembourg
NETHERLANDS	Apply to: Sociale Verzekeringsraad, Bredewater 12, 2715 CA Zoetermeer
PORTUGAL	Apply to: Departamento de Relações Internacionais e Convenções de Segurança Social, Rua da Junqueira, 112 — Apartado 3072, 1302 Lisboa Codex
UNITED KINGDOM	Apply to: Department of Health and Social Security, Central Office, Printing and Stationery Branch, Long Benton, Newcastle-upon-Tyne (tel. 85 71 11)

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 001 ☐ (1)

☐ Request for information
☐ Communication of information
☐ Request for forms
☐ Reminder

on

☐ an employed person
☐ a self-employed person
☐ a frontier worker
☐ a pensioner
☐ a pension claimant
☐ an unemployed person
☐ a dependant

Reg. 1408/71: Art. 84

The sending institution should complete part A and send two copies of the form to the institution to which they are addressed. The latter institution should complete part B and return one copy to the sending institution. This form should be used to supplement the other forms or as a basis for exchanges between institutions not yet provided for in the forms currently in use. This form may not be used instead of a form of one of the other series.

Part A

1 Institution to which the form is addressed

1.1 Name .....
1.2 Address (2) .....
.....

2 Information concerning insured persons (3)

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....

3 Nationality (9) ..... D.N.I. (9a) .....

4 Details of birth

4.1 Date (10) .....
4.2 Place of birth (11) .....
4.3 Province, department or county (12) .....
4.4 Country (13) .....

5 Insurance No

5.1 Insurance No at sending institution .....
5.2 Insurance No at receiving institution .....

6 Address (2) .....
.....

7 Information on the file

7.1 Type of benefit
.....
7.2 Reference No of file at the institution sending the form
.....
7.3 Reference No of file at the institution to which the form is addressed
.....

E 001

8 Dependant (14)

8.1 Surname (4)
.....

8.2 Forenames ..... Surname at birth (4) .....

8.3 Place of birth (11) ..... Date of birth .....

8.4 Sex ..... Nationality ..... D.N.I. (9a) .....

8.5 Address (2) .....
.....

9 ☐ Request ☐ Reminder of request (date) .....

With reference to the person named in box ☐ 2 ☐ 8, please send

9.1 ☐ the following forms .....

9.2 ☐ the following documents .....
.....

9.3 ☐ the following information .....
.....

9.4 Reason for request .....

10 Change in circumstances: the following changes have taken place

.....
.....
.....
.....

11 Miscellaneous information

.....
.....
.....
.....
.....

12 Institution completing part A

12.1 Name ..... Code number (15) .....

12.2 Address (2) .....
.....

12.3 Stamp

12.4 Date .....

12.5 Signature
.....

E 001

Part B

13

In response to your request of ..... we enclose

13.1 ☐ the following forms .....

13.2 ☐ the following documents .....

.....

13.3 ☐ the following information .....

.....

14

In response to your request of .....

we regret that we are unable to forward

14.1 ☐ the following forms .....

14.2 ☐ the following documents .....

14.3 ☐ the following information

14.4 ☐ Reason .....

.....

.....

15 Miscellaneous information

.....

.....

.....

.....

.....

16

☐ We acknowledge receipt of your form transmitted on the ..... which includes information in box 10

17 Institution completing part B

17.1 Name ..... Code number (15) .....

17.2 Address (2) .....

.....

17.3 Stamp

17.4 Date .....

17.5 Signature

.....

E 001

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) Headings 2.1 to 2.7 identifying the person concerned should be completed where appropriate.

(4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put *maiden name for surname at birth.*
— Explanations such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) Give all forenames in the order in which they appear on the birth certificate.

(6) Previous names should be stated, particularly in the case of adoption or in the case of bynames in current use.
Explanations such as 'called . . .' or 'alias . . .' must be written in full in the order in which they appear on the birth certificate.

(7) Put 'M' for male and 'F' for female.

(8) Information required where the worker is a Spanish national, or a French national born outside metropolitan France.

(9) Where appropriate, indicate the date of naturalization.

(9a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, indicate 'None'.

(10) The day and the month should be shown by two digits and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(11) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).
In the case of Portuguese districts, state also the parish and local authority.

(12) This information is obligatory for insured persons of Spanish, French or Italian nationality. The territorial division in which the place of birth is located should be stated; for instance in the case of France if the commune of birth is Lille, the department of birth should be shown as 'Nord' followed by the department code if known to the insured person, in this case: 59. The complete entry should read: 'Nord 59'. In the case of persons born in Spain indicate only the province.

(13) Symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(14) Complete where appropriate.

(15) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 101 ☐ (1)

CERTIFICATE CONCERNING THE LEGISLATION APPLICABLE

Reg. 1408/71: Art. 14.1.a; Art. 14.2.b; Art. 14a.1.a, 2 and 4; Art. 14b.1, 2 and 4; Art. 14c.1.a; Art. 17
Reg. 574/72: Art. 11.1; Art. 11a.1; Art. 12a.2.a, 5.c and 7.a

1 ☐ Employed person ☐ Self-employed person

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) .....

1.3 Date of birth ..... Nationality ..... D.N.I. (1b) .....

1.4 Permanent address (2) .....

.....

1.5 Insurance No .....

2 ☐ Employer ☐ Activity as self-employed person

2.1 Name of employer or firm .....

2.2 Address (2) .....

.....

3 The abovementioned insured person

3.1 ☐ is being posted or will carry out an activity as a self-employed person for a period probably lasting
from ..... to .....

3.2 ☐ has been employed since .....
☐ has been carrying out an activity as a self-employed person since .....

3.3 ☐ to the undertaking mentioned below ☐ on the ship mentioned below

3.4 Name of ship or firm .....

3.5 Address (2) .....

.....

4 The insured person remains subject to the legislation of the country ☐ (1) in accordance with Article

4.1 ☐ 14.1.a ☐ 14.2.b ☐ 14a.1.a ☐ 14a.2 ☐ 14a.4
☐ 14b.1 ☐ 14b.2 ☐ 14b.4 ☐ 14c.1.a ☐ 17
of Reg. 1408/71

4.2 ☐ from ..... to .....

4.3 ☐ for the duration of the activity
(See the letter from the competent authority of the Member State whose legislation is applicable

of ....., ref. .....)

5 the insured person is subject

5.1 Name ..... Code number (2a) .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

The designated institution *of the Member State to whose legislation the worker is subject should fill in the form at the request of the worker or of his employer and return it to the person concerned. Where the worker is posted to Belgium, the institution should also send a copy to the 'Office national de sécurité sociale/Rijksdienst voor maatschappelijke zekerheid' (national office of social security), Brussels.*

Information for the insured person

Before you leave *the country where you are insured to go to another Member State for work, you should ask your sickness and maternity insurance institution for an E 111 form or E 106 form, as appropriate. An E 111 form is not required if you are going to stay in the United Kingdom. If you or a member of your family require benefits in kind (e.g. medical treatment, medicines, hospital treatment, etc.) in the country where you are working, you should submit an E 111 or E 106 form to the sickness and maternity insurance institution of the place where you are employed. If you are not in possession of that form, the latter institution should request it from the institution with which you are insured. In that case, you may have to pay for the* **cost of treatment, and the fees may be higher, in addition to which your costs would be reimbursed after a considerable delay.**

Information for the institution of the place of stay

If the person concerned produces the proper certificate (E 111 or E 106), the insurance institution in the country of stay will also provide him provisionally with benefits in the case of an accident at work or an occupational disease. If in such a case the institution requires certificate E 123, it should apply as soon as possible:

in **Belgium,** *to the 'Fonds des maladies professionnelles/Fonds voor beroepsziekten' (occupational diseases fund), Brussels, in the case of an occupational disease, or the insurance company designated by the employer; for self-employed persons, Institut national d'assurances sociales pour travailleurs indépendants (INASTI) (National Social Insurance Institute for the Self-Employed), Brussels;*

in **Denmark,** *to the 'Sikringsstyrelse' (National Office for Social Security), Copenhagen;*

in **Ireland,** *to the Department of Social Welfare, Records EEC Section, Dublin 1;*

in **Italy,** *to the competent provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro' (INAIL, National Institute for Insurance against Accidents at Work);*

in **Luxembourg,** *to the 'Association d'assurance contre les accidents' (Accident Insurance Association);*

in **Portugal,** *to the 'Caixa Nacional de Seguros de Doenças Profissionais' (National Insurance Fund for Occupational Diseases), Lisbon;*

in **all other Member States,** *to the competent sickness insurance institution.*

Where the worker is covered by the French social security scheme, the fund which is competent to recognize entitlement to benefits is his insurance fund, which may not be the one appearing on Form E 101. It will be necessary, where appropriate, to request Forms E 111 or E 123 from the fund of the worker's place of habitual residence.

NOTES

(1) Symbol of the Member State to whose legislation the worker is subject: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(2a) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 102 [ ] (1)

EXTENSION OF TERM OF POSTING OR OF ACTIVITY AS A SELF-EMPLOYED PERSON

Reg. 1408/71: Art. 14.1.b; Art. 14a.1.b; Art. 14b.1 and 2
Reg. 574/72: Art. 11.2 and 11a.2

A. To be completed by the employer or the self-employed person

1 Institution to which the form is addressed (2)

1.1 Name .....
1.2 Address (3) .....
.....

2 ☐ Employed person ☐ Self-employed person

2.1 Surname (3a)
.....
2.2 Forenames ..... Maiden name (3a) .....
2.3 Date of birth ..... Nationality ..... D.N.I. (3b) .....
2.4 Usual address (3) .....
.....
2.5 Insurance No .....

3 The abovementioned insured person ☐ has been posted ☐ carries out an activity as a self-employed person in accordance with Article

3.1 ☐ 14.1.a ☐ 14a.1.a ☐ 14b.1 ☐ 14b.2 of Regulation 1408/71

3.2 for the period from ..... to .....

3.3 ☐ to the undertaking mentioned below ☐ on the ship mentioned below

3.4 Name of ship or firm .....
3.5 Address (3) .....
.....

4. This insured person was in possession of a certificate concerning the legislation applicable (an E 101 form)

4.1 issued by the following institution (name and address) (3)
.....
.....

4.2 on ..... and expiring on .....

5. We request that you continue to apply the legislation of the country [ ] (1) to the insured person

5.1 for the period from ..... to .....(4)

6 ☐ Employer ☐ Activity as a self-employed person

6.1 Name or corporate name .....
6.2 Address (3) .....
.....
6.3 Stamp

6.4 Date .....
6.5 Signature
.....

E 102

B. To be completed by the competent authority or the designated body of the country of employment (5)

7 We declare that

7.1 ☐ it is agreed ☐ it is not agreed

that the social security legislation of the country still applies to the insured person mentioned in box 2

☐ (1)

7.2 for the period from ..... to .....

8	Competent authority or designated body in the country of employment
8.1	Name ..... Code number (6) .....
8.2	Address (3) .....
	.....
8.3	Stamp
8.4	Date .....
8.5	Signature
	.....

E 102

INSTRUCTIONS

Please complete four copies of this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the employer or the self-employed person

(a) *The employer or the self-employed person should complete part A of four copies of the form, which he should send to the competent authority or to the designated body in the country to which the worker has been posted or carries out an activity as a self-employed person, i.e.:*

in **Belgium,** *the 'Ministère de la prévoyance sociale' (Ministry of Social Welfare), Brussels, or the 'Office national de sécurité sociale (National Office for Social Security), Brussels;*

in **Denmark,** *the 'Sikringsstyrelsen' (National Office for Social Security), Copenhagen;*

in **Germany,** *the 'Deutsche Verbindungsstelle Krankenversicherung — Ausland, Bundesverband der Ortskrankenkassen' (German liaison body for sickness insurance — international division, Federal Association of local sickness funds), Bonn;*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA); for mariners, the 'Seamen's pension fund' (NAT);*

in **Spain,** *the 'Ministerio de Trabajo y Seguridad Social' (Ministry of Labour and Social Security) in Madrid;*

in **France,** *the 'Direction régionale des Affaires sanitaires et sociales' (Regional Directorate for Health and Welfare), and for employed agricultural workers the 'Direction régionale de l'Agriculture et de la Forêt — Service régional de l'Inspection du Travail, de l'Emploi et de la Politique sociale' (Regional Directorate for Agriculture and Forestry — Regional Department for the Inspection of Labour, Employment and Social Policy);*

in **Ireland,** *the Department of Social Welfare, Dublin;*

in **Italy,** *the 'Ministero del lavoro e della previdenza sociale' (Ministry of Labour and Social Welfare), Rome;*

in **Luxembourg,** *the 'Inspection générale de la sécurité sociale' (General Social Security Inspectorate), Luxembourg;*

in the **Netherlands,** *the 'Ministerie van sociale zaken' (Ministry of Social Affairs), The Hague;*

in **Portugal, for metropolitan Portugal:** *the 'Departamento de Relações Internacionais e Convenções de Segurança Social' (Department of International Relations and Social Security Conventions), Lisbon;* **for Madeira:** *the 'Secretario Regional dos Assuntos Sociais' (Regional Secretary for Social Affairs) in Funchal;* **for the Azores:** the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo;

in the **United Kingdom,** *the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

(b) *Two copies of the form, with part B completed, will be sent to the employer or to the self-employed person. The employer will send one copy to the employed person.*

NOTES

(1) Symbol of the country in which the undertaking has its registered office: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) See the information given in item (a) of 'information for the employer or self-employed person'.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(3b) In the case of Spanish nationals indicate the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, indicate 'None'.

(4) This period must not be more than 24 months from the date of the commencement of posting or of the self-employed activity in the country indicated in item 5.

(5) Two copies should be returned to the claimant and one copy sent to the designated institution in the country in which the undertaking has its registered office.

(6) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'instructions' on page 3

E 103 [ ] (1)

EXERCISING THE RIGHT OF OPTION

Reg. 1408/71: Art. 16.2 and 3
Reg. 574/72: Art. 13.2 and 3; Art. 14.1 and 2

After having completed part A of the form in accordance with points (a) and (b) of the instructions, the worker should hand it over or dispatch it in accordance with points (a) and (c) of the instructions. The institution receiving the form should complete part B and return one copy to the worker.

A. Option

1 The undersigned

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) .....

1.3 Date of birth ..... Nationality ..... D.N.I. (1b) .....

1.4 Address (2) .....

.....

1.5 Insurance No .....

2 employed since .....

2.1 (3) ☐ as ..... by the diplomatic mission or consular post named hereafter .....

2.2 (3) ☐ as (4) .....
in the private staff of the following employer (5) .....
agent of the diplomatic mission or consular post named hereafter .....

2.3 (3) ☐ as a member of the auxiliary staff of the European Communities,

3 hereby opts to be subject to the social security legislation

3.1 (6) ☐ of the Member State of which he is a national

3.2 (6) ☐ of the Member State to whose legislation he was last subject, viz. the legislation of

(6) ☐ Belgium (6) ☐ Denmark (6) ☐ Germany (6) ☐ Greece (6) ☐ Spain
(6) ☐ France (6) ☐ Ireland (6) ☐ Italy (6) ☐ Luxembourg (6) ☐ the Netherlands
(6) ☐ Portugal (6) ☐ the United Kingdom

4 Place and date .....

5 Signature

.....

6 Authority of the European Communities which has concluded the contract with the member of the auxiliary staff

6.1 Name .....

6.2 Address (2) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Declaration

7 We have taken note of the fact that the worker mentioned in box 1 above is subject to the legislation of

(6) ☐ Belgium ☐ Denmark ☐ Germany ☐ Greece ☐ Spain
(6) ☐ France ☐ Ireland ☐ Italy ☐ Luxembourg ☐ the Netherlands
(6) ☐ Portugal ☐ the United Kingdom

7.1 as from .....

7.2 for the period during which he is engaged in the employment indicated in part A of this form (7)

8 Institution designated by the authority

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

(2)

INSTRUCTIONS

Please complete three copies of this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

To the staff of diplomatic missions or consular posts and their private domestic staff

(a) *After having completed part A of the form, excluding box 6, you should give one copy of the form to your employer and send two copies to the institution designated by the competent authority of the Member State for whose legislation you have opted, i.e.:*

in **Belgium,** *the 'Office national de sécurité sociale' (National Office for Social Security), Brussels;*

in **Denmark,** *'Sikringsstyrelsen' (National Office for Social Security), Copenhagen;*

in **Germany,** *'the Allgemeine Ortskrankenkasse Bonn' (AOK, local general sickness fund), Bonn;*

in **Greece,** *the regional or local branch of the Social Insurance Institute (IKA);*

in **Spain,** *the 'Instituto Nacional de la Seguridad Social' (National Social Security Institution), Madrid;*

in **France,** *the 'Caisse primaire centrale d'assurance maladie de la région parisienne' (central sickness insurance fund of the Paris region);*

in **Ireland,** *the Department of Social Welfare, Dublin;*

in **Italy,** *the competent provincial office of the 'Istituto nazionale della previdenza sociale (INPS)' (National Social Welfare Institution);*

in **Luxembourg,** *the 'Inspection générale de la sécurité sociale' (General Social Security Inspectorate), Luxembourg;*

in the **Netherlands,** *the 'Sociale verzekeringsraad' (Social Insurance Council), The Hague;*

in **Portugal,** *the 'Departamento de Relações Internacionais e Convenções de Segurança Social' (Department of International Relations and Social Security Conventions), Lisbon;*

in the **United Kingdom,** *the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

To the authority of the European Communities empowered to conclude contracts of employment with auxiliary staff

(b) *When a person is engaged as a member of the auxiliary staff and he expresses the wish to use his right of option, the empowered authority of the European Communities must ensure that he completes part A of the form, with the exception of box 6, which must be completed by that authority.*

(c) *Two copies of the form should be sent to the institution designated by the competent authority of the Member State for whose legislation the person concerned has opted (see point (a) above).*

NOTES

(1) Symbol of the country of employment of the person who completes the form: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) Complete 2.1, 2.2 and 2.3, according to the position of the worker completing the form, and put a cross in the corresponding box.

(4) State the occupation of the person concerned: chauffeur, cook, etc.

(5) State surname and forename of employer.

(6) Put a cross in the box preceding the appropriate subject. Please note that workers employed by diplomatic missions or consular posts and members of the private domestic staff of agents of such missions or posts may opt only for the social security legislation of the Member State of which they are a national.

(7) The right of option of workers employed by diplomatic missions or consular posts and members of the private domestic staff of agents of such missions or posts may be exercised at the end of each calendar year.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 104 ☐ (1)

CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE, EMPLOYMENT OR RESIDENCE

Sickness — Maternity — Death (grant) — Tuberculosis

Reg. 1408/71: Art. 9.2; Art. 18.1; Art. 64
Reg. 574/72: Art. 6.2; Art. 16; Art. 79

The competent institution should complete part A of the form and send two copies to the institution of the Member State to whose legislation the person concerned was last subject. The latter institution should complete part B and return the form to the institution from which it received the form. If the form is drawn up at the request of the person concerned, the institution issuing the form should complete part B and give or send the form to the person concerned.

Part A

1 Institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Insured person

2.1 Surname (2a)

.....

2.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

2.3 Insurance No .....

2.4 From the date stated at 3.1 the insured person has been pursuing an occupation as

☐ an employed person ☐ a self-employed person in (3) .....

2.5 ☐ Name of last employer

☐ Last occupation as a self-employed person

.....

Address (2) .....

.....

2.6 ☐ Name of last employers or firms (4) ☐ previous occupations as a self-employed person

(Address) (2) .....

.....

.....

.....

.....

3 With reference to a claim submitted by the insured person mentioned above, please indicate the periods of insurance, employment or residence completed by him

3.1 from .....

3.2 under the legislation of your country, for the following risk:

☐ sickness and maternity (5) ☐ death (grant) ☐ tuberculosis

4 Competent institution

4.1 Name ..... Code number (5a) .....

4.2 Address (2) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

E 104

Part B

5 Insured person (6)

5.1 Surname (2a)
.....

5.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

5.3 Insurance number .....

6 The insured person mentioned ☐ in box 2 ☐ in box 5
completed ☐ during the past three years (8)
☐ since .....

7 The following periods of insurance or employment, for the following benefits ☐ (5) (7)

7.1	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.2	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.3	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.4	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.5	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.6	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.7	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.8	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.9	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
7.10	from	to	..... (9)	for (10) the risk of	.....	☐	(11)

8 the following periods of residence

8.1	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.2	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.3	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.4	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.5	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.6	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.7	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.8	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.9	from	to	..... (9)	for (10) the risk of	.....	☐	(11)
8.10	from	to	..... (9)	for (10) the risk of	.....	☐	(11)

9 Institution completing part B

9.1 Name .....

9.2 Address (2) .....
.....

9.3 Stamp

9.4 Date .....

9.5 Signature
.....

E 104

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution which first completes the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(3) Indicate the Member State.

(4) To be completed where possible.

(5) If the form is addressed to a Belgian, French or Greek institution, indicate the risk covered by using the following symbols: N = benefits in kind; E = benefits in cash.

(5a) To be completed where this exists.

(6) Complete only if the form is issued directly to the person concerned.

(7) If the certificate is addressed to an Italian institution and relates to benefits in the case of tuberculosis, and the person concerned has not paid contributions for one full year, the periods of insurance completed by him during the last five years should be mentioned.

(8) Complete only if the competent institution is an Irish or United Kingdom institution.

(9) If the certificate is intended for a Greek institution indicate whether the periods of activity were as an employed person or as a self-employed person by using the following symbols; D = employed person; I = self-employed person.

(10) Indicate the risk covered by using the following symbols:
A = sickness and maternity; B = death (grant); C = tuberculosis.

(11) If the competent institution is a German, Irish or United Kingdom institution put a cross in this square if the period of insurance or the period of residence corresponds to a period of actual employment and indicate the type of employment or self-employment:

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 105 [ ] (1)

CERTIFICATE CONCERNING THE MEMBERS OF THE FAMILY OF AN EMPLOYED PERSON OR SELF-EMPLOYED PERSON TO BE TAKEN INTO CONSIDERATION FOR THE CALCULATION OF CASH BENEFITS IN THE CASE OF INCAPACITY FOR WORK

Reg. 1408/71: Art. 23.3; Art. 58.3
Reg. 574/72: Art. 25.1 and 2; Art. 70.1

This form should be completed by the sickness insurance institution or by a designated institution in the place of residence of the members of the family, and forwarded to the worker.

1 ☐ Employed person ☐ Self-employed person

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Date of birth .....

1.3 Address in the country of residence, or the country of stay (2)
.....
.....

1.4 Insurance No .....

2 Members of the family of the abovementioned worker

	Surname (1a)	Forenames	Maiden name	Date of birth	Relationship
2.2	.....	.....	.....	.....	.....
2.3	.....	.....	.....	.....	.....
2.4	.....	.....	.....	.....	.....
2.5	.....	.....	.....	.....	.....
2.6	.....	.....	.....	.....	.....
2.7	.....	.....	.....	.....	.....
2.8	.....	.....	.....	.....	.....
2.9	.....	.....	.....	.....	.....

3 Institution of the place of residence of the members of the family

3.1 Name .....
3.2 Address (2) .....
.....
3.3 Stamp

3.4 Date .....
3.5 Signature
.....

E 105

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

Information for the insured person

(a) If you are able to claim cash benefits in the case of incapacity for work in Belgium, the Federal Republic of Germany, Greece, France, Ireland, Portugal or the United Kingdom, countries whose legislation causes or can cause the amount of such benefits to vary according to the number of family members, you must forward this certificate to your insuring institution.

(b) This certificate is valid for a period of twelve months as from its date of issue (see point 3.4); on expiry of this period you may apply for renewal to the institution of the place of residence of the members of your family (see points 3.1 and 3.2).

(c) You are obliged to inform immediately the institution with which you are insured of any changes which have occurred in the information given in this certificate.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 106 [ ] (1)

CERTIFICATE OF ENTITLEMENT TO SICKNESS AND MATERNITY INSURANCE BENEFITS IN KIND FOR PERSONS RESIDING IN A COUNTRY OTHER THAN THE COMPETENT COUNTRY

Employed and self-employed persons and members of their families residing with them; members of the family of unemployed persons who were formerly employed

Reg. 1408/71: Art. 19.1.a; Art. 19.2; Art. 25.3.i
Reg. 574/72: Art. 17.1 and 4; Art. 27 (first sentence)

The competent institution should complete part A of the form and send two copies to the insured person, or send them — where necessary through the liaison body — to the institution in the place of residence if the form is drawn up at that institution's request. As soon as it has received the two copies, the latter institution should complete part B and return one copy to the competent institution.

A. Notification of entitlement

1 Institution of the place of residence (2)

1.1 Name ..... Code number (2a) .....
1.2 Address (3) .....
.....
1.3 Reference: your E 107 form of .....

2 [ ] Employed person [ ] Self-employed person
[ ] Frontier worker (3a) [ ] Unemployed person

2.1 Surname (3b)
.....
2.2 Forenames ..... Maiden name (3b) ..... Date of birth .....
2.3 Address in the country of residence (3) .....
.....
2.4 Insurance No .....
2.5 The insured person [ ] is [ ] is not employed in a mine or similar place of employment
2.6 [ ] The insured person is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation 574/72

3 Member of the family (4)

3.1 Surname (3b)
.....
3.2 Forenames ..... Maiden name ..... Date of birth .....
3.3 Address in the country of residence (3) .....
.....

4 [ ] The abovementioned worker and the members of his family (5) residing with him
4.1 [ ] The members of the family (5) of the unemployed person mentioned above
5 are entitled to sickness and maternity insurance benefits in kind
as from .....

6 The persons concerned will retain their entitlement

6.1 [ ] until this certificate is cancelled
6.2 [ ] for a period of one year from the date of issue of this certificate (6)
6.3 [ ] until ..... inclusive (7)

7 Competent institution for sickness and maternity insurance

7.1 Name ..... Code number (7a) .....
7.2 Address (3) .....
.....
7.3 Stamp

7.4 Date .....
7.5 Signature
.....

8 Competent institution for non-occupational accidents (8)

8.1 Name ..... Code number (7a) .....
8.2 Address (3) .....
.....
8.3 Stamp

8.4 Date .....
8.5 Signature
.....

B. Notification of registration (9)

9

9.1 ☐ The worker named in box 2 and the members of his family
9.2 ☐ The members of the family of the unemployed person named in box 2
9.3 ☐ were registered with us on .....
9.4 ☐ could not be registered with us because
.....

10 Registered members of the family

	10.1 Surname (3b)	Forenames	Maiden name	Date of birth
10.2	.....	.....	.....	.....
	.....	.....	.....	.....
10.3	.....	.....	.....	.....
	.....	.....	.....	.....
10.4	.....	.....	.....	.....
	.....	.....	.....	.....
10.5	.....	.....	.....	.....
	.....	.....	.....	.....
10.6	.....	.....	.....	.....
	.....	.....	.....	.....
10.7	.....	.....	.....	.....
	.....	.....	.....	.....
10.8	.....	.....	.....	.....
	.....	.....	.....	.....
10.9	.....	.....	.....	.....
	.....	.....	.....	.....

11 Institution in the place of residence

11.1 Name .....
11.2 Address (3) .....
.....
11.3 Stamp

11.4 Date .....
11.5 Signature
.....

E 106

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the insured person

(a) *This form entitles you to receive sickness and maternity insurance benefits in kind for yourself and the members of your family. If you are unemployed, this form is not intended for you; it is intended solely for the members of your family who reside in a Member State other than the one where you are insured.*

(b) *The two copies of the form which are in your possession must be submitted as soon as possible to the sickness and maternity insurance institution in your place of residence. If you are unemployed, the form must be submitted by the members of your family to the sickness and maternity insurance institution in their place of residence.*

(c) *These sickness and maternity insurance institutions are:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In Copenhagen the 'magistrat' (municipal administration) and in Frederiksberg the 'Kommunalbestyrelse' (municipal administration);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA); The branch office should issue the person concerned with a 'health book' without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund); where the answer to 2.5 is 'yes', the form may be sent to the 'Société de secours minière' (Miners' Relief Society). Where the answer to 2.6 is 'yes', the form must be sent to the customary institution;*

in **Ireland,** *the Health Board in whose area the benefit is sought;*

in **Italy,** *normally the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the 'Ministero della sanità, Ufficio di sanità marittima o aerea' (Ministry of Health, the navy or aviation health office);*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence;*

in **Portugal, for metropolitan Portugal:** *the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo;*

in the **United Kingdom,** *the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

(d) *This form is valid from the date indicated in item 5 and for the period indicated in box 6 by the square marked with a cross.*

(e) *You or the members of your family must inform the insurance institution to which the form has been sent of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, change of your place of residence or stay or of that of a member of your family.*

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is drawn up at the request of the institution of the place of residence.

(2a) To be completed if it is known.

(3) Street, number, post code, town, country.

(3a) If this concerns a frontier worker tick also box 'employed person' or 'self-employed person', as the case may be.

(3b) In the case of Spanish nationals, state both names.
In the case of Portuguese nationals, state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Complete only if the form relates to members of the family of an unemployed person; in that case give the information for one member of the family only.

(5) The legislation of the country of residence determines which members of the family are entitled to benefit.

(6) If the form is issued by a French institution.

(7) If the form is issued by a French institution for self-employed persons or a United Kingdom institution for employed persons or self-employed persons.

(7a) To be completed where this exists.

(8) To be completed for French institutions for self-employed workers.

(9) If this form is issued in renewal of a certificate previously provided, part B need not be completed.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 107 ☐ (1)

APPLICATION FOR A CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND

Reg. 1408/71: Art. 19.1.a; Art. 19.2; Art. 22.1.a.i, b.i. and c.i; Art. 22.3; Art. 25.1.a and 3.i; Art. 26.1; Art. 28.1.a; Art. 29.1.a; Art. 31.a; Art. 52.a; Art. 55.1.a.i, b.i and c.i
Reg. 574/72: Art. 17.1; Art. 20.2 and 3; Art. 21.1; Art. 22.1 and 3; Art. 23; Art. 27 (first sentence); Art. 28; Art. 29.2; Art. 30.1; Art. 31.1 and 3; Art. 60.1; Art. 62.3, 4 and 7; Art. 63.1 and 3

The institution of the place of residence or stay should complete part A and send two copies of the form to the competent institution, taking into account the provisions of the abovementioned Articles of Reg. 574/72. If that institution considers it is unable to send the requested form, it should complete part B and return one of the two copies to the institution from which it received them. If Belgium is the competent country, the form should be sent to the sickness insurance institution, except when it concerns an accident at work which has been verified or a disease recognized as an occupational disease.

A. To be completed by the institution in the place of residence or stay

1 Institution to which the form is addressed

1.1 Name .....
1.2 Address (2) .....
.....

2

☐ Employed person
☐ Self-employed person
☐ Unemployed person
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)
☐ Pension claimant

2.1 Surname (2a) .....

2.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

2.3 Permanent address (2) .....
.....

2.4 Insurance No (2b) .....

2.5 ☐ Person entitled to ☐ Claimant of
the pension in respect of
☐ old age ☐ invalidity ☐ survival
☐ accident at work ☐ occupational disease
No ..... (3) category ..... (3)

2.6 Institution responsible for payment of pension
.....

3 ☐ Last employer (4) ☐ Last activity as a self-employed person(4)

3.1 Name of employer or firm .....
3.2 Address (2) .....
.....
3.3 Field of activity (5) .....
3.4 Institution for insurance against accidents at work with which the employer is insured (5a) .....
.....
.....
.....

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4 Members of the family (6)

4.1 Surname (2a)	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

4.2 Address in the country of residence (2) (7) .....
.....

5 On ..... we received a claim from the person mentioned
☐ in box 2 ☐ in box 4
for:
5.1 ☐ the granting of benefits in kind
5.2 ☐ the retention of the right to benefits in kind
5.3 ☐ registration with us as a person entitled to benefits in kind
6 The benefits in kind ☐ have been awarded ☐ have not been awarded
6.1 in accordance with Article ☐ 20.3 ☐ 29.2 ☐ 60.1 ☐ 62.3 of Reg. 574/72
6.2 The claimant ☐ has not worked since the date indicated in item 5 above
☐ has held the following occupation after that date .....
7 Please send us the certificate of entitlement to benefits on form E.....
or inform us if you are unable to issue it
8 ☐ Medical report attached (8)

9 Institution in the place of residence or stay

9.1 Name .....
9.2 Address (2) .....
.....
9.3 Stamp

9.4 Date .....
9.5 Signature
.....

B. To be completed by the competent institution

10

10.1 ☐ Please find the aforementioned form attached and return to us a copy duly completed and signed (9)

10.2 ☐ We are unable to issue the certificate requested in part A, because
.....
.....

11 Competent institution

11.1 Name ..... Code number (10) .....
11.2 Address (2) .....
.....
11.3 Stamp

11.4 Date .....
11.5 Signature
.....

E 107

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Spanish nationals indicate the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, state 'None'.

(3) Complete only if the institution responsible for the payment of the pension is an Italian institution.

(4) Complete only if the form concerns an employed person or self-employed person who is working or an unemployed person.

(5) Complete only if the form concerns an employed person assumed to have sustained an accident at work.

(5a) For Spain: 'Dirección Provincial del Instituto Nacional de la Seguridad Social' or 'Mutua Patronal' (Provincial Directorate of the National Social Security Institution or Employers' Sickness Insurance Fund), as the case may be. If the employers' sickness insurance fund is concerned, state the name and head office.

(6) Complete only for members of the family for whom a claim for benefits or a request for registration has been made. For registration, indicate one member of the family only.

(7) Complete only if the address of the members of the family is different from that of the head of household.

(8) To be attached only if necessary. In that case, put a cross in the corresponding square.

(9) For the purposes of Netherlands institutions and where the nature of the form to be returned permits.

(10) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 108 ☐ (1)

NOTIFICATION OF SUSPENSION OR WITHDRAWAL OF THE RIGHT TO SICKNESS AND MATERNITY INSURANCE BENEFITS IN KIND

Persons residing in a country other than the competent country

Reg. 1408/71: Art. 19.1.a and 2; Art. 25.3.i; Art. 26.1; Art. 28.1.a; Art. 29.1.a
Reg. 574/72: Art. 17.2 and 3; Art 27; Art. 28; Art. 29.5; Art. 30; Art. 94.4; Art. 95.4

The competent institution should complete part A of the form and send two copies to the institution in the place of residence (where appropriate through the liaison body). The institution in the place of residence should complete part B and return one copy to the competent institution as soon as possible.

A. Notification

1 Institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2

☐ Employed person
☐ Self-employed person
☐ Frontier worker
☐ Unemployed person who was formerly employed
☐ Pension claimant
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)

2.1 Surname (2a)

.....

2.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

2.3 Address in the country of residence (2) .....

.....

2.4 Insurance No .....

3 Member of the family (3)

3.1 Surname (2a)

.....

3.2 Forenames ..... Maiden name ..... Date of birth .....

3.3 Address in the country of residence (2) .....

.....

4 Entitlement to benefits certified on our form ..... of ..... (date) has been suspended or withdrawn for the following reason:

4.1 ☐ The abovementioned worker has not been insured with us since .....

4.2 ☐ The pension of the abovementioned pensioner has been suspended or withdrawn since .....

4.3 ☐ All the persons registered with you have not resided in your country since

.....

4.4 ☐ The person entitled to benefits died on .....

4.5 ☐ (4) .....

E 108

5 Competent institution

5.1 Name ..... Code number (5) .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

B. Acknowledgement of receipt

6 We received the above notification (part A) on

.....

7 ☐ The person indicated in part A
☐ has not received
☐ will no longer receive
benefits since/as from
..... (date)

☐ The persons indicated in part A
☐ have not received
☐ will no longer receive

8 Institution in the place of residence

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(3) Complete only if the withdrawal or suspension of the right to benefits in kind notified by this form affects the members of the family only; in such case, indicate only one of them.

(4) Other reasons, if any, e.g. non-payment of contributions by self-employed persons.

(5) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 109 ☐ (1)

CERTIFICATE FOR THE REGISTRATION OF MEMBERS OF THE EMPLOYED OR SELF-EMPLOYED PERSON'S FAMILY AND THE UPDATING OF LISTS

Reg. 1408/71: Art. 19.2
Reg. 574/72: Art. 17.1, 2, 3 and 4; Art. 94.4

The competent institution should complete part A of the form and issue two copies to the insured person or send them — where necessary — through the liaison body to the institution in the place of residence if the form was drawn up at that institution's request. Where the members of the insured person's family are resident in the United Kingdom, the competent institution should send the two copies to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. On receipt of the two copies, the institution of the place of residence should complete part B and return one copy to the competent institution. Where the members of the family are resident in different countries, a separate certificate should be drawn up for each of these countries.

A. Notification of entitlement

1 Institution in the place of residence (2)

1.1 Name .....
1.2 Address (3) .....
.....
1.3 Reference: your E 107 form of ..... (date)

2 ☐ Employed person ☐ Self-employed person ☐ Seasonally employed person

2.1 Surname (3a)
.....
2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....
2.3 Address (3) .....
.....
2.4 Insurance No .....
2.5 The insured person ☐ is ☐ is not employed in a mine or similar place of employment

2.6 ☐ The insured person is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation 574/72

3 Member of the family (4)

3.1 Surname (3a)
.....
3.2 Forenames ..... Maiden name ..... Date of birth .....
3.3 Address (3) .....
.....

4 The members of the family of the abovementioned insured person are entitled to sickness and maternity insurance benefits in kind unless

☐ they are already entitled to such benefits under the legislation of the country in which they reside (5)

☐ they are pursuing a professional activity or trade (5)

5 This entitlement begins on .....

6 and continues

6.1 ☐ until this certificate is cancelled
6.2 ☐ for one year from the date of issue of this certificate (6)
6.3 ☐ until the date on which the seasonal work ends, i.e.
6.4 ☐ until (7) ..... inclusive

7 Competent institution

7.1 Name ..... Code number ([7a]) .....
7.2 Address ([3]) .....
.....
7.3 Stamp

7.4 Date .....
7.5 Signature
.....

B. Notification of registration ([8])

8 ☐ ([9])

8.1 The members of the family of the insured person named in box 2 have not been registered because
8.2 ☐ no member of the family is entitled to benefits
8.3 ☐ all the members of the family are already entitled to benefits in kind under the legislation of our country

8.4 ☐ the spouse or the person caring for the children pursues a professional activity or trade in our country ([10])
8.5 ☐ the required 'declaration of family status' has not been submitted
8.6 ☐ ([11]) .....

9 ☐ ([9])

9.1 The following members of the family of the insured person named in box 2 have been registered

	9.2 Surname ([3a])	Forenames	Maiden name	Date of birth
9.3	.....	.....	.....	.....
	.....	.....	.....	.....
9.4	.....	.....	.....	.....
	.....	.....	.....	.....
9.5	.....	.....	.....	.....
	.....	.....	.....	.....
9.6	.....	.....	.....	.....
	.....	.....	.....	.....
9.7	.....	.....	.....	.....
	.....	.....	.....	.....
9.8	.....	.....	.....	.....
	.....	.....	.....	.....
9.9	.....	.....	.....	.....
	.....	.....	.....	.....

9.10 The cost of these benefits are payable by you;
the date from which the lump sum referred to in Article 94 of Reg. 574/72 should be calculated is

.....

10 Institution in the place of residence

10.1 Name .....
10.2 Address ([3]) .....
.....
10.3 Stamp

10.4 Date .....
10.5 Signature
.....

E 109

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the worker

(a) *This form enables the members of your family to receive benefits in kind in case of sickness or maternity in the country where they are resident and under the legislation of that country, unless they are already entitled to such benefits under that legislation.*

(b) *As soon as you have received the two copies of this form, you should send them to the members of your family, who should submit them* **immediately** *to the sickness and maternity insurance institution in their place of residence, i.e.:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of their choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund); where the answer to 2.5 is 'yes', the form may be sent to the 'Société de secours minière' (Miners' Relief Society). Where the answer to 2.6 is 'yes', the form must be sent to the customary institution;*

in **Ireland,** *the Health Board in whose area the benefit is sought;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent as regards the place of residence;*

in **Portugal, for metropolitan Portugal:** *the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo.*

(c) *This form is valid from the date stated in item 5 and for the period indicated in box 6 at the square marked with a cross.*

(d) *You or the members of your family must inform the institution of the place of residence of any change of circumstances which might affect the right to benefits in kind, such as termination or change of employment, change of your place of residence or stay or of that of a member of your family.*

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is drawn up at the request of the institution of the place of residence.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Complete for one member of the family only.

(5) Put a cross in the preceding square if the form is addressed to a Danish, Irish or United Kingdom institution.

(6) If the form is drawn up by a French institution.

(7) If the form is drawn up by a French institution for self-employed persons or a United Kingdom institution for employed persons or self-employed persons.

(7a) To be completed where this exists.

(8) If this certificate is issued in renewal of a previously issued certificate which has expired, the institution of the place of residence need not complete part B.

(9) Complete box 8 or box 9 as applicable and put a cross in the corresponding square.

(10) Where appropriate, put a cross in the preceding square if part B has been completed by a Danish, Irish or United Kingdom institution.

(11) Other reasons.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages two and three

E 110 [ ] (1)

CERTIFICATE CONCERNING EMPLOYED PERSONS IN INTERNATIONAL TRANSPORT

Reg. 1408/71: Art. 14.2.a; Art. 22.1.a.i; Art. 22.3; Art. 55.1.a.i
Reg. 574/72: Art. 20.1; Art. 62.1

The form should be completed and, if necessary, signed for extension by the employer, who should then give it to the employed person.

A. First certified statement

1 Employed person

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) .....

1.3 Date of birth ..... Nationality ..... D.N.I. (1b) .....

1.4 Permanent address (2) .....
.....

2 Members of the family who accompany the head of household

	Surname (1a)	Forenames	Maiden name	Date of birth
2.1	.....	.....	.....	.....
	.....	.....	.....	.....
2.2	.....	.....	.....	.....
	.....	.....	.....	.....
2.3	.....	.....	.....	.....
	.....	.....	.....	.....
2.4	.....	.....	.....	.....
	.....	.....	.....	.....
2.5	.....	.....	.....	.....
	.....	.....	.....	.....
2.6	.....	.....	.....	.....
	.....	.....	.....	.....
2.7	.....	.....	.....	.....
	.....	.....	.....	.....
2.8	.....	.....	.....	.....
	.....	.....	.....	.....

3 Institution competent

3.1 As regards insurance against occupational diseases (name and address) (2)
.....
.....

3.2 As regards insurance against occupational diseases (name and address) (2) (3)
.....
.....

4 The undersigned certifies that the abovementioned employed person has been in his employment since
.....

5	Employer		
5.1	Name of employer or firm	.....	
5.2	Nature of business	.....	
5.3	Address (2)	.....	
	.....		
5.4	Stamp	5.5	Date .....
		5.6	Signature of employer or his representative .....

6	Institution competent as regards sickness and maternity insurance (4) (5)		
6.1	Name	.....	
6.2	Address (2)	.....	
	.....		
6.3	Employed person's insurance number	.....	
		6.4	Date .....
6.5	Employed person's signature	6.6	Signature of employer or his representative
	.....		.....

B. Extensions (6)

7 The employer named in box 5 certifies that the abovementioned employed person is still in his employment on the date shown below

8 Date	8.1 Signature of employer or his representative
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the employed person

(a) This document is valid for the month during which it was issued and the two following calendar months (see items 5.5 and 8).

(b) During this term of validity it enables you and the members of your family listed in box 2 to receive benefits in kind in the territory of the Member State where you are staying whilst carrying out your work.

(c) When you need benefits in kind, you should submit this form as soon as possible to the insurance institution of the country in which you are staying i.e.:

— **for benefits in case of sickness or maternity:**

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). Assistance from a doctor, or dispensing chemist may be sought without first contacting the said institutions. The form must be submitted for each claim for benefits. Particulars about doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in **the Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ;*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay;* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo;*

in the **United Kingdom,** *the medical service (doctor, dentist, hospital, etc.) from which treatment is requested.*

— **for benefits in case of accident at work or occupational disease:**

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *see above under 'for benefits in case of sickness or maternity';*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,**

(a) for benefits in kind, the 'Unita sanitaria locale' (USL) (the local health administration unit) responsible for the area concerned;

(b) for prostheses, major appliances, legal medical benefits and relevant examinations and certificates, the provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni' (INAIL, National Institute for Insurance against Accidents at Work);

in **Luxembourg,** *the 'Association d'assurance contre les accidents' (Accident Insurance Association);*

in the **Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ;*

in **Portugal,** *the 'Caixa Nacional de Seguros de Doenças Profissionais' (National Insurance Fund for Occupational Diseases), Lisbon.*

in the **United Kingdom,** *the medical service (doctor, dentist, hospital, etc.) from which treatment is requested.*

(d) If your employer has not done so, please complete box 6 of the form.

(e) In order to receive benefits in kind, you may submit an E 111 form instead of this form.

NOTES

(1) Symbol of the country where the undertaking has its registered office: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(2) Street, number, post code, town, country.

(3) Complete only if different from the institution mentioned in item 3.1.

(4) If the employer, under the legislation of the competent country, is not obliged to know which institution is competent as regards sickness and maternity insurance, this box should be completed by the worker.

(5) For the Netherlands, indicate the sickness fund ('ziekenfonds').

(6) This part may be completed only if no change has taken place in the information given in part A.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 111 [ ] (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Reg. 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a
Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3

1 ☐ Employed person ☐ Pensioner (scheme for employed persons) ☐ Other

☐ Self-employed person ☐ Pensioner (scheme for self-employed persons)

(Surname ([1a]), maiden name ([1a]), forenames, address ([2]))

1.1 Insurance No ..... Date of birth .....

1.2 ☐ The person named above is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation 574/72

2 Members of the family ([3])

2.1 Surname ([1a])	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

2.2 Permanent address ([2]) ([4]) .....
.....

3 The abovenamed persons are entitled to benefits in kind under sickness and maternity insurance.
These benefits may be provided

3.1 ([5]) ☐ from ..... to ..... inclusive

3.2 ([5]) ☐ from .....

3.3 ([5]) ☐ for all cases of illness occurring
from ..... until ..... inclusive

for ..... days ..... weeks

E 111

4 Competent institution

4.1 Name ..... Code number (6) .....
4.2 Address (2) .....
.....
4.3 Stamp

4.4 Date .....
4.5 Signature
.....

4.6 Valid from ..... to .....
4.7 Stamp 4.8 Date
.....
4.9 Signature
.....

4.10 Valid from ..... to .....
4.11 Stamp 4.12 Date
.....
4.13 Signature
.....

5 Competent French institution for non-occupational accidents sustained by self-employed farmers

5.1 Name ..... Code number (6) .....
5.2 Address (2) .....
.....
5.3 Stamp

5.4 Date .....
5.5 Signature
.....

(2)

E 111

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) This document enables

— in case of immediate need the worker and the members of his family named in box 2, who are staying temporarily in a Member State other than the competent State, and

— the pensioner and the members of his family named in box 2, who are staying temporarily in a Member State other than that in which they habitually reside,

to obtain benefits in kind from insurance bodies in the country of stay, in the case of sickness or maternity and, provisionally, in the case of an accident at work or occupational disease.

(b) When one of the persons concerned has to seek benefits, including hospitalization, he **should submit** *this form to the insurance body in the country in which he is staying, i.e.:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of his choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting the said institutions. This form must be submitted for each claim for benefits. Particulars about doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book',* **without which no benefits in kind can be provided;**

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund); the 'organisme conventionné' (customary body), where a cross or tick appears in box 1.2;*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *normally the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the 'Ministero della sanità, Ufficio di sanità marrittima o aerea' (Ministry of Health, the navy or aviation health office responsible for the area in question);*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ.*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay;* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = the United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Post code, town, street, number, country.

(3) Include only those members of the family who are temporarily going to another Member State.

(4) Complete only if the address of the members of the family differs from that of the worker or pensioner.

(5) These three items are mutually exclusive. Give only that which is applicable and put a cross in the corresponding box.

(6) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

SCHEME FOR SELF-EMPLOYED PERSONS

E 111 **B** (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND DURING A STAY IN A MEMBER STATE

Reg. 1408/71; Art. 22.1.a.i; Art. 22.3; Art. 31.a
Reg. 574/72: Art. 20.4; Art. 21.1; Art. 23; Art. 31.1 and 3

1 ☐ Self-employed person ☐ Pensioner (Surname (1a), maiden name (1a), forenames, address (2))

1.1 Insurance No ..... Date of birth .....

2 Members of the family (3)

2.1 Surname (1a)	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

2.2 Permanent address (2) (4) .....
.....

FOR HOSPITALIZATION ONLY

3 The above-named persons are entitled to benefits in kind in the case of hospitalization only.
These benefits may be provided
3.1 from ..... to ..... inclusive

4 Competent institution

4.1 Name ..... Code number (5) .....
4.2 Address (2) .....
.....
4.3 Stamp

4.4 Date .....
4.5 Signature
.....

4.6 Valid from ..... to	4.10 Valid from ..... to .....
4.7 Stamp 4.8 Date	4.11 Stamp 4.12 Date .....
4.9 Signature	4.13 Signature .....

SCHEME FOR SELF-EMPLOYED PERSONS

4.14 Valid from ..... to	4.18 Valid from ..... to .....
4.15 Stamp	4.19 Stamp
4.16 Date	4.20 Date .....
4.17 Signature	4.21 Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

The competent institution or, where appropriate, the institution in the place of residence of the pensioner, should complete this form and send it to the person concerned, or send it to the institution in the place of stay if the form has been drawn up at the latter's request. This form is not required if the person concerned is staying in the United Kingdom.

Information for the insured person and the members of his family

(a) This document enables

- *— the self-employed person and the members of his family named in box 2, who are staying temporarily in a Member State other than the competent State, and*
- *— the pensioner covered by the scheme for the self-employed and the members of his family named in box 2, who are staying temporarily in a Member State other than that in which they habitually reside,*

to obtain benefits in kind from insurance bodies in the country of stay only in the case of hospitalization.

(b) When one of the persons concerned has to enter hospital, he should submit this form to the insurance body in the country in which he is staying, i.e.:

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). This form must be submitted for each claim for benefits;*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *the regional or local branch of the Social Insurance Institute (IKA) which issues the person concerned with a 'health book'* **without which no benefits can be provided;**

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

In France, *the 'organisme conventionné' (customary institution);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unitá sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in **the Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht;*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration of the place of stay);* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Post code, town, street, number, country.

(3) Include only those members of the family who are temporarily going to another Member State.

(4) Complete only if the address of the members of the family differs from that of the insured person or pensioner.

(5) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 112 [ ] (1)

CERTIFICATE CONCERNING THE RETENTION OF THE RIGHT TO SICKNESS OR MATERNITY BENEFITS CURRENTLY BEING PROVIDED

Reg. 1408/71: Art. 22.1.b.i; Art. 22.1.c.i; Art. 22.3; Art. 31
Reg. 574/72: Art. 22.1; and 3; Art. 23

The competent institution should issue this form to the insured person or the pensioner. If the insured person or the pensioner is going to the United Kingdom, one copy of the form should also be sent to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne.

1

☐ Employed person ☐ Pensioner (scheme for employed persons) ☐ Other

☐ Self-employed person ☐ Pensioner (scheme for self-employed persons)

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Date of birth .....

1.3 Address in the competent country (2)
.....
.....
.....

1.4 Address in the country to which the insured person or the pensioner is going (2) (3)
.....
.....

1.5 Insurance No .....

1.6 ☐ The insured person or pensioner is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation 574/72

2 Member of the family going to another Member State

2.1 Surname (1a)
.....

2.2 Forenames ..... Maiden name ..... Date of birth .....

2.3 Address in the competent country (2) (4)
.....
.....

2.4 Address in the country to which the person concerned is going (2)
.....
.....

3 The person mentioned ☐ in box 1 ☐ in box 2 retains the right to receive benefits in kind

☐ from sickness and maternity insurance ☐ from non-occupational accident insurance (5)

in ..... (country), where he/she is going

3.1 ☐ to take up his/her residence

3.2 ☐ to receive treatment there at/from .....
..... (6)

4 These benefits may be provided on production of this certificate

4.1 from ..... to ..... inclusive

4.2 from ..... to ..... inclusive **only** in the event of hospitalization (7)

5 The report from our examining doctor

5.1 ☐ is attached to this form in a sealed envelope

5.2 ☐ was sent on ..... to (8) .....
.....

5.3 ☐ will be sent by us on request

5.4 ☐ has not been drawn up

E 112

6.	Competent institution		
6.1	Name	Code number (9)	.....
6.2	Address (2)		
	.....		
6.3	Stamp		
		6.4 Date	.....
		6.5 Signature	
		.....	

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

Information for the insured person

You should submit this form as soon as possible to the sickness and maternity insurance institution of the place to which you are going, i.e.:

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). The form should be submitted to the institution providing treatment.*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *normally the Unità sanitaria locale (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence or, in case of temporary stay, the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht;*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay or residence;* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde (Regional Health Directorate) in Angra do Heroísmo;*

in the **United Kingdom,** *the medical service (doctor, dentist, hospital, etc.) from which treatment is requested.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Street, number, post code, town, country.

(3) Indicate only if the form concerns the insured person or the pensioner himself.

(4) Indicate only if the address of the member of the family is different from that of the insured person or the pensioner.

(5) To be completed by French institutions for self-employed agricultural workers.

(6) As precise as possible.

(7) To be completed by Belgian institutions for self-employed persons.

(8) Name and address of the institution to which the medical report has been sent.

(9) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 113 ☐ (1)

HOSPITALIZATION: NOTIFICATION OF ENTERING AND LEAVING HOSPITAL

Reg. 1408/71: Art. 19; Art. 22; Art. 25.1 and 3.i; Art. 26; Art. 31.a; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.6; Art. 20.5; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3;
Art. 27; Art. 28; Art. 31.2 and 3; Art. 60.5; Art. 62.7; Art. 63.2

This form should be drawn up in the event of a refund of benefits in kind on the basis of actual expenditure. It should be completed by the institution in the place of residence or stay: part A to notify entry into hospital, part B to notify discharge from hospital. It should be sent to the competent institution. If the competent institution is an institution in Denmark, Portugal or in the United Kingdom, this form is not required.

1 Competent institution

1.1 Name .....

1.2 Address (2) .....

.....

2

☐ Employed person
☐ Self-employed person
☐ Unemployed person
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)
☐ Pension claimant

2.1 Surname (2a)

.....

2.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

2.3 Address in the country of residence or stay (2)

.....

.....

2.4 Insurance No (2b) .....

3 Member of the family who is in hospital

3.1 Surname (2a)

.....

3.2 Forenames ..... Maiden name ..... Date of birth .....

3.3 Address in the country of residence or stay (2) (3)

.....

.....

4 Reference:

4.1 ☐ your form ..... of ..... (4)

4.2 ☐ our E 107 form of .....

A. Notification of entry into hospital

5 The person mentioned ☐ in box 2 ☐ in box 3

5.1 entered hospital on ..... (date)

5.2 namely (5) .....

5.3 because of ☐ sickness ☐ maternity ☐ an accident at work (6)
☐ an occupational disease (7) ☐ an accident in private life (8)

5.4 He/she will probably stay in hospital until .....

5.5 ☐ (9) Supporting documents or medical report attached

B. Notification of discharge from hospital

6 The hospitalization notified

☐ by our E 113 form dated .....

☐ in part A above

ended on .....

7	Institution in the place of residence or stay
7.1	Name .....
7.2	Address (2) .....
	.....
7.3	Stamp
7.4	Date .....
7.5	Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, state 'None'.

(3) To be indicated if the address of the member of the family is different from that mentioned in box 2.

(4) Number and date of issue of the form certifying the insured person's entitlement to benefits.

(5) Name of hospital.

(6) If the patient is insured in Belgium, indicate in the box below the name and address of the employer

Name of employer or firm .....
Address (2) .....
.....

(7) Indicate if possible.

(8) To be completed for French institutions for self-employed agricultural workers.

(9) Where appropriate, put a cross in this square.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 114 [ ] (1)

GRANTING OF MAJOR BENEFITS IN KIND

Reg. 1408/71: Art. 19; Art. 22; Art. 24; Art. 25.1 and 3.i; Art. 26; Art. 31.a; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.7; Art. 20.5; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3;
Art. 27; Art. 28; Art. 31.2 and 3; Art. 60.6; Art. 62.7; Art. 63.2 and 3

This form should be drawn up in the event of a refund of benefits in kind on the basis of actual expenditure. The institution in the place of residence or stay should complete part A, and send to the competent institution one or two copies of the form, depending on whether this notification concerns the case provided for in item 7.1 or 7.2. If the competent institution decides that it must oppose the granting of benefits, it should complete part B and return a copy of the form to the institution in the place of residence or stay. If the competent institution is an institution of the United Kingdom, this form is not required.

A. Notification

1 Competent institution

1.1 Name .....

1.2 Address (2) .....

.....

2

(3) [ ] Employed person
(3) [ ] Self-employed person
[ ] Unemployed person
[ ] Pensioner (scheme for employed persons)
[ ] Pensioner (scheme for self-employed persons)
[ ] Pension claimant

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 Address in the country of residence or stay (2)

.....

.....

2.4 Insurance No .....

3 Member of the family concerned

3.1 Surname (3a)

.....

3.2 Forenames ..... Maiden name ..... Date of birth .....

3.3 Address in the country of residence or stay (2) (4)

.....

.....

4 Reference

4.1 [ ] your form ..... of ..... (5)

4.2 [ ] our E 107 form of ..... (date)

5 Our medical service has recognized, for the person mentioned

[ ] in box 2 [ ] in box 3

5.1 [ ] the necessity [ ] the extreme urgency

5.2 of the following benefits .....

.....

5.3 the [ ] probable [ ] actual costs of which are within the meaning of our legislation

..... (6)

6 [ ] Please find attached the report from our examining doctor (7)

7 The benefits mentioned in item 5.2 (8)

7.1 [ ] have already been provided in view of the urgent nature of the case, on .....

7.2 [ ] will be provided unless we receive any reasons for objection on your part within 15 days of the date of dispatch of this notification

8 Institution in the place of residence or stay

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

B. Reasons for objection on the part of the competent institution, if any

9 With reference to item 7.2 above, we hereby inform you that the benefits indicated in item 5.2 cannot be granted

Reason

.....

.....

10 Competent institution

10.1 Name ..... Code number (9) .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) If the patient is insured in Belgium, give name and address of employer in the box below

Name of employer or firm .....

Address (2) .....

.....

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Indicate only if the address of the member of the family is different from that mentioned in box 2.

(5) Number and date of issue of the form certifying that the person concerned is entitled to benefits.

(6) The cost should be indicated in the currency of the country of stay or residence.

(7) If the medical report is attached to the form, put a cross in the square provided.

(8) Where the person concerned is a self-employed Belgian take into account **only** benefits in kind in the event of hospitalization.

(9) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 115 ☐ (1)

CLAIM FOR CASH BENEFITS FOR INCAPACITY FOR WORK

Reg. 1408/71: Art. 19.1.b; Art. 22.1.a.ii; Art. 25.1.b.; Art. 52.b; Art. 55.1.a.ii
Reg. 574/72: Art. 18.2 and 3; Art. 24; Art. 26.5 and 7; Art. 61.2 and 3; Art. 64

If the form is drawn up for an insured person in active employment, one copy only should be completed and sent to the institution competent as regards sickness and maternity insurance or as regards an insurance against accidents at work and occupational diseases. However, if it concerns an unemployed person, two additional copies should be drawn up, one of which should be sent to the institution competent in unemployment insurance, the other to the corresponding institution in the country to which the unemployed person has gone to seek employment (see also notes 7 and 8).

1 Competent institution

1.1 Name .....
1.2 Address (2) .....
.....

2 ☐ Employed person ☐ Self-employed person ☐ Unemployed person

2.1 Surname (2a)
.....
2.2 Forenames ..... Maiden name (2a) ..... Date of birth .....
2.3 Address in the competent country (2)
.....
.....
2.4 Address in the country of residence or stay (2)
.....
.....
2.5 Insurance No .....
2.6 holds an E 119 form issued on ..... (3)
and an E 303 form issued on ..... (3)

3 Employer (4)

3.1 Name of employer or firm .....
3.2 Address (2) .....
.....
3.3 Nature of business .....

A. ☐ (5) **Claim for benefits**

4 The person mentioned in box 2 applied on ..... (date)
for cash benefits for incapacity for work due to
4.1 ☐ sickness (6) ☐ maternity (expected date of confinement .....)
☐ accident at work sustained on ..... (date)
☐ occupational disease

5 The certificate of the doctor treating him/her
☐ is attached ☐ could not be supplied

6 In the opinion of our examining doctor
- ☐ whose report is attached
- ☐ whose report will be sent to you as soon as possible

6.1 ☐ the incapacity for work began on .....
and will probably continue until .....

6.2 ☐ there is no incapacity for work (7)

7 ☐ The person concerned is deemed not to have complied with the provisions of our legislation for the following reasons

.....

.....

8 ☐ The incapacity for work was presumably caused by an accident for which a third party was responsible

8.1 ☐ A report on this accident with the address of the third party involved is attached to this form

9 ☐ We are willing to provide cash benefits to the person concerned on your behalf. Will you please let us know if you agree to this procedure and, if so, give us all information necessary for the payment of the benefits

10 ☐ We are not willing to provide cash benefits to the person concerned on your behalf

B. ☐ (5) **Extension of the incapacity for work**

11 With reference to

11.1 ☐ our E 115 form of ..... (date)

11.2 ☐ your E 117 form of ..... (date)

11.3 we wish to inform you that, in the opinion of our examining doctor
- ☐ whose report is attached
- ☐ whose report will be sent to you as soon as possible

the person mentioned in box 2 will probably remain incapable of work until
..... inclusive

12 Institution in the place of residence or stay

12.1 Name .....

12.2 Address (2) .....

.....

12.3 Stamp

12.4 Date .....

12.5 Signature

.....

E 115

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(3) Complete only if the form concerns an unemployed person.

(4) For unemployed persons, indicate the last employer.

(5) Complete either part A or part B and put a cross in the square corresponding to the part completed. For the Netherlands box 4 must be filled in.

(6) Or accident other than an accident at work.

(7) Please attach a copy of an E 118 form sent to the person concerned.

(8) In Italy you should submit this form as soon as possible to the provincial office of the 'Istituto nazionale della previdenza sociale' (INPS, National Social Welfare Institute). For the Netherlands if the competent sickness insurance institution is not known send the form to the G.A.K., Postbus 8300, Amsterdam.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 116 ☐ (1)

MEDICAL REPORT RELATING TO INCAPACITY FOR WORK (SICKNESS, MATERNITY, ACCIDENT AT WORK, OCCUPATIONAL DISEASE)

Reg. 1408/71: Art. 19.1.b; Art. 22.1.a.ii; 1.b.ii; 1.c.ii; Art. 25.1.b; Art. 52.b; Art. 55.1.a.ii; 1.b.ii and 1.c.ii
Reg. 574/72: Art. 18.2 and 3; Art. 24; Art. 26.5 and 7; Art. 61.2 and 3; Art. 64; Art. 65.2 and 4

To be completed by the doctor of the institution which draws up an E 115 form to be attached to that form and sent under sealed cover in the case of sickness or maternity. For Belgium, this form should always be sent first to the Belgian institution competent as regards sickness insurance.

1 Competent institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

1.3 Reference: our E 116 form of ..... (date)

2 Attached to an E 115 form of ..... (date)

3 ☐ Employed person ☐ Self-employed person ☐ Unemployed person

3.1 Surname (2a)

.....

3.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

3.3 Address in the country of residence or stay (2)

.....

.....

3.4 Insurance No .....

4 I, the undersigned, ..., doctor of medicine, having examined the person mentioned above

on .....

4.1 consider that it is

☐ a case of sickness (3) ☐ a case of maternity (expected date of confinement .....)

4.2 that it is probably

☐ an accident at work ☐ an occupational disease

4.3 ☐ a relapse or aggravation

A. General report

5 To be completed in every case, particularly in the case of an accident at work

5.1 Medical history and present symptoms

.....

.....

5.2 Clinical examination

5.3 General condition ..... Weight ..... Height ..... (4)

5.4 Other observations .....

.....

.....

5.5 Special examinations (5) .....

.....

.....

5.6 Diagnosis .....

5.7 Conclusions

5.8 ☐ The person concerned has not been found to be unfit for work

5.9 ☐ The person concerned has been found to be unfit for work

from ..... to .....

5.10 ☐ The person concerned will be given a further medical examination on .....

5.11 ☐ The person concerned should be fit for work on .....

B. Reports in the case of an accident at work

6 First medical report

6.1 This accident has resulted in the following injuries (6)

.....

.....

.....

6.2 These injuries ☐ have had ☐ will have the following effects (7)

.....

.....

.....

6.3 Incapacity for work began on .....

6.4 The injured person is being treated

☐ at home ☐ at the doctor's surgery

☐ in hospital ☐ elsewhere

Address (2) (8) .....

.....

7 Final medical report

7.1 The treatment ended on .....

7.2 The injuries were consolidated on .....

7.3 ☐ without after-effects

7.4 ☐ and will probably have the following consequences

.....

.....

.....

7.5 Detailed description of the injured person's condition after recovery or at the end of the medical treatment

.....

.....

.....

.....

8 Institution in the place of residence or stay

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Doctor's signature

.....

E 116

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(3) Complete in all cases, including accidents other than accidents at work.

(4) Information to be given only where necessary.

(5) Indicate the type of examination and the date.

(6) Indicate the type and nature of the injuries and the part of the body injured: fracture of arm, bruising of head, fingers, internal injuries, asphyxia, etc.

(7) Indicate the certain or probable consequences of the injuries verified: death, permanent or temporary incapacity, total or partial; in the case of temporary incapacity, indicate the probable duration.

(8) If the injured person receives treatment in hospital, please give name of hospital.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 117 ☐ (1)

GRANTING OF CASH BENEFITS IN THE CASE OF INCAPACITY FOR WORK

Reg. 1408/71: Art. 19.1.b; Art. 22.1.a.ii; Art. 25.1.b; Art. 52.b; Art. 55.1.a.ii
Reg. 574/72: Art. 18.6 and 8; Art. 24; Art. 26.7; Art. 61.6 and 8; Art. 64

The competent institution should complete this form and send it to the institution in the place of residence or stay. The competent institution should also inform the worker if cash benefits are paid by the institution in the place of residence (Reg. 574/72: Art. 61.8).

1 Institution of the place of residence or stay

1.1 Name .....

1.2 Address (2) .....

.....

2 Reference: your E 115 form of ..... (date)

3 ☐ Employed person ☐ Self-employed person ☐ Unemployed person

3.1 Surname (2a)

.....

3.2 Forenames ..... Maiden name (2a) ..... Date of birth .....

3.3 Address in the country of residence or stay (2)

.....

.....

3.4 Insurance No .....

4 ☐ is provisionally entitled to receive cash benefits
from ..... to ....., with possibility of extension

4.1 ☐ is not entitled to cash benefits
Reason: see the E 118 form attached

4.2 ☐ is no longer entitled to cash benefits from ..... (date)
Reason: see the E 118 form attached

5 These benefits will be provided (3)

5.1 ☐ by us by international money order to the address given in item 3.3

5.2 ☐ by us on the return of the person concerned to our country

5.3 ☐ by you on our behalf

5.4 ☐ by the employer to the address given in item 3.3 (4)

5.5 ☐ by the employer, from ..... to ..... (5)

6 (3) (6)

6.1 The allowance should be paid

6.2 for every day of the week, except ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

6.3 The daily net amount of this allowance is

..... (7) if the insured person is not in hospital

..... (7) if the insured person is in hospital

6.4 ☐ (8) If the allowance is paid monthly, the amount provided is for 30 days, regardless of the number of days in the month

7 Please inform us as soon as possible of the result of

7.1 ☐ examination (9) .....

7.2 ☐ administrative checks

7.3 ☐ a further medical examination, to be carried out about (date) .....

E 117

8	Competent institution

8.1 Name ..... Code number ([10]) .....

8.2 Address ([2]) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

([1]) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

([2]) Street, number, post code, town, country.

([2a]) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

([3]) Need not be completed for unemployed persons for whom a form E 119 has been issued.

([4]) To be completed, where appropriate, by Danish institutions.

([5]) To be completed by German institutions.

([6]) Complete only in the case indicated at point 5.3.

([7]) Indicate the amount in the currency of the competent country.

([8]) Put a cross in this square if appropriate.

([9]) Indicate the type of medical examination requested (radiography, analysis of ....., etc).

([10]) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 118 ☐ (1)

NOTIFICATION OF NON-RECOGNITION OR OF END OF INCAPACITY FOR WORK

Reg. 1408/71: Art. 19.1.b; Art. 22.1.a.ii, b.ii and c.ii; Art. 25.1.b; Art. 52.b; Art. 55.1.a.ii, b.ii and c.ii
Reg. 574/72: Art. 18.4 and 6; Art. 24; Art. 26.5 and 7; Art. 61.4 and 6; Art. 64

If this form relates to an insured person in active employment, the institution in the place of residence or stay (or the competent institution) should draw up two copies of the form, one of which should be sent to the insured person himself and the other to the sickness and maternity insurance institution or to the institution for insurance against accidents at work and occupational diseases of the competent country (in the place of residence or stay). If it relates to an unemployed person, it is necessary to draw up, in addition to the copies mentioned (one of which is addressed to the unemployed person himself), two extra copies, one of which should be sent to the institution competent in unemployment insurance and the other to the institution of the country to which the unemployed person has gone to seek employment.

1 ☐ Employed person ☐ Self-employed person ☐ Unemployed person

1.1 Surname ([1a])
.....

1.2 Forenames ..... Maiden name ([1a]) ..... Date of birth .....

1.3 Address in the country of residence or stay ([2])
.....
.....

1.4 Insurance No .....

2 ☐ Competent institution ☐ Institution in the place of residence or stay

2.1 Name .....
2.2 Address ([2]) .....
.....

3 ☐ The facts which have been brought to our notice
☐ The examination carried out by our doctor on ..... (date)
shows

3.1 ☐ that your incapacity for work is only partial
3.2 ☐ that you are entitled to partial cash benefits amounting to ..... ([3])
from (date) .....
3.3 ☐ that you are fit for work
3.4 ☐ that your incapacity for work ended on ..... ([4])
3.5 ☐ the last day for which you will receive cash benefits is .....

3.6 ☐ the competent institution shall determine the last day for which you receive cash benefits

4 ☐ Institution in the place of residence or stay ☐ Competent institution

4.1 Name ..... Code number ([5]) .....
4.2 Address ([2]) .....
.....
4.3 Stamp

4.4 Date .....
4.5 Signature
.....

E 118

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, including the Annex, none of which may be left out even if it does not contain any relevant information.

Information for the employed person, the self-employed person or the unemployed person.

You may appeal against the decision which is notified to you by this document to the authority competent to hear your appeal in the competent State or you may send your appeal to the authority competent to hear appeals in the country where you are staying or where you are resident.

The names of these authorities are given in the Annex together with the time limits and procedures for appeals.

For procedures and time limits for appeal indicated in the Annex, you should follow the instructions given for the competent State.

In your case, the instructions given under number ... apply.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Street, number, post code, town, country.

(3) This information is to be provided only if the competent institution is completing the form. Indicate whether benefits are provided daily, weekly or monthly.

(4) Indicate the last day of incapacity for work.

(5) To be completed where this exists.

E 118 Annex

LEGAL REMEDIES AND PERIODS ALLOWED FOR APPEALS

Reg. 574/72: Art. 18.4; Art. 61.4

1. BELGIUM

If you do not agree with the decision attached, you have the right to lodge an appeal in writing, dated and signed, to be submitted or sent by registered letter to the office of the clerk of the competent labour court within a period of one month of the date on which you received notification of the decision.

Competent labour courts are:

(a) if you are domiciled in Belgium, the labour court of the district where you are domiciled;

(b) if you are not or no longer domiciled in Belgium, the labour court of the district where you were last domiciled or resident in Belgium;

(c) if you have not been domiciled or resident in Belgium, the labour court of the district where you were last employed in Belgium.

2. DENMARK

If you wish to contest the decision attached, you may:

(a) as regards the daily allowance payable during the five weeks following the first day of absence in cases where the employer is bound to provide the daily allowance (employer's period), lodge an appeal with the 'dagpengeudvalget' (daily allowances committee), address

.....

(b) as regards the daily allowance payable beyond the 'employer's period' or in cases where there is no 'employer's period', lodge an appeal within four weeks of the date on which you received notification of the decision with the competent 'amtsankenaevn' (appeals board) or in Copenhagen and Frederiksberg with the 'sociale ankestyrelse' (appeals board for social affairs), address

.....

3. GERMANY

You may, within a period of three months of the date on which you received notification of the attached decision, submit an appeal in writing against the decision to the competent German institution indicated in box 2 or 4 of an E 118 form or to the institution in your place of residence or stay indicated in the same boxes.

4. GREECE

If you do not agree with the attached decision you may submit an appeal, within a period of 30 days of the date on which you received the attached decision to:

Name .....
Address .....
.....

5. SPAIN

You may, within a period of 30 working days of the date on which you received notification of the attached decision, submit an appeal against the decision to the following institution:

Name .....
Address .....
.....

either directly or via the institution of your place of stay or residence.

6. FRANCE

If you wish to contest the decision attached, you may, within a period of two months of the date on which you received notification of the decision, lodge an appeal with the chief physician of the sickness insurance fund indicated in the box below

Name .....
Address .....
.....

7. IRELAND

If you do not agree with the decision attached, you may submit a request to the Department of Social Welfare, Dublin, stating your wish that your case be laid before an Appeals Officer. Such a request should be made within 21 days of the date on which you received this decision.

8. ITALY

Decisions of INAIL (accidents at work and occupational diseases)

An insured person wishing to contest a decision of INAIL may, within 60 days of the receipt of the notification sent to him, inform INAIL, by registered letter with advice of delivery or notice of receipt, of the reasons why he considers that the decision is unjustified; in the case of permanent incapacity for work, he should indicate the amount of the allowance to which he feels entitled; in all cases, a medical certificate in support of his claim should be sent with the letter of appeal.

If the person concerned has not received a reply within a period of 60 days of the date of the advice of delivery or the notice of receipt referred to above, or if he is not satisfied with the reply, he may take INAIL to court over the matter.

The letter setting out the reasons why the insured person does not agree with a decision of INAIL may be sent to INAIL either directly or through the institution of the place of residence or stay.

9. LUXEMBOURG

If you do not agree with the decision attached, you have the right to lodge an appeal in principle with the 'Conseil arbitral des assurances sociales' in Luxembourg, within a period of 40 days of the date on which you received notification of the decision.

Together with your appeal, you should send a detailed statement from the 'Inspection Générale de la Sécurité Sociale' in Luxembourg, testifying that you have already applied to that Inspectorate for an administrative settlement of the dispute.

10. NETHERLANDS

If you do not agree with the communication attached, you may request the competent Netherlands institution mentioned in box 2 or 4 of the E 118 form to take an appealable decision within a reasonable period of time. The method of appealing and the time limit within which to appeal will be specified in the decision.

11. PORTUGAL

If you do not agree with the attached decision you may submit an appeal within a period of . . . days of the date on which you received notification of the attached decision to:

Name .....

Address .....

.....

12. UNITED KINGDOM

If you do not agree with the decision attached, you may, within 28 days of the date of receipt of the decision, lodge an appeal with the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 119 ☐ (1)

CERTIFICATE CONCERNING THE ENTITLEMENT OF UNEMPLOYED PERSONS AND THE MEMBERS OF THEIR FAMILY TO SICKNESS AND MATERNITY INSURANCE BENEFITS

Reg. 1408/71: Art. 25.1 and 3.i
Reg. 574/72: Art. 26.1

The competent institution should issue the form to the unemployed person or send it to the institution in the place of residence or stay if it was drawn up at the latter institution's request.

1 Institution of the place of residence or stay (2)

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your ☐ E 107 form of ..... ☐ E 115 form of .....

2 Unemployed person

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 Address in the country where the person concerned is seeking employment (3)

.....

.....

2.4 Insurance No .....

3 Last employer, if any

3.1 Name of employer or firm .....

3.2 Address (3) .....

.....

4 The person concerned mentioned above is entitled to sickness and maternity benefits

☐ in kind for himself
☐ in cash for himself
☐ in kind for the members of his family

provided that the unemployment insurance institution in the country where he has gone to seek employment has sent to the sickness and maternity insurance institution of that country an E 303/3 form containing the certified statement provided for in the first subparagraph of Article 26 (2) of Reg. 574/72

5 *Benefits in kind may be provided*

5.1 ☐ for a period not exceeding that fixed for entitlement to unemployment benefits

5.2 ☐ for cases of sickness that have occurred until ..... inclusive, and
for ..... days ..... weeks

6 In the case of incapacity for work, cash benefits may be provided

6.1 ☐ for a period not exceeding that fixed for entitlement to unemployment benefits

6.2 ☐ for cases of sickness that have occurred until ..... inclusive, and
for ..... days ..... weeks

7 *These cash benefits will be paid*

7.1 ☐ by us by international money order to the above address

7.2 ☐ by you on our behalf

8

8.1 The benefit should be paid

8.2 ☐ for the same days of the week as those laid down for unemployment insurance

8.3 ☐ for every day of the week, except ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

9 (4)

9.1 The daily net amount of this benefit

9.2 ☐ is the same as that laid down for unemployment insurance

9.3 ☐ is ..... (5) if the insured person is not in hospital

..... (5) if he is in hospital

10 Competent institution (6)

10.1 Name ..... Code number (7) .....

10.2 Address (3) .....

.....

10.3 Stamp

10.4 Date ... .

10.5 Signature

.....

E 119

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the unemployed person

(a) *In order to obtain sickness insurance benefits in kind for yourself and for members of your family, you should apply to one of the following institutions:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting the said institutions. The form should be presented every time you apply for benefits. Particulars about doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA) which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of stay or residence;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence or stay;*

in **Portugal, for metropolitan Portugal:** *the 'Administração Regional de Saúde' (Regional Health Administration) of the place of stay or residence;* **for Madeira:** *the 'Direcção Regional de Saúde Pública' (Regional Public Health Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Saúde' (Regional Health Directorate) in Angra do Heroísmo.*

in the **United Kingdom,** *the medical service (doctor, dentist, hospital, etc.) from which treatment is requested.*

In addition to this E 119 form, you should have a copy of an E 303/3 form on which item 7 will have been completed by the unemployment insurance institution in the country where you are seeking employment.

(b) *In order to obtain cash benefits for yourself in case of incapacity for work or hospitalization, you should submit — except if you are in the Netherlands — the forms mentioned in item (a) above and a certificate of incapacity for work issued by the doctor treating you to the following institution:*

- *— in Belgium, Germany, Spain, France, Italy or Luxembourg, to the insurance institution indicated in item (a) above;*
- *— in Denmark, to the local 'social- og sundhedsforvaltning' (social and health authority) and, in the communes of Copenhagen, Odense, Ålborg and Århus, to the 'magistrat' (municipal administration);*
- *— in Ireland, to the Department of Social Welfare, Records EEC Section, Dublin 1;*
- *— in the Netherlands you must declare your incapacity for work to the local office of the 'Gemeenschappelijk Administratiekantoor' (G.A.K.) (Joint Administrative Office), which will provide you with unemployment benefits;*
- *— in Portugal,* **for metropolitan Portugal:** *to the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of stay or residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo;*
- *— in the United Kingdom, to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or to the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is issued at the request of the institution of the place of residence or stay.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Complete this box only if the cash benefits have to be paid by the institution of the place of residence or stay.

(5) Show the amount in the currency of the competent country.

(6) If this is issued by an institution in the Netherlands, the benefits in kind are payable by the 'ziekenfondsraad' (Sickness Fund Council), Amstelveen; the cash benefits are payable by the institution issuing the form.

(7) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 120 ☐ (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND FOR PENSION CLAIMANTS AND MEMBERS OF THEIR FAMILY

Reg. 1408/71: Art. 26.1
Reg. 574/72: Art. 28

The competent institution should complete part A of the form and issue two copies to the person concerned, who should submit them to the institution in his place of residence. If the pension claimant resides in the United Kingdom, both copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. On receipt of the copies in question, the institution in the place of residence should complete part B and send one of the copies to the other institution mentioned in box 6. If necessary, the two copies should first be sent to the institution that has to complete boxes 5 and 6.

A. Notification of entitlement

1 Institution of the place of residence (2)

1.1 Name .....
1.2 Address (3) .....
.....
1.3 Reference: your E 107 form of ..... (date)

2 Pension claimant

2.1 Surname (3a)
.....
2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....
2.3 Address in the country of residence (3) .....
.....
2.4 Insurance No .....

3 To be completed by the institution to which the claim for a pension has been submitted

3.1 The claimant indicated above submitted on .....
a claim for a pension for
☐ old age ☐ invalidity ☐ survival
☐ accident at work ☐ occupational disease
3.2 (4) ☐ The investigation of this claim has shown that the person concerned is entitled to receive a pension from us

4 Institution which completed box 3

4.1 Name .....
4.2 Address (3) .....
.....
4.3 Stamp
4.4 Date .....
4.5 Signature
.....

5	To be completed by the institution to which the claim for a pension was submitted or by the sickness and maternity insurance institution in the country in which this claim was submitted

5.1 Code number of the investigating institution ([4a]) .....

5.2 The claimant indicated in box 2 and the members of his family are entitled to sickness and maternity insurance benefits in kind

5.3 from (date) ..... , until this certificate is cancelled

6	Institution which completed box 5

6.1 Name .....

6.2 Address ([3]) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Notification of registration or non-registration

7	([5]) ☐

7.1 The claimant indicated in box 2 and the members of his family could not be registered because

.....

.....

8	([5]) ☐

8.1 Code number of the institution of the place of residence ([4a]) .....

8.2 The claimant indicated in box 2 and the members of his family indicated below were registered on

..... (date)

9	Registered members of the family

	Surname ([3a])	Forenames	Maiden name	Date of birth
9.1	.....	.....	.....	.....
	.....	.....	.....	.....
9.2	.....	.....	.....	.....
	.....	.....	.....	.....
9.3	.....	.....	.....	.....
	.....	.....	.....	.....
9.4	.....	.....	.....	.....
	.....	.....	.....	.....
9.5	.....	.....	.....	.....
	.....	.....	.....	.....
9.6	.....	.....	.....	.....
	.....	.....	.....	.....
9.7	.....	.....	.....	.....
	.....	.....	.....	.....
9.8	.....	.....	.....	.....
	.....	.....	.....	.....

10	Institution of the place of residence	
10.1	Name	.....
10.2	Address (3)	.....
		.....
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	
		.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the insured person

(a) *This certificate gives you and the members of your family the right to receive benefits in kind in case of sickness or maternity in your country of residence.*

(b) *You should, as soon as possible, submit the two copies of this certificate in your possession to one of the following insurance institutions:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence;*

in **Portugal, for metropolitan Portugal:** *the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo.*

(c) *You must inform the insurance institution to which you submit the form of any change of circumstances which might affect the right to benefits in kind, such as the grant of pension claimed or a change of your place of residence or stay or of that of a member of your family.*

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is issued at the request of the institution of the place of residence.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Where appropriate, put a cross in this square.

(4a) To be completed where this exists.

(5) Complete box 7 or 8, where appropriate, and put a cross in the corresponding square.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 121 ☐ (1)

CERTIFICATE FOR THE REGISTRATION OF PENSIONERS AND THE UPDATING OF LISTS

Reg. 1408/71: Art. 28.1.a
Reg. 574/72: Art. 29.1.2 and 3; Art. 95.4

The institution which has to draw up this certificate in accordance with Art. 29.2 of Regulation 574/72 should complete part A of the form and issue two copies to the pensioner or send them to the institution in the place of residence if the form was requested by the latter institution. If the pensioner resides in the United Kingdom, the two copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. Where appropriate, the two copies should first be sent to the institution which has to complete boxes 5 and 6. The institution in the place of residence should, on receiving the two copies, complete part B and send one copy to the institution shown in box 6.

A. Notification of entitlement

1 Institution of the place of residence (2)

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your E 107 form of ..... (date)

2

☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 Address in the country of residence (3) .....

.....

2.4 Date of transfer of residence, if applicable .....

2.5 Insurance No .....

2.6 ☐ The pensioner is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation No 574/72

3 To be completed by the institution responsible for payment of the pension

3.1 The person concerned indicated above has been entitled to a pension for

☐ old age ☐ invalidity ☐ survival
☐ accident at work ☐ occupational disease

3.2 since .....

3.3 Pension No .....

4 Institution which completed box 3 (4)

4.1 Name .....

4.2 Address (3) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

5 To be completed by the institution responsible for payment of the pension or by the sickness and maternity insurance institution in the country responsible for payment of the pension

5.1 Code number of the investigating institution (4a) .....

5.2 The person concerned indicated in box 2 and the members of his family are entitled to sickness and maternity insurance benefits in kind from (date) .....

5.3 The cost of the benefits to be provided in their country of residence — unless they reside in the competent country — will be borne by us

5.4 From (date) ..... until this certificate is cancelled

5.5 ☐ The issue of this certificate renders the E 120 form of (date)

..... null and void

6 Institution which completed box 5

6.1 Name .....

6.2 Address (3) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Notification of registration or non-registration

7 (5) ☐

7.1 The person concerned mentioned in box 2 and members of his family could not be registered

7.2 ☐ because the person concerned is already entitled to benefits in kind under the legislation of our country

7.3 ☐ other reasons .....

.....

.....

E 121

8 (5) ☐

8.1 The person concerned mentioned in box 2 and the members of his family have been registered

8.2 Registered members of the family (6)

8.3	Surname (3a)	Forenames	Maiden name	Date of birth
8.4	.....	.....	.....	.....
	.....	.....	.....	.....
8.5	.....	.....	.....	.....
	.....	.....	.....	.....
8.6	.....	.....	.....	.....
	.....	.....	.....	.....
8.7	.....	.....	.....	.....
	.....	.....	.....	.....
8.8	.....	.....	.....	.....
	.....	.....	.....	.....
8.9	.....	.....	.....	.....
	.....	.....	.....	.....
8.10	.....	.....	.....	.....
	.....	.....	.....	.....
8.11	.....	.....	.....	.....
	.....	.....	.....	.....

8.12 The cost of these benefits should be borne by you; the date from which the lump sum provided for in Art. 95 of Reg. 574/72 should be calculated is ....

8.13 Code number of the institution of the place of residence (4a) ....

9 Institution of the place of residence

9.1 Name .....

9.2 Address (3) .....

.....

9.3 Stamp

9.4 Date .....

9.5 Signature

.....

E 121

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

Information for the pensioner

a) *You should, as soon as possible, send the two copies of this form to one of the following insurance institutions:*

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence;*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund); where the answer to item 2.6 is 'yes', the approved institution;*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence;*

in **Portugal, for metropolitan Portugal:** *to the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo.*

b) *You must inform the insurance institution to which you submit the form of any change of circumstances which might affect the right to benefits in kind, such as suspension or withdrawal of pension, or change of your place of residence or of that of a member of your family.*

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece, E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is drawn up at the request of the institution of the place of residence.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) In France, for self-employed persons, the box must be filled in by the institution for sickness and maternity insurance.

(4a) To be completed where this exists.

(5) Complete box 7 or 8, where appropriate, and put a cross in the corresponding square.

(6) To be completed by Netherlands institutions only.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 122 ☐ (1)

CERTIFICATE FOR THE GRANTING OF BENEFITS IN KIND TO MEMBERS OF THE FAMILY OF PENSIONERS

Member of the family residing in a Member State other than that in which the pensioner is resident

Reg. 1408/71: Art. 29.1.a
Reg. 574/72: Art. 30.1

The sickness insurance institution in the place of residence of the pensioner should complete part A of the form and issue two copies to the pensioner, or send them to the institution in the place of residence of the members of the family if the form is drawn up at the request of the latter institution. If the members of the family reside in the United Kingdom, the two copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. The institution in the place of residence should, on receiving the two copies in question, complete part B and send one copy to the sickness insurance institution of the place of residence of the pensioner. If the members of the family reside in several different countries, a separate certificate should be drawn up for each of these countries.

A. Notification of entitlement

1 (2) Institution to which the form is addressed

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your E 107 form of (date) .....

2 ☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 Address (3) .....

.....

2.4 Insurance No .....

3 Member of the family (4)

3.1 Surname (3a)

.....

3.2 Forenames ..... Maiden name ..... Date of birth .....

3.3 Address (3) .....

.....

4 The person concerned is entitled to receive sickness and maternity insurance benefits in kind for himself and for the members of his family.

5 For the granting of these benefits to the members of the family, this certificate is valid

☐ from ..... until receipt of notification of its cancellation

☐ for 12 months from its date of issue (5)

☐ until (6) ..... inclusive

6 Competent institution

6.1 Name ..... Code number (8) .....

6.2 Address (3) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Notification of registration

7 (7) ☐ The members of the family of the pensioner mentioned in box 2 have not been registered

Reason:

.....

.....

8 (7) ☐ The following members of the family of the pensioner mentioned in box 2 have been registered.

9 Registered members of the family

	Surname (3a)	Forenames	Maiden name	Date of birth
9.1	.....	.....	.....	.....
	.....	.....	.....	.....
9.2	.....	.....	.....	.....
	.....	.....	.....	.....
9.3	.....	.....	.....	.....
	.....	.....	.....	.....
9.4	.....	.....	.....	.....
	.....	.....	.....	.....
9.5	.....	.....	.....	.....
	.....	.....	.....	.....
9.6	.....	.....	.....	.....
	.....	.....	.....	.....
9.7	.....	.....	.....	.....
	.....	.....	.....	.....
9.8	.....	.....	.....	.....
	.....	.....	.....	.....

10 Institution in the place of residence of the members of the family

10.1 Name ..... Code number (8) .....

10.2 Address (3) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

E 122

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the pensioner

(a) This form gives the members of your family the right to receive sickness and maternity insurance benefits in kind in their country of residence under the legislation of that country, unless they are already entitled to such benefits under that legislation.

(b) As soon as you have received the two copies of this form, you should send them to the members of your family, who should submit them immediately to a sickness and maternity insurance institution of their place of residence, i.e.:

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of their choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration);*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional or local branch of the Social Insurance Institute (IKA), which should issue the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,** *the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in the **Netherlands,** *any sickness fund competent for the place of residence;*

in **Portugal: for metropolitan Portugal:** *the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Angra do Heroísmo.*

(c) This form is valid from the date and for the period indicated in item 5.

(d) The members of your family must inform the insurance institution to which they have submitted the form of any change of circumstances which might affect the right to benefits in kind, in particular a change of their place of residence.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is drawn up at the request of the institution in the place of residence of the members of the family.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Complete only if the members of the family reside in the United Kingdom; give details for one member of the family only.

(5) If the form is issued by a French institution.

(6) Where the form has been drawn up by a French institution for self-employed persons.

(7) Complete item 7 or 8, where appropriate, and put a cross in the corresponding square.

(8) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 123 ☐ (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND UNDER INSURANCE AGAINST ACCIDENTS AT WORK AND OCCUPATIONAL DISEASES

Reg. 1408/71: Art. 52.a; Art. 55.1.a.i, b.i and c.i
Reg. 574/72: Art. 60.1; Art. 62.4 and 6; Art. 63.1 and 3

If the form has been requested by the institution in the place of residence or stay of the person concerned by means of form E 107, it should be sent to the said institution, otherwise it should be issued to the insured person. If the insured person goes to the United Kingdom, a copy of the form should also be sent to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne.

1 Institution in the place of residence or stay (2)

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your E 107 form of (date) .....

2 ☐ Employed person ☐ Self-employed person

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 Address in the competent country (3)

.....

.....

2.4 Address in the country where the person concerned is going (3)

.....

.....

2.5 Insurance No .....

3 On the grounds of

3.1 ☐ the information supplied on your E 107 form of (date) .....

3.2 ☐ the accident at work sustained on ..... (date),
which had the following consequences

.....

.....

3.3 ☐ the occupational disease diagnosed on ..... (date),
which had the following consequences

.....

.....

3.4 ☐ the authorization which we have granted to the person concerned to retain the right to benefits in kind
in ..... (country) where he is going
☐ to take up residence ☐ to receive medical treatment

4 The abovementioned insured person may receive benefits in kind
☐ for accident at work ☐ for occupational disease

4.1 ☐ for a period laid down in the provisions of the legislation of his country of residence
4.2 ☐ until .....
4.3 ☐ for a maximum of three months
4.4 ☐ for an unlimited period

E 123

5	The report of our examining doctor

5.1 ☐ is attached in a sealed envelope

5.2 ☐ was sent on ..... to (4) .....

.....

5.3 ☐ may be obtained from us on request

6.4 ☐ has not been drawn up

6	Competent institution

6.1 Name ..... Code number (5) .....

6.2 Address (3) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

E 123

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the insured person

You should submit this certificate as soon as possible to the insurance institution of the country to which you have gone, i.e.:

in **Belgium,** *the 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the competent 'amtskommune' (local administration). In the commune of Copenhagen, the 'magistrat' (municipal administration); in the commune of Frederiksberg, the 'kommunalbestyrelse' (municipal administration). In the case of temporary stay, assistance from a doctor, dentist or dispensing chemist may be sought without first contacting the said institution. The form should be presented every time you apply for benefits. Particulars on the doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority). If you are being treated in Denmark, you should present the form to the institution treating you;*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *normally the regional branch of the Social Insurance Institute (IKA), which issues the person concerned with a 'health book', without which no benefits in kind can be provided;*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution);*

in **France,** *the 'Caisse primaire d'assurance-maladie' (local sickness insurance fund);*

in **Ireland,** *the Health Board in whose area the benefit is claimed;*

in **Italy,**

a) the 'Unità sanitaria locale' (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the 'Ministero della Sanità, Ufficio di sanità marrittima o aerea' (Ministry of Health, the navy or aviation health office responsible for the area in question);

b) for prostheses, major appliances, legal medical benefits and relevant examinations and certificates, the provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni (INAIL, the National Institute for Insurance against Accidents at Work);

in **Luxembourg,** *the 'Association d'assurance contre les accidents' (Accident Insurance Association);*

in the **Netherlands,** *any sickness fund competent for the place of residence or, in the case of temporary residence, the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ;*

in **Portugal,** *the 'Caixa Nacional de Seguros de Doenças Profissionais' (National Insurance Fund for Occupational Diseases), Lisbon;*

in the **United Kingdom,** *the medical service (doctor, dentist, hospital, etc.) from which treatment is requested.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Complete only if the form is drawn up at the request of the institution of the place of residence or stay of the person concerned.

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Name and address of the institution to which the medical report has been sent.

(5) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 2 and 3

E 124 ☐ (1)

CLAIM FOR DEATH GRANT

Reg. 1408/71: Art. 65
Reg. 574/72: Art. 78

1 I, the undersigned

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name ..... Date of birth .....

1.3 Insurance No (2) .....

1.4 Institution with which I am insured (2) (3) .....
.....

1.5 Family relationship with the deceased .....

1.6 Address (4) .....
.....

2 hereby claim a grant by reason of the death of the undermentioned (4a)

3
- ☐ employed person
- ☐ self-employed person
- ☐ member of my family
- ☐ pensioner
- ☐ pension claimant

3.1 Surname (1a)
.....

3.2 Forenames ..... Maiden name (1a) ..... Date of birth .....

3.3 Insurance No (2) (2a) .....

3.4 Date of death .....

3.5 Cause of death
- ☐ illness
- ☐ accident
- ☐ accident at work
- ☐ occupational disease
- ☐ other causes

3.6 Institution with which the deceased was insured (2) (3) .....
.....

4 I, the undersigned ☐ was ☐ was not a dependant of the deceased

5 The deceased person ☐ was ☐ was not a dependant of mine

6 The deceased person ☐ was ☐ was not accommodated in return for payment
- ☐ by the claimant
- ☐ in an establishment of which the claimant is the manager, a member of the staff or an inmate (4b)

7 The claimant ☐ is ☐ is not a funeral undertaker or an agent or representative of such an undertaker (4b)

8 The cost of the funeral was (5) .....; it has been paid by .....

9 You will find attached the following documents .....
.....
.....
.....

10 Date .....

10.1 Signature
.....

E 124

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the claimant

(a) In order to receive a death grant you should, by means of this form, submit a claim:

— either to the competent insurance institution,

— or to the insurance institution of the place where you are, i.e.:

in **Belgium,** *a 'mutualité' (local sickness insurance fund) of your choice;*

in **Denmark,** *the 'Sikringsstyrelsen' (National Office for Social Security), Copenhagen;*

in **Germany,** *the 'Allgemeine Ortskrankenkasse' (AOK, local general sickness fund);*

in **Greece,** *the local branch of the Social Insurance Institute (IKA);*

in **Spain,** *the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence;*

in **France,** *the institution that awards or would award the benefits in kind of the sickness insurance;*

in **Ireland,** *the Department of Social Welfare, Dublin;*

in **Italy,** *the provincial office of the INPS or the INAIL, as appropriate;*

in **Luxembourg,** *the 'Caisse nationale d'assurance-maladie des ouvriers' (national sickness insurance fund for manual workers);*

in **Portugal, for metropolitan Portugal:** *the 'Centro Regional de Segurança Social' (Regional Social Security Centre) of the place of residence;* **for Madeira:** *the 'Direcção Regional de Segurança Social' (Regional Social Security Directorate) in Funchal;* **for the Azores:** *the 'Direcção Regional de Segurança Social (Regional Social Security Directorate) in Angra do Heroísmo;*

in the **United Kingdom,** *the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

(b) Together with your claim you should send the following documents:

for **Belgium,** *an extract of the death certificate, issued by the municipal administration;*
the receipted bills relating to funeral expenses; all documents proving the family relationship or relationship through marriage with the deceased or, where appropriate, cohabitation with him.

for **Denmark,** *the death certificate;*
the receipted bills relating to funeral expenses;

for **Germany,** *the death certificate;*

for **Greece,** *the death certificate, the health book, the insurance card; where necessary, the receipted bills relating to funeral expenses;*

for **Spain,** *— the death certificate and*
— the certificate attesting a family relationship and cohabitation between the claimant and the deceased insured person or pensioner **or** *the receipted bills relating to funeral expenses if the claimant has no family relationship or cohabitation relationship with the deceased person;*

for **France,** *— **in every case** the 'bulletin de décès' (death certificate) of the insured person;*
*— **in addition,** as appropriate,*
— if the insured person was your husband or wife, the 'fiche familiale d'état civil' (family card of the registry of births, deaths and marriages);
— if you are his/her descendant (son, daughter, grandson, etc.), the 'fiche familiale d'état civil' (family card of the registry of births, deaths and marriages), showing your family relationship to the deceased;
— if you are his/her ascendant (father, mother, grandfather, etc.), his/her 'fiche individuelle d'état civil' (individual card of the registry of births, deaths and marriages);
— if you were his/her dependant in any other way, a statutory declaration testifying that you were factually, wholly and constantly supported by the deceased;

for **Ireland,** *the death certificate;*
the marriage certificate, if appropriate;
the undertaker's account or estimate or the receipt for funeral expenses if paid by you;

for **Italy,** *the death certificate;*
the document of insurance registration;
if appropriate, a declaration of family status;

for **Luxembourg,** *the death certificate;*
the receipted bills relating to funeral expenses;
if appropriate, a declaration from the municipal administration testifying cohabitation as husband and wife;

for **Portugal, in all cases,** *the death certificate and the receipted bills relating to funeral expenses;*
also, *where appropriate*
— if you were the spouse of the deceased or a relative in the descending line, your complete certificate of birth,
— if you were a relative of the deceased in the ascending line and supported by him/her, your certificate of earnings;

for the **United Kingdom,** *the death certificate;*
if appropriate, the marriage certificate;
the undertaker's account or estimate for funeral expenses.

NOTES

(1) Symbol of the country of residence of the claimant of the grant: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2) Indicate only if it concerns a worker, pensioner, or pension claimant.

(2a) In the case of a pension recipient or claimant of Spanish nationality, state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, state 'None'.

(3) Give name and address.

(4) Street, number, post code, town, country.

(4a) For the purposes of Portuguese institutions, complete the additional page.

(4b) To be completed where the grant is claimed under Belgian legislation if the claimant is not the deceased person's spouse, relative or relative through marriage to the third degree.

(5) Indicate the amount in the currency of the country of residence of the claimant.

E 124 additional

ADDITIONAL INFORMATION
FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

1 Spouse

1.1 Civil status

☐ Widow/widower ☐ Remarried ☐ Divorced

1.2 At the time of the deceased's death was he/she living under the same roof as, and being supported by, the deceased?

☐ Yes ☐ No

2 Children entitled to family allowances

	Surname	Forenames	Relationship	Date of birth	Level of education	Handi-capped child
2.1	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.2	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.3	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.4	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.5	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.6	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
2.7	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 125 ☐ (1)

INDIVIDUAL RECORD OF ACTUAL EXPENDITURE

Reg. 1408/71: Art. 36.1 and 2; Art. 63.1; Art. 87.1
Reg. 574/72: Art. 93.1, 2, 4 and 5; Art. 105.1

A separate form should be completed for each recipient.

1 Invoice No ..... (2) ☐ 1st half year ☐ 2nd half year of the financial year 19.....

2 Competent institution to which the form is addressed

2.1 Name ..... Code number (2a) .....
2.2 Address (3): .....
.....

3 ☐ Employed person ☐ Member of family (4) ☐ Pension claimant
☐ Self-employed person ☐ Pensioner (4) ☐ Other

3.1 Surname (4a)
.....
3.2 Forenames ..... Maiden name (4a) ..... Date of birth .....
3.3 Address (3) .....
.....
3.4 Address (3) in the competent country .....
.....
3.5 Insurance No (4b) .....

4 Member of the family (5)

4.1 Surname (4a)
.....
4.2 Forenames ..... Maiden name ..... Date of birth .....

5 The person mentioned ☐ in box 3 ☐ in box 4 has received benefits
under the following Article of Reg. 1408/71:

5.1 ☐ 19.1 and 2 ☐ 22.1.a and 3 ☐ 22.1.b and 3 ☐ 22.1.c and 3
☐ 25.1, 3 and 4 ☐ 26 ☐ 29.1 ☐ 31
☐ 52 ☐ 55.1

on the basis of the following forms which were sent to us

5.2 ☐ an E ..... form of..... ☐ an E 117 form of .....
valid from ..... to .....

5.3 The person mentioned ☐ in box 3 ☐ in box 4

underwent the medical examination requested on .....

E 125

6	EXPENDITURE INCURRED		6.1 Amount (6)
6.2	**For benefits in kind** provided	from ..... to	.....
6.3	Medical treatment	.....	.....
6.4	Dental treatment	.....	.....
6.5	Medicaments	.....	.....
6.6	Hospitalization	from ..... to	.....
		from ..... to	.....
6.7	Other benefits (7)	.....	
		.....	.....
6.8	**Total benefits in kind**		.....
6.9	**Medical examinations** (8)	.....	
	.....		.....
6.10	**For cash benefits** provided	from ..... to	.....
6.11	TOTAL EXPENDITURE		.....

7	Creditor institution		
7.1	Name	.....	Code number (9) .....
7.2	Address (3)	.....	
	.....		
7.3	Stamp		
		7.4 Date	
		7.5 Signature	
		.....	

8	Reserved for the institution in the competent country

E 125

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) To be indicated if the creditor institution needs this information.

(2a) To be completed if it is known.

(3) Street, number, post code, town, country.

(4) Also insert a cross in the box 'employed' or 'self-employed' in order that the scheme may be identified. These distinctions are superfluous for Denmark and Germany.

(4a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4b) In the case of Spanish nationals who are pension recipients or claimants, state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, state 'None'.

(5) Complete only when the account refers to a member of the family of the insured person.

(6) Indicate the amount in national currency.

(7) Indicate the kind of benefits: confinement, dentures, orthopaedic prostheses, spa treatment, ambulance, additional diagnostic means, etc.

(8) Indicate the kind of medical checks and examinations carried out.

(9) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 126 ☐ (1)

RATES FOR REFUND OF BENEFITS IN KIND

Reg. 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a
Reg. 574/72: Art. 34

The competent institution should complete part A of the form and send, either directly or through the liaison body, two copies to the institution which would have had to provide the benefits to the person concerned in the country of stay. The institution in the place of stay, after completing part B of the form, should return one copy to the competent institution.

A. Request

1 Institution to which the form is addressed (2)

1.1 Name .....

1.2 Address (3) .....

.....

2

☐ Employed person
☐ Self-employed person
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)

2.1 Surname (3a)

.....

2.2 Forenames ..... Maiden name (3a) ..... Date of birth .....

2.3 ☐ This person is covered by a scheme for self-employed persons as referred to in Annex 11 to Regulation No 574/72

3 Member(s) of the family who received treatment

	3.1 Surname (3a)	Forenames	Maiden name	Date of birth
3.2	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.3	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.4	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

4 The abovementioned person

4.1 during a stay in ..... (country)

4.2 at ..... (town)

4.3 himself paid for the benefits which he required

4.4 The person concerned is ☐ a widower/widow ☐ an invalid (4)

4.5 and earns an income of ..... (4)

5 Please indicate on the receipts attached, for each benefit separately, the amount to be refunded to the person concerned according to the rates administered by the institution of the place of stay. Only in the case of Luxembourg, indicate the amount he/she has to contribute to the cost of treatment.

6 Attached ..... receipts

7 Competent institution

7.1 Name ..... Code number (4a) .....

7.2 Address (3) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

B. Reply

8 Attached ..... receipts indicating the requested rates

9 ☐ Amount to be reimbursed (5) ..... ☐ No reimbursement

10 Remarks .....

.....

.....

.....

11 Institution of the place of stay

11.1 Name .....

11.2 Address (3) .....

.....

11.3 Stamp

11.4 Date .....

11.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) If the institution which would have had to provide the benefits in kind is not known, the form may be sent to the liaison body in the country of stay, i.e.:

- *in* **Belgium,** *the 'Institut national d'assurance maladie-invalidité (INAMI), (National Sickness and Invalidity Insurance Institute), Brussels;*
- *in* **Denmark,** *the 'Sikringsstyrelsen' (National Office for Social Security), Copenhagen;*
- *in* **Germany,** *the 'Bundesverband der Ortskrankenkassen' (National Federation of Local Sickness Funds), Bonn;*
- *in* **Greece,** *the regional or local branch of the Social Insurance Institute (IKA); for mariners, the Seamen's Pension Fund (NAT);*
- *in* **Spain,** *the 'Instituto Nacional de la Seguridad Social' (National Social Security Institution), Madrid;*
- *in* **France,** *the 'Centre de sécurité sociale des travailleurs migrants' (Centre for the Social Security of Migrant Workers), Paris;*
- *in* **Ireland,** *the Department of Health, Dublin;*
- *in* **Italy,** *the Ministero della Sanità (Ministry of Health), Rome;*
- *in* **Luxembourg,** *the 'Inspection générale de la sécurité sociale', Luxembourg;*
- *in the* **Netherlands,** *the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht;*
- *in* **Portugal,** *the 'Departamento de Relações Internacionais e Convenções de Segurança Social' (Department of International Relations and Social Security Conventions), Lisbon.*

(3) Street, number, post code, town, country.

(3a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Complete only if the request is sent to a Belgian institution.

(4a) To be completed where this exists.

(5) Indicate the total amount.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 127 [ ] (1)

INDIVIDUAL RECORD OF MONTHLY LUMP-SUM PAYMENTS

Reg. 1408/71: Art. 36.1 and 2
Reg. 574/72: Art. 94; Art. 95

1

Record No ..... of year 19 ..... (2)

2 Competent institution

2.1 Name ..... Code number (3a) .....
2.2 Address (3) .....
.....

3 The right to benefits in kind has been acquired for the

[ ] employed person
[ ] self-employed person
[ ] pensioner (scheme for employed persons)
[ ] pensioner (scheme for self-employed persons)

3.1 Surname (4)
.....
3.2 Forenames ..... Maiden name (4) ..... Date of birth .....
3.3 Insurance number allocated by the competent institution .....

4 Address of the worker's family or address of the pensioner and his family (3)

.....
.....

5 The right to benefits in kind is held by the members of the family of the worker named above or by the pensioner named above and the members of his family, as certified by your form
E ..... form of ..... (date)
6 For the period during which this existed
(from ..... to .....)
6.1 the number of monthly lump-sum payments
[ ] per family or per pensioner and family [ ] per family member [ ] per individual
is .....

7 Creditor institution

7.1 Name ..... Code number (5) .....
7.2 Address (3) .....
.....
7.3 Stamp

7.4 Date .....
7.5 Signature
.....

E 127

8	To be completed by the competent institution

INSTRUCTIONS

Please complete three copies of this form in block letters, writing on the dotted lines only.

The institution in the place of residence should draw up the form for one calendar year and send it to the competent institution through the body designated for the implementation of Article 102.2 of Reg. 574/72.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) The year to be indicated here is that in which the benefits were provided.

(3) Street, number, post code, town, country.

(3a) To be completed if it is known.

(4) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) To be completed where this exists.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 201 ☐ (1)

CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE OR PERIODS OF RESIDENCE

Reg. 1408/71: Art. 9.2; Art. 15.3
Reg. 574/72: Art. 6.2

This certificate should be drawn up at the request of the person concerned by the institution or institutions of the Member States where he/she was insured. He/she should send it to the institution of the Member State in question with a view to his/her admission to voluntary or optional continued insurance for invalidity, old age and death (pension).

1 Insured person

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality (2) ..... D.N.I. (2a) .....

1.4 Address (3) .....

.....

1.5 Insurance No .....

2 Last employment entailing compulsory insurance (4)

2.1 ☐ Type of occupation as employed person

.....

2.2 Name of employer or firm .....

2.3 ☐ Type of occupation as self-employed person .....

2.4 Address (3) .....

.....

3 The worker named in box 1 ☐ is ☐ was insured by us

from/to	periods (5)	as (4) (6)	type of insurance (7)	for the risk of (8)
..... /				
..... /				
..... /				
..... /				
..... /				

4 The worker named in box 1 completed the following periods of residence (9)

from	to	Duration		
		Years	Months	Days

5

5.1 The person concerned ☐ has ☐ has not
submitted an application in another Member State for registration for voluntary or optional continued insurance.

If he/she has, state

5.2 the country .....

5.3 the risk (8) .....

6 (6)

6.1 The person concerned ☐ receives ☐ does not receive

6.2 ☐ an invalidity pension

6.3 ☐ an old-age pension

6.4 Date from which pension is paid .....

7 Institution issuing the certificate

7.1 Name .....

7.2 Address (3) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts state also the parish and the local authority.

(2) Where applicable, indicate the date of naturalization.

(2a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(3) Street, number, post code, town, country.

(4) If the certificate is issued by a Belgian, French, Irish or United Kingdom institution, the information given is based on particulars supplied by the worker himself.

(5) Indicate the number of quarters, months, weeks, days, in accordance with the provisions of national legislation.

(6) Complete only if the form is being sent to a German, Greek or Spanish institution.

(7) Indicate the type of insurance by using the following symbols:
A = compulsory
B = voluntary
C = optional continued.

(8) Indicate the risks covered by using the following symbols:
D = invalidity
E = old age
F = death.

(9) Complete only if the certificate is issued by a Danish institution.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 5 and 6

E 202 ☐ (1)

Country	Insurance No (2)	Institution concerned (where applicable, liaison body)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR AN OLD-AGE PENSION

Reg. 1408/71: Art. 10.2; Art. 44 to 50; Art. 77
Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

1.1 Name .....
1.2 Address (3) .....
.....

A. Information concerning insured persons

2

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status

☐ single
☐ married since (9a) .....
☐ divorced and remarried since (9) (9a) .....
☐ divorced and not remarried since (9) (9a) .....
☐ separated since (9a) .....
☐ widow or widower since (9a) .....

3 Nationality (10) ..... D.N.I. (10a) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....

(*) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

7

7.1 ☐ The insured person is still pursuing a professional or trade activity ☐ as an employed person ☐ as a self-employed person

7.2 ☐ The insured person ceased to pursue a professional or trade activity ☐ as an employed person ☐ as a self-employed person since .....

7.3 ☐ The insured person intends to retire from gainful employment ☐ as an employed person ☐ as a self-employed person on .....

7.4 ☐ The insured person is engaged in gainful employment (16)
☐ entailing compulsory pension insurance cover (16a)

7.5 ☐ The insured person intends to take up gainful employment (17)
☐ as an employed person ☐ as a self-employed person (state nature of activity) .....

7.6 Amount ☐ of salary ☐ of professional income ☐ of other income
..... (18)

7.7 Nature of other income .....

8.1 The insured person	has applied for the following benefits	and/or is receiving the following benefits
8.2 Continued wage or salary payments in case of illness	☐	☐
8.3 Sickness insurance cash benefits for incapacity for work	☐	☐
8.4 Rehabilitation allowances	☐	☐
8.5 Invalidity pension	☐	☐
8.6 Old-age pension	☐	☐
8.7 Survivor's pension	☐	☐
8.8 Pension for accident at work or occupational disease	☐	☐
8.9 Unemployment benefits	☐	☐
8.10 Refund of contribution	☐	☐

8.11 Institutions responsible for paying the benefits indicated in 8.3 to 8.9
name, address (3)

8... .....
8... .....
8... .....
8... .....

8.12 Additional information on the benefits listed in 8.3 to 8.9

	Reference No	Period or date on which due	Amount
8.....	.....	.....	☐ weekly ☐ monthly ☐ annual
8.....	.....	.....	☐ weekly ☐ monthly ☐ annual
8.....	.....	.....	☐ weekly ☐ monthly ☐ annual
8.....	.....	.....	☐ weekly ☐ monthly ☐ annual

8.13 The following are regarded as advances on the pension claimed
- ☐ the sickness insurance benefits for incapacity for work
- ☐ the unemployment benefits
- ☐ .....

9 Information to be supplied if the form is to be sent to German, Greek, Spanish, French (9.1 and 9.2) or Portuguese (9.2) institutions.

9.1	The claimant	(19)	☐	declares that he is unfit for work (see medical report enclosed)
		(19)	☐	does not declare that he is unfit for work
9.2	The claimant	(19) (19a)	☐	declares that he needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed)
		(19)	☐	does not declare that he does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life

B. Information concerning the members of the insured person's family

10 Spouse

10.1 Surname (4)
.....

10.2 Forenames ..... Maiden name ..... Sex .....

10.3 Date of birth ..... Place of birth (12) .....

10.4 Address (3) .....
.....

10.5 Date of marriage .....

10.6 The spouse ☐ pursues ☐ does not pursue a professional activity or trade

10.7 If in the affirmative, state amount of
☐ weekly earnings (20) ..... ☐ annual earnings (21) .....

10.8 The spouse aged between 60 and 65 declares himself/herself
☐ fit for work ☐ unfit for work (19)

10.9 The spouse
☐ has submitted a claim for a pension under the scheme for ☐ employed persons ☐ self-employed persons
☐ receives a pension under the scheme for ☐ employed persons ☐ self-employed persons
☐ does not receive a pension

Where appropriate, indicate

10.10 Type of pension (22) .....

10.11 Pension number (10a) .....

10.12 Institution responsible for payment .....

10.13 Amount ☐ monthly ☐ quarterly ☐ annual .....

10.14 The spouse ☐ receives ☐ does not receive other benefits (23)
☐ unemployment ☐ sickness ☐ invalidity ☐ other

10.15 Other known resources Type .....
Amount (24) .....

11 Children

11.1 Surname (4) | Forenames | Date of birth | Relationship

1. .....
2. .....
3. .....
4. .....

11.2 The following institution is competent to grant benefits pursuant to Art. 77 of Reg. 1408/71

☐ the investigating institution

☐ the institution designated as follows .....

11.3 The investigating institution

☐ for the children referred to in lines Nos ..... of item 11.1, is granting benefits until ..... inclusive

☐ is not granting benefits in respect of the children referred to in lines Nos ..... of item 11.1 (25)

☐ has not yet taken a decision regarding entitlement to benefits.

11.4 Address (3) (26) .....

.....

11.5 Remarks (27) (28) .....

C. Miscellaneous information

12 ☐ Date of submission of this claim .....

☐ Date chosen by claimant for commencement of pension payments (29) .....

☐ Date from which the pension is payable .....

13 The claimant ☐ has requested ☐ has not requested deferment of the calculation of an old-age pension to which he would be entitled.

Where appropriate, indicate the country .....

14 The investigating institution ☐ pays ☐ does not pay benefits on a provisional basis under Art. 45.1 of Reg. 574/72

14.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

15 ☐ There are grounds ☐ There are no grounds for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72

15.1 Any pension arrears

☐ can ☐ cannot

be paid direct to the beneficiary

15.2 Bank particulars or address for direct payment .....

16 Attached forms ☐ E 205 ☐ E 206 ☐ E 207

E 202

17 Investigating institution

17.1 Name .....

.....

17.2 Address (3) .....

.....

17.3 Stamp

17.4 Date .....

17.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of six pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number.

(3) Street, number, post code, town, country.

(4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) Give all forenames in the order in which they appear on the birth certificate.

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(7) Put M for male and F for female.

(8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg or Netherlands institution. If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

(9a) For the purposes of Belgian institutions, specify also the date beside the corresponding box.

(10) Where appropriate, indicate the date of naturalization.

(10a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(11) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(13) This information is obligatory for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below.

Address (3) .....

.....

(16) Complete if the form is being sent to a German, Greek, Spanish, Irish, Portuguese or United Kingdom institution.

(16a) For the purposes of Spanish institutions.

(17) Complete if the form is being sent to a German, Spanish, Irish or Portuguese institution.

(18) Complete if the form is being sent to a Belgian, Danish or French institution (annual amount) or to a German, Greek or Portuguese institution (monthly amount).

(19) The German, Greek, Spanish and French institutions may subsequently request an E 213 form.

(19a) For the purposes of Portuguese institutions, complete also Form E 202/additional page 2.

(20) Complete if the form is being sent to an Irish or United Kingdom institution.

(21) Complete if the form is being sent to a Danish, Spanish, French, Italian, Luxembourg, Netherlands or Portuguese institution.

(22) For Spanish or French institutions, indicate the nature of the risk (invalidity, old age) and the type of entitlement (direct or indirect).

(23) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Irish, Italian, Netherlands, Portuguese or United Kingdom institution.

(24) Complete if the form is being sent to a Danish, Spanish or Netherlands institution (annual amount), to a French institution (quarterly amount) or to an Italian or a Portuguese institution (monthly amount).

(25) Complete Form E 202/additional page 1 if the form is being sent to an Italian institution.

(26) Indicate the common address. If any of the children lives at a different address, indicate in the box below.

Surname and forenames .....

Address (3) .....

.....

(27) For the purposes of Spanish institutions, state whether the invalid child receives an invalidity pension in his or her own right.

(28) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student.

(29) Complete if the form is being sent to a German, French, Italian or Portuguese institution.

E 202 additional page No 1

ITEM 11 'CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not bound to pay benefits in respect of children as referred to in Art. 77 of Reg. 1408/71, please state

1 ☐ whether the children named in lines Nos ..... of item 11.1 pursue a professional activity or trade

1.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines Nos ..... of item 11.1 have any other source of income

2.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines Nos ..... of item 11.1 the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade
(Art. 79.3 of Reg. 1408/71)

3.1 The following institution is responsible for paying these family benefits or allowances:

(name) .....

(address) .....

.....

E 202 additional page No 2

ITEM 9 (9.2)
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname .....

Forenames .....

1.2 Address (street, number, post code, district, country) .....

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

---

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 5 and 6

E 203 ☐ (1)

Country	Insurance No (2)	Institution concerned (where applicable, liaison body)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR A SURVIVOR'S PENSION

Reg. 1408/71: Art. 10.2; Art. 44 to 50; Art. 78
Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete the form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

1.1 Name .....
1.2 Address (3) .....
.....

A. Information concerning the deceased insured person

2

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status

☐ single
☐ married since (9a) .....
☐ divorced and remarried since (9) (9a) .....
☐ divorced and not remarried since (9) (9a) .....
☐ separated since (9a) .....
☐ widow or widower since (9a) .....

3 Nationality (10) ..... D.N.I. (10a) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....

(*) Art. 90 of 574/72 is not applicable in the Netherlands.

7 On the date of death, the insured person
☐ was still pursuing ☐ no longer pursued a professional activity or trade

8

8.1 Date and place of death .....

8.2 Death (16) ☐ is assumed ☐ is not assumed
to have been the result of an accident at work or of an occupational disease

8.3 Death (17) ☐ is assumed ☐ is not assumed
to have been caused by a third party

8.4 In the case of a missing person ☐ date last heard of .....
☐ date of death officially presumed (18) (18a) .....

9

9.1 At the date of his/her marriage, the insured person (19) ☐ was ☐ was not
receiving a pension under the scheme for ☐ employed persons ☐ self-employed persons

9.2 At the date of his/her death, the insured person ☐ was ☐ was not
receiving a pension under the scheme for ☐ employed persons ☐ self-employed persons

Where appropriate, indicate
9.3 — Type of pension .....
9.4 — Pension No .....
9.5 — Institution responsible for payment of pension .....
.....
9.6 — Date from which the pension was due .....
9.7 — Date when payment ceased, where applicable .....

10 The insured person ☐ had requested ☐ had not requested
deferment of the calculation of an old-age pension to which he would have been entitled.
(Where appropriate, indicate the country .....)

10.1 The deceased person
☐ had requested ☐ had obtained a refund of contributions

10.2 The spouse
☐ has requested ☐ has obtained a refund of contributions

B. Information concerning the claimants

11 Widow, widower (19a), or other claimants, excluding children (20) (21)

11.1 Surname (4)
.....

11.2 Forenames ..... Maiden name ..... Place of birth (12) .....

11.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (10a) .....

11.4 Address (3) (22) .....
.....

11.5 Date of marriage .....

11.6 Where applicable, date of ☐ separation from bed and board (22a) ☐ divorce .....

11.7 Where applicable, date of remarriage .....

11.8 Surname and forenames of new spouse .....

11.9 Relationship and civil status (for claimants other than the widow or widower)
.....

12

12.1 The person named in box 11

12.2 ☐ is engaged in ☐ is not engaged in paid employment

12.3 ☐ is ☐ is not self-employed

12.4 Where appropriate, state amount of annual income (23) .....

12.5 The person named in box 11

12.6 ☐ was ☐ was not a dependant of the deceased insured person (24)

12.7 ☐ is ☐ is not

☐ permanently unfit for work

☐ temporarily unfit for work, namely for more than three months (25)

12.8 ☐ needs (25a) ☐ does not need someone in constant attendance (26)

12.9 The person named in box 11

☐ receives a pension from ..... to .....

☐ does not receive a pension

12.10 Type of pension (27) .....

12.11 Pension No .....

12.12 Amount on date of claim .....

12.13 Institution responsible for payment of pension .....

12.14 The person named in box 11 (28)

☐ is entitled to a survivor's pension under accident insurance from the following institution .....

Pension No .....

12.15 The widow (29)

☐ is raising a child ☐ is not raising a child for whom she receives a family allowance or an orphan's pension

12.16 Institution responsible for payment thereof .....

12.17 If the person named in box 11 is pregnant, give the expected date of her confinement

.....

13

13.1 Other resources of the widow/widower nature .....

amount (30) .....

☐ none

13.2 Other known resources of other eligible parties

nature .....

amount (30) .....

14 Children (31)

14.1	Surname (4)	Forenames	Date of birth	Relationship
	1.	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	2.	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	3.	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	4.	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

14.2 The following institution is competent to grant benefits pursuant to Art. 77 of Reg. 1408/71

☐ the investigating institution

☐ the institution designated as follows .....

14.3 The investigating institution

☐ in respect of the children referred to in lines Nos ..... of item 14.1, is granting benefits until ..... inclusive

☐ is not granting benefits in respect of the children referred to in lines Nos ..... of item 14.1 (32)

☐ has not yet taken a decision concerning entitlement to benefits

14.4 Address (3) (33) .....

.....

14.5 Remarks (34) (34a) (34b) .....

C. Miscellaneous information

15 ☐ Date of submission of this claim .....

☐ Date from which the pension is due .....

16 The investigating institution ☐ pays ☐ does not pay benefits on a provisional basis under Art. 45.1 of Reg. 574/72

16.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

17 ☐ There are grounds ☐ There are no grounds for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72

17.1 Any pension arrears

☐ may ☐ may not

be paid direct to the beneficiary

17.2 Bank particulars or address for direct payment .....

18 Attached forms ☐ E 205 ☐ E 206 ☐ E 207

19 Investigating institution

19.1 Name .....

.....

19.2 Address (3) .....

.....

19.3 Stamp

19.4 Date .....

19.5 Signature

.....

E 203

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of six pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number of the deceased.

(3) Street, number, post code, town, country.

(4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) Give all forenames in the order in which they appear on the birth certificate.

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(7) Put M for male and F for female.

(8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a Belgian, German, French, Italian, Luxembourg, Netherlands or Portuguese institution.
If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

(9a) For the purposes of Belgian institutions, specify also the date beside the corresponding box.

(10) Where appropriate, indicate the date of naturalization.

(10a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(11) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts, state also the parish and the local authority.

(13) Must be stated for insured persons of Spanish, French or Italian nationality.
Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the deceased insured person's last address in Denmark in the box below

Address (3) ....

(16) Complete if the form is being sent to a German, Greek, Spanish, Irish, Italian, Luxembourg, Portuguese or United Kingdom institution.

(17) Complete if the form is being sent to a German, Greek, Spanish, Luxembourg or Portuguese institution.

(18) If the form is being sent to a Greek or French institution, complete indicating the declared date of the disappearance to the police.

(18a) For the purposes of Spanish institutions, state also the circumstances of the disappearance.

(19) Complete if the form is being sent to a Greek, French or Luxembourg institution.

(19a) For the purposes of Portuguese institutions, complete also additional page 3.

(20) If there are several persons to be entered in box 11, please insert on one or more additional copies of pages 2 and 3, as boxes 11 and 12 must be completed for each person separately. Please note that in the Netherlands, widows, divorced or separated women may be entitled to a widow's pension if they are younger than 65 years of age. Widows, divorced or separated women who are older than 65 years of age are entitled to an old-age pension. In these cases, an E 202 form must be drawn up in the name of the woman concerned.

(21) Please complete also the 'additional page No 1' enclosed if the form is being sent to an Italian institution.

(22) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below

Address (3) .....
.....

(22a) For the purposes of Spanish institutions, state the nature of the legal document, depending upon whether it is a *de facto* or a legal separation.

(23) Complete if the form is being sent to a Danish or French institution.

(24) Complete if the form is being sent to a German, Greek, Spanish, French, Italian or Luxembourg institution.

(25) Complete if the form is being sent to a Belgian or Netherlands institution.

(25a) For the purposes of Portuguese institutions, complete also additional page No 4.

(26) Complete if the form is being sent to a Greek, French, Irish or United Kingdom institution.

(27) If the form is being sent to a German, Spanish, French or Portuguese institution, please specify whether this is a personal or a reversionary pension.

(28) Complete if the form is being sent to a Belgian, German, Luxembourg or Portuguese institution.

(29) Complete if the form is being sent to a Belgian, German, French or Luxembourg institution.

(30) Complete if the form is being sent to a Danish or a Spanish institution (annual amount), to a French institution (quarterly amount) or to a German or Italian institution (monthly amount).

(31) Complete if the form is being sent to a Danish, German, Greek, Spanish, French, Irish, Italian, Netherlands, Portuguese or United Kingdom institution.

(32) Please complete also the 'additional page No 2' enclosed if the form is being sent to an Italian institution.

(33) Indicate the common address. If one of the children lives at a different address, indicate in the box below.

Surname and forenames .....
Address (3) .....
.....

(34) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. For the purposes of Portuguese institutions, in the case of an invalid child requiring the assistance of another person, complete additional page No 4.

(34a) For the purposes of Spanish institutions indicate whether the invalid child receives an invalidity pension in his or her own right.

(34b) For the purposes of Portuguese institutions, if one of the children has a legal representative other than the person representing the other children, indicate this in the box below:

Child
— Surname .....
— Forenames .....
Legal representative
— Surname .....
— Forenames .....
— Address (3) .....
.....

E 203 additional page No 1

ITEM 11 'RIGHTFUL CLAIMANTS OTHER THAN CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

To be completed if the pension is claimed abroad by the sole surviving parent, an unmarried brother or an unmarried sister of the deceased worker.

1 — If the claimant is the sole surviving parent, please state whether the deceased worker is survived by

☐ spouse	☐ yes	☐ no
☐ children	☐ yes	☐ no

2 — If the claimant is a brother or sister of the deceased worker, please state whether the latter is survived by

☐ spouse	☐ yes	☐ no
☐ children	☐ yes	☐ no
☐ parents	☐ yes	☐ no

ITEM 14 'CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not obliged to pay benefits in respect of orphans as referred to in Art. 78 of Reg. 1408/71, please state

1 ☐ whether the children named in lines Nos ..... of item 14.1 pursue a professional activity or trade

1.1 please state for each child
type of income .....
amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines Nos ..... of item 14.1 have any other source of income

2.1 please state for each child
type of income .....
amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines Nos ..... of item 14.1, the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade
(Art. 79.3 of Reg. 1408/71)

3.1 The following institution is responsible for paying these family benefits or allowances:

(name) .....

(address) .....

.....

ITEM 11
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claim is submitted by the widow or widower of the insured person.

1 ☐ The widow or widower lived under the same roof as, and was supported by, the deceased insured person

2 ☐ The widow or widower did not live under the same roof as, and was not supported by, the deceased insured person

2.1 ☐ Has abandoned the children of the household

2.2 ☐ Has not abandoned the children of the household

2.3 ☐ Is living or has lived in a marital relationship since the death of the insured person (1)

2.4 ☐ Is not living and has not lived in a marital relationship since the death of the insured person (1)

3 ☐ The information requested at 2.1 to 2.4 has been obtained on the basis of the information supplied by the widow/widower submitting the claim for a survivor's pension

NOTE

(1) In the case of the United Kingdom the submission of a claim for a widow's pension is presumed to be a declaration on her part that she has not been living in a marriage relationship since the death of her husband.

ITEM 14 (14.5)
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname .....

Forenames .....

1.2 Address (street, number, post code, district, country) .....

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 5 and 6

E 204 ☐ (1)

Country	Insurance No (2)	Institution concerned (or liaison body, if applicable)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR AN INVALIDITY PENSION

Reg. 1408/71: Art. 10.2; Art. 44 to 50; Art. 77
Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

1.1 Name .....
1.2 Address (3) .....
.....

A. Information concerning insured persons

2

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status

☐ single ☐ divorced and remarried (9) ☐ separated
☐ married ☐ divorced and not remarried (9) ☐ widow or widower

3 Nationality (10) ..... D.N.I. (10a) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....

(*) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

7 Date which has been determined as the commencement of invalidity .....

7.1 Date of commencement of incapacity for work followed by invalidity (15a) .....

7.2 The person concerned

☐ is still engaged in ☐ is no longer engaged in

☐ paid employment ☐ self-employment

7.3 If he is engaged in paid employment (16) indicate

Amount of wage or salary ..... No of hours worked per week .....

7.4 Date of cessation of occupational activity

☐ as an employed person .....

☐ as a self-employed person .....

7.5 Type of activity .....

7.6 If he is carrying out an activity as a self-employed person indicate the amount of professional income (17).....

Nature of activity .....

7.7 Other known resources (amount and nature) (18) .....

7.8 The invalidity

☐ is assumed	☐ is not assumed	to have been caused by a liable third party
☐ is the result of	☐ is not the result of	an accident at work or an occupational disease (19)
☐ is the result of	☐ is not the result of	an accident other than an accident at work or an occupational disease (19a)

8 Since the commencement of incapacity for work, the person concerned

☐ has followed occupational rehabilitation courses

☐ has not followed occupational rehabilitation courses

Where appropriate, indicate

8.1 for what kind of occupation .....

8.2 the employer for whom he works in this new occupation

Name of employer or firm .....

Address (3) .....

.....

8.3 Date of commencement and of termination of this employment .....

9

		has applied for the following benefits	and/or receives the following benefits
9.1	The insured person		
9.2	Continued wage or salary payments in case of illness	☐	☐
9.3	Sickness insurance cash benefits for incapacity for work	☐	☐
9.4	Rehabilitation allowances	☐	☐
9.5	Invalidity pension	☐	☐
9.6	Old-age pension	☐	☐
9.7	Survivor's pension	☐	☐
9.8	Pension for accident at work or occupational disease	☐	☐
9.9	Unemployment benefits	☐	☐
9.10	Benefits in respect of assistance by another person (20)	☐	☐
9.11	Refund of contributions	☐	☐

9.12 Institutions responsible for paying the benefits indicated in 9.3 to 9.10 [name, address (3)]

9... .....

9... .....

9... .....

9... .....

9.13 Additional information on the benefits listed in 9.3 to 9.10

Re benefits in item	Reference No	Period or date on which due	Amount
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual

9.14 The following are regarded as advances on the pension claimed

☐ the sickness insurance benefits for incapacity for work

☐ the unemployment benefits

☐ .....

B. *Information concerning the members of the insured person's family*

10 Spouse

10.1 Surname (4)

.....

10.2 Forenames ..... Maiden name ..... Sex .....

10.3 Date of birth ..... Place of birth (12) .....

10.4 Address (3) .....

.....

10.5 Date of marriage .....

10.6 The spouse ☐ pursues ☐ does not pursue a professional trade or activity

10.7 Where appropriate, state amount of

☐ weekly earnings (21) ☐ annual earnings (22) .....

10.8 The spouse ☐ has submitted a claim for a pension under the scheme for ☐ employed persons ☐ self-employed persons

☐ receives ☐ does not receive a pension

If in the affirmative, indicate

10.9 Type of pension .....

10.10 Pension No (10a) .....

10.11 Institution responsible for pension payment .....

10.12 Amount ☐ monthly ☐ quarterly ☐ annual .....

10.13 The spouse ☐ benefits ☐ does not receive other benefits (23)

☐ unemployment ☐ sickness ☐ invalidity ☐ other

10.14 Date of commencement .....

10.15 Amount ☐ monthly ☐ quarterly ☐ annual .....

10.16 Other known resources Type .....

Amount (24) .....

11 Children

11.1	Surname (4)	Forenames	Date of birth	Relationship
1.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
4.	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

11.2 The following institution is competent to grant benefits pursuant to Art. 77 of Reg. 1408/71

☐ The investigating institution

☐ The institution designated as follows .....

11.3 The investigating institution

☐ in respect of the children referred to in lines Nos ..... of the item 11.1, is granting benefits until ..... inclusive

☐ is not granting benefits in respect of the children referred to in lines Nos ..... of item 11.1 (25)

☐ has not yet taken a decision concerning entitlement to benefits

11.4 Address (3) (26) .....

.....

11.5 Remarks (27) (27a) .....

12 Dependent ascendants (28)

12.1	Surname (4)	Forenames	Date of birth	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

12.2 Address (3) (26) .....

.....

12.3 Remarks .....

.....

C. Miscellaneous information

13 ☐ Date of submission of claim .....

☐ Date from which the pension is payable .....

14 The investigating institution

☐ pays ☐ does not pay

benefits on a provisional basis under Art. 45.1 of Reg. 574/72

14.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

15 ☐ There are grounds ☐ There are no grounds
for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72

15.1 Any pension arrears
☐ may ☐ may not
be paid direct to the beneficiary

15.2 Bank particulars or address for direct payment .....
.....

16 Attached forms ☐ E 205 ☐ E 206 ☐ E 207 ☐ E 213 ☐ E 214 (29)

17 Investigating institution

17.1 Name .....
.....

17.2 Address (3) .....
.....

17.3 Stamp

17.4 Date .....

17.5 Signature
.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of six pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number.

(3) Street, number, post code, town, country.

(4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) Give all forenames in the order in which they appear on the birth certificate.

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(7) Put M for male and F for female.

(8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a German, French, Italian, Luxembourg or Netherlands institution.
If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

(10) Where appropriate, indicate the date of naturalization.

(10a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(11) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts, state also the parish and the local authority.

(13) Must be stated for insured persons of Spanish, French or Italian nationality.
Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below.

Address (3) .....
.....

(15a) Please complete in the same way as in section C.3 of the E 213 form.

(16) Complete if the form is being sent to a Danish, German, Greek, French, Luxembourg, Netherlands or United Kingdom institution.

(17) Complete if the form is being sent to a Belgian, Danish, German, Greek, Spanish, French, Luxembourg, Netherlands or Portuguese institution.

(18) Complete if the form is being sent to a Danish , Spanish or Portuguese institution.

(19) Complete if the form is being sent to a Belgian, German, Greek, Spanish, French, Italian, Luxembourg or Portuguese institution.

(19a) Complete only if the form is being sent to a Greek or Spanish institution.

(20) For the purposes of Portuguese institutions, where the insured person needs the assistance of another person, complete also additional page No 2.

(21) Complete if the form is being sent to an Irish or United Kingdom institution.

(22) Complete if the form is being sent to a Belgian, Danish, French, Italian, Luxembourg, Netherlands or Portuguese institution.

(23) Complete if the form is being sent to a Belgian, Danish, German, French, Irish, Italian, Netherlands, Portuguese or United Kingdom institution.

(24) Complete if the form is being sent to a Belgian, Danish or Netherlands institution (annual amount); to a French institution (quarterly amount) or to a German, Greek, Italian or Portuguese institution (monthly amount).

(25) Please complete 'additional page' No 1 enclosed if the form is being sent to an Italian institution.

(26) Indicate the common address. If one of the children or ascendants lives at a different address, state this address in the box below

Surname and forenames .....
Address (3) .....
.....

(27) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice, or a student, or if it receives a benefit or has its own source of income.

(27a) For the purposes of Spanish institutions state whether the invalid child receives an invalidity pension in his or her own right.

(28) Complete if the form is being sent to a Belgian or United Kingdom institution.

(29) If an E 204 form is issued by or is being sent to a German or Netherlands institution, forms E 213 and E 214 should be enclosed.

E 204 additional page No 1

ITEM 11 'CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not obliged to pay benefits in respect of children as referred to in Art. 77 of Reg. 1408/71, please state

1 ☐ whether the children named in lines Nos ..... of item 11.1 pursue a professional activity or trade

1.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines Nos ..... of item 11.1 have any other source of income

2.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines Nos ..... of item 11.1, the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade (Art. 79.3 of Reg. 1408/71)

3.1 The following institution is responsible for paying these family benefits or allowances

(name) .....

(address) .....

.....

ITEM 9 (9.10)
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname .....

Forenames .....

1.2 Address (street, number, post code, district, country) .....

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 205 **B** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN BELGIUM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Year from 1 January to 31 December	Number of days		Occupation (15) (16)	Remarks (14) (**)
	Insurance periods	Equivalent periods		
Before 1926				
1926				
1927				
1928				
1929				
1930				
1931				
1932				
1933				
1934				
1935				
1936				
1937				
1938				
1939				
1940				
1941				
1942				
1943				
1944				
1945				
1946				
1947				
1948				
1949				
1950				
1951				
1952				
1953				
1954				
1955				
1956				
1957				
1958				

8 *(continued)*

Year from 1 January to 31 December	Number of days		Occupation (15) (16)	Remarks (14) (**)
	Insurance periods	Equivalent periods		
1959				
1960				
1961				
1962				
1963				
1964				
1965				
1966				
1967				
1968				
1969				
1970				
1971				
1972				
1973				
1974				
1975				
1976				
1977				
1978				
1979				
1980				
1981				
1982				
1983				
1984				
1985				
1986				
1987				
1988				
1989				

8.1 Total period of insurance under the Belgian social security scheme for employed persons — self-employed persons

..... | ..... | ..... | ..... + ...notional additional days (*)

8.2 Remarks: (*) Equivalent periods for which no dates are specified
(**) Additional insurance periods, early retirement pension (Article 5a, Royal Decree No 50)

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
		.....
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	
		.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) In 8.2 indicate the nature of the periods treated as periods of employment.

(15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.

(16) For the purposes of Greek institutions state where possible the nature of the work.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **DK** (1)

CERTIFICATE CONCERNING PERIODS OF INSURANCE AND PERIODS OF RESIDENCE IN DENMARK

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

E 205 | DK

8

Periods during which periods of residence and periods treated as such were completed under the law on social pensions			Periods of residence		
Year	from	to	Years	Months	Days

8.1 Total length of period of insurance under Danish social security schemes

....

8.2 Remarks ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: DK = Denmark.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **D** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN GERMANY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Periods treated as insurance periods (15)		Insurance schemes		Occupation (16) (17)
Year	from	to	Weeks	Months	Weeks	Months	Employed person	Self-employed person	

8.1 Total length of period of insurance under German social security schemes for employed persons: .... months, of which
- periods to be taken into account for the acquisition of entitlement and for calculation of benefits:
  weeks .... months ....
- periods to be taken into account only for calculation of benefits:
  weeks .... months ....

8.2 Total length of period of insurance under German social security schemes for self-employed persons: .... months, of which
- periods to be taken into account for the acquisition of entitlement and for calculation of benefits:
  weeks .... months ....
- periods to be taken into account only for calculation of benefits:
  weeks .... months ....

8.3 Remarks (15) ....
....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
		.....
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: D = Germany.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of insurance weeks or months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.

(15) After the number of weeks or months treated as such put 'A' for periods of interruption which are taken into account for the calculation of the amount of the benefit but not for the acquisition of the right. Furthermore, the nature of the periods treated as such (Ersatzzeiten) must be indicated in 8.3 ('Remarks').

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **GR** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN GREECE

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....

1.2 Address (2) .....

.....

Information concerning insured persons

2

2.1 Surname (3) .....

2.2 Surname at birth (3) .....

2.3 Forenames (4) .....

2.4 Previous names (5) .....

2.5 Sex (6) .....

2.6 Father's surname and forenames (7) .....

2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....

4.2 Place of birth (10) .....

4.3 Province, department, county (11) .....

4.4 Country (12) .....

5 Address (2)

.....

.....

6

6.1 Insurance No at the investigating institution .....

6.2 Reference No of file at the investigating institution .....

6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)

.....

7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....

7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....

7.4 Address (2) .....

.....

E 205 **GR**

8

Periods during which periods of insurance and periods treated as such were completed			Periods of insurance (14)			Periods treated as periods of insurance (15)			Occupation — type of work (16) (17)
Year	from	to	Years	Months	Days	Years	Months	Days	

8.1 Total length of period of insurance under Greek social security schemes: .... years .... months .... days; of which

— periods to be taken into account for the acquisition of entitlement and for the calculation of benefits:
years .... months .... days ....

— periods to be taken into account only for the calculation of benefits:
years .... months .... days ....

8.2 Remarks (15) ....
....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
		.....
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	
		.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: GR = Greece.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.

(15) In 8.2 indicate the nature of the periods treated as insurance periods.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

(17) Specify the type of work and indicate the category.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **E** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN SPAIN

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning the insured person

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

E 205 **E**

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Periods treated as insurance periods (15)		Insurance scheme	Occupation (16) (17)
Year	from	to	years	days	years	days		

8.1 Total length of period of insurance under Spanish social security schemes for employed persons:

— periods to be taken into account for the acquisition of entitlement and for calculation of benefits:

years .... days ....

— periods to be taken into account only for calculation of benefits:

years .... days ....

8.2 Total length of period of insurance under Spanish social security schemes for self-employed persons:

— periods to be taken into account for the acquisition of entitlement and for calculation of benefits:

years .... days ....

— periods to be taken into account only for calculation of benefits:

years .... days ....

8.3 Remarks (15) ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
		.....
10.3	Stamp	10.4 Date .....
		10.5 Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: E = Spain.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of voluntary insurance years or days put 'V' in order to avoid any confusion with compulsory insurance.

(15) In 8.3 indicate the nature of the periods treated as periods of employment.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **F** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN FRANCE

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning the insured person

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 *Details of birth*

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods [14]	Periods treated as insurance periods [15]	Insurance schemes		Occupation [16] [17]
Year	from	to	(quarters)	(quarters)	Employed person	Self-employed person	

Benefit increase for mothers

8.1 Total length of period of insurance under French social security schemes for employed and self-employed persons

8.2 Comments

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: F = France.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.

(15) In 8.2 indicate the nature of the periods treated as insurance periods.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **IRL** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN IRELAND

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)	Periods treated as insurance periods	Reason for treating these periods as insurance periods (15)	Occupation (16) (17)
Year	from	to	(weeks)	(weeks)		

8.1 Total length of period of insurance under the Irish social security scheme for employed persons .....

8.2 Comments .....

.....

.....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it *does not contain any relevant information.*

NOTES

(1) Symbol of the country to which the institution completing the form belongs: IRL = Ireland.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the insured person is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.

(15) Indicate whether the periods in question are periods of illness, unemployment, etc.

(16) In the case of insured persons who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 | **I** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN ITALY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Periods treated as insurance periods (15)		Insurance scheme		Occupation (16) (17)
Year	from	to	Weeks	Months	Weeks	Months	Em-ployed persons	Self-em-ployed persons	

8.1 Total length of period of insurance under Italian social security schemes for employed persons and self-employed persons treated as such:

— periods to be taken into account for the acquisition of entitlement and for the calculation of benefits:
weeks .... months ....

— periods to be taken into account only for the calculation of benefits:
weeks .... months ....

— periods to be taken into account only for the acquisition of entitlement to benefits:
weeks .... months ....

The periods of .... up to .... are converted into benefits with effect from ....

8.2 Comments (15) ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs; I = Italy.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of weeks or months put 'P' for periods of compulsory insurance in order to avoid any confusion with periods of voluntary insurance.

(15) In 8.2 indicate the nature of the periods treated as insurance periods.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **L** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN LUXEMBOURG

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning the insured person

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

E 205 | L

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods		Periods treated as insurance periods (14)		Insurance scheme	Occupation (15) (16)
Year	from	to	Days	Months	Days	Months		

8.1 Total length of period of insurance under Luxembourg social security schemes

....

8.2 Comments (14) ....

....

②

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: L = Luxembourg.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) In 8.2 indicate the nature of the periods treated as periods of employment.

(15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.

(16) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 205 **NL** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE NETHERLANDS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Insurance periods under AOW/AWW (14)		Insurance periods under WAO/AAW (14)		Number of			Type (15) (16)
from	to	from	to	Years	Months	Days	

8.1 Total length of period of insurance in the Netherlands (17) under ☐ AOW ☐ AWW ☐ WAO/AAW

.... years .... months .... days

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: NL = the Netherlands.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname put 'IDEM'. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) AOW = law on general old-age insurance
AWW = law on general widows' and orphans' insurance
WAO = law on insurance against incapacity for work for employed persons
AAW = law on general incapacity for work

(15) Use the following symbols in order to indicate the type of insurance period
P = compulsory insurance
V = voluntary insurance
G = periods treated as periods of insurance

(16) For Greek institutions, specify where possible the type of work in question.

(17) Since the Netherlands insurance scheme does not provide for registration of the insured person, it may happen that our statistics may contain references to periods in respect of which it can only be assumed that the person concerned was insured in the Netherlands. In the case where it is established that the person concerned was insured during the periods of insurance stated by us in the Netherlands under the legislation of your country, you may, without consulting us, deduct the periods in question from the total number of periods of insurance stated in point 8.1 of this form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **P** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN PORTUGAL

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Periods of insurance and periods treated as such			Insurance periods	Periods treated as insurance periods (14)	Occupation (14a) (15) (16)
Year	from	to	Months	Months	

8.1 Length of period of insurance under Portuguese social security schemes:

8.2 Comments

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: P = Portugal.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) In 8.2 indicate the nature of the periods treated as periods of employment.

(14a) This information is given on the basis of particulars provided by the worker.

(15) In the case of workers who were employed in mines or in undertakings treated as such, attach an E 206 form.

(16) For Greek institutions specify where possible the nature of the work.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **GB** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE UNITED KINGDOM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

E 205 GB

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Voluntary insurance	Periods treated as insurance periods (15)	Occupation (16) (17)
			Employed persons	Self-employed persons			
Year	from	to	Weeks	Weeks	Weeks	Weeks	

8.1 Total length of period of insurance under the United Kingdom social security scheme for employed and self-employed persons

....

8.2 Comments ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) Indicate the periods of voluntary insurance in the next column.

(15) Indicate whether the periods in question are periods of illness, unemployment, etc.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.

(17) For Greek institutions, specify where possible the type of work in question.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 206 [ ] (1)

CERTIFICATE CONCERNING PERIODS OF EMPLOYMENT IN MINES AND SIMILAR UNDERTAKINGS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....

8

Undertakings (14)	Type of work performed (15)	Periods of employment or periods treated as such		Length of each period					
				overall			underground work		
		from	to	Years	Months	Days	Years	Months	Days
8.1			Total						

9 The periods of employment shown in item 8 were interrupted as follows ([16])

Periods of interruption		Reason for interruption (sickness, leave, military service, active service, unemployment, medical treatment, rehabilitation, unpaid leave, etc.)
from	to	
Day/Month/Year	Day/Month/Year	
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

10 Institution completing the form

10.1 Name .....

10.2 Address ([2]) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) Indicate the undertakings in which the person concerned was employed and the substance extracted or processed.

(15) Specify type of work and indicate whether performed at the surface or underground, or whether it concerns periods treated as periods of employment.

(16) Complete only if the form is to be sent to German and Spanish institutions.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 207 [ ] (1)

INFORMATION CONCERNING THE INSURED PERSON'S INSURANCE HISTORY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 69

To be completed by the investigating institution and to be attached to forms E 202, E 203 and E 204.

The information in box 7 has been obtained from the person concerned and will be sent to the institution concerned.

Information concerning insured persons

1

1.1 Surname (3) .....
1.2 Surname at birth (3) .....
1.3 Forenames (4) .....
1.4 Previous names (5) .....
1.5 Sex (6) .....
1.6 Father's surname and forenames (7) .....
1.7 Mother's surname and forenames (7) .....

2 Nationality (8) ..... D.N.I. (8a) .....

3 Details of birth

3.1 Date of birth (9) .....
3.2 Place of birth (10) .....
3.3 Province, department, county (11) .....
3.4 Country (12) .....

4 Address (2)

.....
.....

5 Insurance No .....

(Information relating to each period — see page 2)

6 Investigating institution

6.1 Name .....
6.2 Address (2) .....
.....
6.3 Stamp

6.4 Date .....
6.5 Signature
.....

7	Information relating to each period

	Periods (13)		Type of period (14)	Name of employer and place of registered office or type of activity carried out as self-employed person	Place and country where activity is carried out (15)	(a) Insurance institution or scheme (b) Insurance number (16) (c) Type of insurance (17)	Place of residence during period of employment (18)
	from	to					
	1	2	3	4	5	6	7
1						(a) ..... (b) ..... (c)	
2						(a) ..... (b) ..... (c)	
3						(a) ..... (b) ..... (c)	
4						(a) ..... (b) ..... (c)	
5						(a) ..... (b) ..... (c)	
6						(a) ..... (b) ..... (c)	
7						(a) ..... (b) ..... (c)	
8						(a) ..... (b) ..... (c)	

E 207

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. If the space provided on page 2 is not sufficient to indicate all stages of the insurance history of the person concerned, insert one or more identical pages, changing the numbers at the extreme left-hand side (substituting 9, 10, 11 .... for 1, 2, 3 .....)

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) If the form is to be sent to a Danish or Netherlands institution, indicate also all periods of residence completed by the worker in Denmark or in the Netherlands.

(14) Indicate the type of work performed (employed or self-employed), e.g. mechanic, shop assistant, self-employed farmer. Where applicable: school or vocational training: (specify type of course and diplomas obtained); periods without paid employment (e.g. housewife, unemployed, sickness, etc.); military service (country). If the person concerned served in the armed forces in Italy, a copy of his service book ('foglio matricolare') or of his service record ('stato di servizio') should be enclosed where possible with the E 207 form.

(15) Where the activity is carried out in France, give the name of the department.

(16) If the form is to be sent to a Danish institution, indicate the CPR number and, where applicable, the ATP number.

(17) Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.

(18) For Greece, indicate the commune and department where the person concerned is insured with OGA.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 208 ☐ (1)

DETERMINATION OF ENTITLEMENT TO PENSION

to ☐ **old-age pension** ☐ **invalidity pension** ☐ **survivor's pension**
in ..... (2)

Reg. 1408/71: Art. 46.1 and 2; Art. 49.2 and 3
Reg. 574/72: Art. 43.2 and 3; Art. 46

To be sent by the institution concerned to the investigating institution.

1 Investigating institution to which the form is addressed

1.1 Name .....
1.2 Address (3) .....
.....

Information concerning insured persons

2

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....

3 Nationality (9) ..... D.N.I. (9a) .....

4 Details of birth

4.1 Date of birth (10) .....
4.2 Place of birth (11) .....
4.3 Province, department, county (12) .....
4.4 Country (13) .....

5 Address (3)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Person who has entitlement (14)

7.1 Surname (4)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (11) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (9a) .....
7.4 Address (3) .....
.....
7.5 Relationship with the deceased insured person .....

8 If a claim is rejected

Reason .....

.....

.....

.....

.....

.....

9 If a pension is awarded

9.1 Annual amount ([15]) of the national pension referred to in Art. 46.1 (first subparagraph) of Reg. 1408/71 which the person concerned may claim for periods of insurance (compulsory, voluntary or optional continued) and periods treated as such completed in the country concerned, even if some of these periods overlap with periods completed in another country

.....

9.2 Actual annual amount ([15]) of the theoretical pension referred to in Art. 46.2 of Reg. 1408/71 which would be payable if all insurance periods and periods treated as such, determined in accordance with the rules laid down in Art. 15 of Reg. 574/72, had been completed in the country concerned

.....

9.3 Actual annual amount ([15]) of the proportional pension referred to in Art. 46.2. b, c and d of Reg. 1408/71, calculated by taking into consideration periods completed in the country concerned, excluding periods of voluntary or optional continued insurance overlapping with periods completed in another country

.....

9.4 Actual annual amount ([15]) of the proportional pension referred to in Art. 46.2. b, c and d of Reg. 1408/71, calculated by taking into consideration periods completed in the country concerned, including periods of voluntary or optional continued insurance overlapping with periods completed in another country

.....

9.5 Date from which benefits are payable .....

10 Institution concerned

10.1 Name .....

10.2 Address ([3]) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Indicate the Member State.

(3) Street, number, post code, town, country.

(4) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(5) Give all forenames in the order in which they appear on the birth certificate.

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(7) Put M for male and F for female.

(8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(9) Where appropriate, indicate the date of naturalization.

(9a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(10) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(11) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(12) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(13) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(14) Complete only in the case of an application for a survivor's pension.

(15) The annual amount is equal to the total amount of the amounts to be paid in the course of the year, calculated on the basis of the amount of the benefits on the date on which they become effective.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 209 ☐ (1)

DETERMINATION OF PENSION AMOUNTS

for ☐ **old-age pension** ☐ **invalidity pension** ☐ **survivor's pension**

REGARDING THE POSSIBLE APPLICATION OF ART. 46.3 OF REG. 1408/71

The investigating institution should complete this form and send a copy to each of the institutions concerned.

1 Institution concerned to which the form is addressed

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....
7.5 Relationship to the deceased insured person .....

(Determination of amounts — see page 3)

E 209

8	Investigating institution

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

(2)

E 209

9 Determination of pension amounts on (date) .....

Country responsible for the payment of the benefit	Annual amount in the currency of the country of the competent institution (14)			Annual amount in the currency of the country of the investigating institution				Annual amount in the currency of the country of the competent institution (14) (Pension after application of Art. 46.3 of Reg. 1408/71) (18)
	Theoretical pension (Art. 46.2.a of Reg.1408/71)	National pension (Art. 46.1 first subparagraph of Reg. 1408/71)	Proportional pension (15) Art. 46.2.b of (Reg. 1408/71)	Theoretical pension (Art. 46.2.a of Reg. 1408/71)	Highest amount in column 3 or 4 (16)		Product of multiplication of the amounts in column 6 by reduction coefficient (see box 10) (17)	
					Amounts in column 3 (Art. 46.1 first subparagraph of Reg. 1408/71)	Amounts in column 4 (Art. 46.2.b of Reg. 1408/71)		
1	2	3	4	5	6	7	8	9
1.								
2.								
3.								
4.								
5.								
				Total	A	B		

Repeat of total B from column 7	B .....
Total pensions due from all countries (C = A + B)	C .....
Highest theoretical pension from column 5	D .....
Difference (C – D = E)	E .....

10 Determination of reduction coefficient pursuant to Art. 46.3 of Reg. 1408/71
(Coefficient used for calculation of amounts in column 8 of box 9) (17)

Total amount of national pensions (column 6)	A .....
Amount of the difference	E .....
Reduction coefficient $F = \frac{A-E}{A}$	F .....

11 Conversion rates (19)

Currency of the country of the competent institution		Currency of the country of the investigating institution
DM 100	×	= .....
Bfrs 100	×	= .....
FF 100	×	= .....
Lit 100	×	= .....
Lfrs 100	×	= .....
Fl 100	×	= .....
Dkr 100	×	= .....
£ 100	×	= .....
£ Irl 100	×	= .....
Dr 100	×	= .....
Esc 100	×	= .....
Pts 100	×	= .....

E 209

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) To be completed only in the case of a claim for a survivor's pension.

(14) State which currency.

(15) Calculated without reference to periods of voluntary or optional continued insurance overlapping with periods of compulsory insurance completed in another country.

(16) If the amount in column 3 is the same as that in column 4 this amount should be included in column 7.

(17) Complete only if the amounts in A and E in column 6 are positive.

(18) To the amount in column 7 should be added, where applicable, the increase of pension provided for in Art. 46.1 of Reg. 574/72, corresponding to periods of voluntary or optional continued insurance coinciding with periods of insurance completed in another country.

(19) See Art. 107 of Reg. 574/72.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 210 ☐ (1)

NOTIFICATION OF DECISION CONCERNING A CLAIM FOR PENSION

for ☐ **old age** ☐ **invalidity** ☐ **survivor**

(award or rejection)

Reg. 574/72: Art. 48

Each of the institutions concerned should complete this form and send it to the investigating institution together with two copies of the formal decisions. One extra copy should be added for any additional institution concerned.

1 Investigating institution to which the form is addressed

1.1 Name .....
1.2 Address (2) .....
.....

Information concerning insured persons

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) ..... D.N.I. (8a) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Person who has entitlement (13)

7.1 Surname (3)
.....
7.2 Forenames ..... Surname at birth ..... Place of birth (10) .....
7.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (8a) .....
7.4 Address (2) .....
.....
7.5 Relationship to the deceased insured person .....

8 The claim is rejected

Reason .....

.....

.....

.....

9 A pension is awarded

9.1	From	/ /	/ /	/ /	/ /
9.2	Annual amount	.....	.....	.....	.....
9.3	Where appropriate, deduction in accordance with the provisions on the prevention of overlapping (Art. 12 of Reg. 1408/71 and Art. 7 of Reg. 574/72)	.....	.....	.....	.....
	Reason				
	.....				
	.....				
9.4	Amount due	.....	.....	.....	.....

10 A Danish pension is awarded ([14])

10.1 Annual amount under the legislation on social pensions .....

10.2 Annual amount under the legislation on supplementary pensions for employed persons (ATP) .....

10.3 Total annual amount .....

10.4 Where appropriate, deduction in accordance with the provisions on the prevention of overlapping (Art. 12 of Reg. 1408/71 and Art. 7 of Reg. 574/72) .....
Reason: adjustment of income

10.5 Amount due (social pension) .....

10.6 Amount due (ATP pension) .....

10.7 Date from which social pension is payable .....

10.8 Date from which ATP pension is payable .....

11 Appeals and periods allowed for appeals: see form E 212

12 Institution concerned

12.1 Name .....

12.2 Address ([2]) .....

.....

12.3 Stamp

12.4 Date .....

12.5 Signature

.....

E 210

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) To be completed only in the case of a claim for a survivor's pension.

(14) To be completed only by Danish institutions.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 211 ☐ (1)

SUMMARY OF DECISIONS

Reg. 574/72: Art. 48

The investigating institution should complete this form and send a copy to the claimant in his own language attaching a copy of each of the formal decisions, together with a notice of appeals and periods allowed for appeals (an E 212 form). The investigating institution should also send a copy of an E 211 form to each of the institutions concerned, attaching a copy of its own decision and of the decisions of the other institutions concerned.

1 Claimant

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address (2) .....
.....

2 Your claim for a pension for

2.1 ☐ old age ☐ invalidity ☐ survivor

2.2 has been examined by the following institutions

3 Institutions concerned

	Country	Institution	File reference
3.1	.....	.....	.....
3.2	.....	.....	.....
3.3	.....	.....	.....
3.4	.....	.....	.....
3.5	.....	.....	.....

4 These institutions have taken the following decisions (see original decisions attached)

5 Your claim has been rejected

5.1 Concerning (3) .....
Reason .....
.....
.....
.....

5.2 Concerning (3) .....
Reason .....
.....
.....
.....

6 A pension has been awarded to you

	Concerning (3)	Annual amount in currency of country responsible for payment (4) (5)	Payable from (date)
6.1	.....	.....	.....
6.2	.....	.....	.....
6.3	.....	.....	.....
6.4	.....	.....	.....
6.5	.....	.....	.....

7 If you wish to appeal against the decisions given in your case by one or more of these institutions, you may do so in accordance with the procedures and within the time limits indicated on form E 212.

E 211

8	Investigating institution	
8.1	Name	.....
8.2	Address (2)	.....
		.....
8.3	Stamp	
	8.4 Date	.....
	8.5 Signature	
		.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the investigating institution belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(2) Street, number, post code, town, country.

(3) Indicate country and where necessary the scheme concerned.

(4) Where rates of pensions are upgraded by virtue of national legislation, the amount indicated above will be changed. The new amount will not be communicated to any other institution.

(5) It is possible that this amount is reduced by taxes and contributions payable by the pensioner.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 212 [ ] (1)

APPEALS AND PERIODS ALLOWED FOR APPEALS

Reg. 574/72: Art. 48

A — If you do not agree with the decision or decisions taken, you may appeal. For this purpose you should, **for each contested decision:**

1. State in writing the grounds for your appeal.

2. State the references on the notification relating to the contested decision. Attach a copy of this decision.

3. Sign the letter. If you cannot sign, make a cross and have the letter of appeal signed by two persons of full age, giving their surnames, forenames and addresses (2) (2a).

4. Ensure that, within the period mentioned in the notification of the contested decision, this letter is in the possession of the institution with which you lodge an appeal against the decision.

   NB: This period starts on the date of the notification; under Art. 86 of Reg. 1408/71 any claim, declaration or appeal which should have been submitted, in order to comply with the legislation of one Member State, within a specified period to an authority, institution or court of that State shall be admissible if it is submitted within the same period to a corresponding authority, institution or court of another Member State.

   To obtain the name and address of this authority, institution or court, enquire at the pension insurance institution of your place of residence.

B — 1. An appeal against a **Belgian** decision should, within one month of the date on which the decision is received, either be sent by registered letter, or delivered to the office of the clerk of the labour court in the area of jurisdiction where you reside, If you are resident in Belgium (labour court of

.....),

or in the area of jurisdiction of your last domicile or residence in Belgium, if you are resident abroad.

2. An appeal against a Danish decision relating to a pension under the legislation on social pensions should be sent, within a period of four weeks of the date on which the decision is received, to 'Den sociale Ankestyrelse' (Social Appeals Board), Copenhagen.

   Address

   .....

   An appeal against a Danish decision relating to entitlement to a pension under the legislation on supplementary pensions for employed persons (ATP) should be lodged, within a period of four weeks of the date on which the decision is received, with the 'Ankenævnet for Arbejdsmarkedets Tillægspension' (ATP Appeals Board), Ministry of Labour, Copenhagen.

   Address

   .....

3. A direct appeal or a protest against a decision taken by a **German** institution for pension insurance may be lodged within a period of one month in the case of residence in the Federal Republic of Germany, and of three months in the case of residence in another Member State, of the date on which the decision is received. Such protest must be made in writing or in the form of a written notice of appeal (mention pension insurance institution)

   .....

   and the appeal must be lodged with the 'Sozialgericht' (Social Court) in

   .....

   in writing or in the form of a written notice of appeal to the registrar of the local office. The period allowed for appeal is also deemed to have been respected if the written protest or appeal was lodged with another German authority, a German insurance institution or an official German representative body abroad.

4. An appeal against a decision by a **Greek** institution should be lodged with the following authority within a period of ..... days of the date on which the decision is received, either directly or via the institution of the place of residence:

   .....

5. An appeal against a decision by a **Spanish** institution must be sent within 30 working days of the date on which notification of the decision was received to the following authority (name and address): .....

   .....

   .....

   either directly or via the institution of your place of residence.

6. An appeal against a decision by a **French** institution should be lodged within a period of two months of the date on which it is received (if it is an administrative decision) with the Chairman of the Appeals Board, the address of which is given below, or (if it is a medical decision) to the Chairman of the Regional Technical Commission, the address of which is given below:

.....

.....

7. An appeal against an **Irish** decision should be sent to the Secretary, Department of Social Welfare, Dublin, within a period of 21 days of the date on which the decision is received.

8. An appeal against an **Italian** decision of the INPS should be sent to the 'Comitato provinciale' attached to the provincial office of the INPS in

.....

within 90 days of the date on which the Summary of Decisions (E 211 form) is received.
If no decision has been received from the 'Comitato provinciale' at the end of the period of 90 days, the person concerned may, within 90 days of the end of the period in which the first should have been decided, send a second appeal to

.....

.....

The above appeal procedures apply to claims for pensions which form the subject matter of a decision by the INPS in the context of general compulsory invalidity, old-age and survivor's insurance. Appeals against decisions taken in the context of special schemes of the INPS or of the other institutions are subject to different procedures of which the insured person will be notified separately.

9. An appeal against a **Luxembourg** decision should be sent in duplicate to the 'Conseil arbitral des assurances sociales' in Luxembourg, within a period of 40 days of the date on which the decision is received.

10. An appeal against a **Netherlands** decision should be sent in duplicate to the 'Raad van Beroep':

.....

within one month of the date on which it is reasonably assumed you were aware of that decision. This does not apply to notifications concerning pensions under the special scheme for miners. These notifications include instructions as to what you should do if you disagree with the calculation of the pension.

11. An appeal against a decision by a **Portuguese** institution must be sent within ..... days of the date on which notification of the decision was received to the following authority (name and address):

.....

.....

12. An appeal against a decision of a **United Kingdom** institution should be sent, within a period of 28 days of the date on which the decision is received, to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the investigating institution belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 7

E 213 ☐ (1)

DETAILED MEDICAL REPORT

Reg. 1408/71: Art. 39 to 41; Art. 87

1 Institution to which the report is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Person examined

2.1 Surname (2a)

.....

2.2 Forenames ..... Maiden name (2a) ..... Place of birth (2b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....

2.4 Address (2) .....

.....

2.5 Last occupation (3) .....

2.6 ☐ Insurance No .....

2.7 ☐ Pension No .....

2.8 File No .....

2.9 Date of submission of pension claim .....

2.10 Date of submission of request for review on grounds of aggravation .....

3 Doctor who drew up the report

3.1 Surname ..... Forenames .....

3.2 Address (2) .....

.....

3.3 Examining doctor of .....

PART I — GENERAL QUESTIONNAIRE

A. Medical history

1 Personal and family history

.....
.....
.....
.....

2 Present illness (complaints of person concerned, onset of illness, development, treatment given to date)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

B. Objective examination

1 General condition

Height ..... Weight .....

General appearance (prematurely aged, calm, agitated, etc.) .....

Constitution (strong, average, weak) .....

Posture ..... Gait .....

Movements .....

Musculature .....

Colour of mucous membranes .....

Nutritional condition .....

Face (pale, cyanotic) .....

Condition of mouth and teeth .....

.....

2 Sensory organs

Hearing .....

Vision .....

Smell .....

3 Respiratory system

(Upper respiratory tracts, lungs, chest measurement, appearance of thorax, macroscopic and microscopic examination of sputum, test for Koch's bacillus, X-ray examination, etc.)

.....
.....
.....
.....
.....
.....

Report on X-ray examination, with date (where applicable, attach an E 214 form) (4)

.....

.....

.....

Other information .....

.....

.....

4 Circulatory system

(Heart, aorta, blood vessels, outline of heart, auscultation, pulse, blood pressure, dyspnoea, oedema, condition of peripheral blood vessels, varicose veins, X-ray findings, etc.)

.....

.....

Test of cardiocirculatory function	Blood pressure (R.R.)	Respir-ation per minute	Pulse per minute	Other observations after exertion
— after prolonged rest — after ..... knee-bends in ..... seconds — immediately — after 2 minutes — after 4 minutes — after 6 minutes				— Dyspnoea? ☐ Yes ☐ No If yes, how long? ..... — Labial cyanosis ☐ Yes ☐ No — Extrasystoles? ☐ Yes ☐ No — If there were already extrasystoles at rest, do they become more frequent? ☐ Yes ☐ No or less frequent? ☐ Yes ☐ No disappear completely? ☐ Yes ☐ No
— Other disorders after exertion? .... — Special observations				

Report on electro-cardiographic examination, with date

.....

.....

Report on electro-oscillographic examination, with date

.....

.....

5 Digestive system

(Abdominal wall, hernias, palpation of abdomen, scars from surgical operations, liver, spleen, ganglions, etc.)

.....

.....

.....

Report on X-ray examinations, with date

.....

.....

.....

6 Locomotor system

(Bones, muscles, structure and mobility of joints and vertebral column, Lasègue sign, comparative measurements of limbs; degree of any functional diminution of joint movements)

.....

.....

.....

.....

7 Genito-urinary system

.....

Result of urine tests and other necessary tests (azotemy, pyelography, gynaecological examination, etc.), with date

.....

.....

.....

8 Central nervous system
(Pupillary and peripheral reflexes, palsies, paralysis, significant sensitivity disorders, psychic peculiarities)

.....

Report on electro-diagnosis or electro-encephalography

.....

9 Other organs and systems

.....

.....

10 Blood tests, with date; haemoglobin rate and erythrocyte count, etc.

.....

.....

11 Results of other tests, with dates (sedimentation, reaction to syphilis test, etc.)

.....

.....

.....

Other specific examinations ☐ are necessary ☐ are not necessary

If so, which? .....

Date of request for examinations .....

C. Diagnosis and Interpretation

1 Diagnosis, with reasons and assessment

.....

.....

.....

.....

.....

2 The condition of the person concerned ☐ is ☐ is not stable

.....

.....

3 Date of commencement of incapacity for work (5) (6)

.....

4 Date of commencement of present invalidity (7)

.....

5 The person concerned ☐ is ☐ is not capable of performing an occupation other than that last performed

6 Occupational rehabilitation ☐ is ☐ is not possible

7 The person concerned ☐ is ☐ is not absolutely incapable of moving about

8 The person ☐ is ☐ is not in hospital

If so, probable length of stay in hospital .....

If known, date of discharge from hospital .....

9 Constant attendance by a third person

☐ is essential ☐ is not essential for him to be able to perform normal everyday activities

10 The invalidity is ☐ temporary ☐ permanent

11 Probable date of end of this temporary invalidity .....

12 Since the granting of the pension, the condition of the person concerned

☐ has improved ☐ has remained the same ☐ has deteriorated

Remarks

.....

.....

.....

.....

.....

13 The person concerned ☐ should ☐ need not be re-examined

If so, indicate the date .....

PART II — QUESTIONNAIRE RESERVED FOR CERTAIN CASES

1 Subject to the opinion of the competent administration and in the light of the opinion of the practitioner who is completing this form, compensation for the patient's injury or disease

☐ can ☐ cannot

be regarded as being covered by the legislation on accidents at work and occupational diseases.

If the person concerned previously benefited from legislation on accidents at work, occupational diseases, military pensions, pensions for civilian war victims, indicate

— nature of this injury or disease

.....

.....

.....

— degree of invalidity proposed .....

2 In case of accident, state expected date of consolidation of injuries .....

3 Treatment necessary

.....

.....

.....

.....

The person concerned ☐ is willing to undergo ☐ is not willing to undergo such treatment

4 The continuation of medical treatment

☐ is ☐ is not likely to bring about an improvement in the patient's condition

☐ is ☐ is not likely to effect recovery

5 Degree of invalidity for mine work (only if a miner is concerned) (8):

underground work ..... surface work .....

(where appropriate, attach an E 214 form)

6 The person concerned ☐ should ☐ should not

☐ stop working in mines

☐ change his occupation

7 Degree of incapacity for a person carrying out an agricultural occupation as a self-employed person (in the case of a person having carried out an agricultural occupation in France as a self-employed person) (9) .....

7.1 for insured persons < 60 years ☐ total incapacity ☐ > ⅔ incapacity

☐ <⅔ incapacity (9)

7.2 for insured persons ≥ 60 years ☐ ≥ 50 % incapacity ☐ < 50 % incapacity (9)

☐ 100 % incapacity (9a)

Comments .....

.....

.....

PART III — CONCLUSIONS

1 Date on which the person concerned ceased work .....

2 The invalidity for the last occupation is

☐ total ☐ partial

If partial, indicate the degree (9) .....

3 Degree of invalidity for any other work with reference to the aptitudes of the person concerned (8)

.....

4 Category of invalidity (9) (10) .....

5 ☐ A completed E 214 form is enclosed (11)

5.1 ☐ No E 214 form is enclosed, for the following reason (11):

In view of my findings after examining the person concerned

(and after possible specific checks)

☐ I consider that the person concerned will be completely fit to resume work in ..... months

☐ I conclude that the person concerned is permanently and completely unfit for work

6

6.1 Date .....

6.2 Doctor's signature .....

7 Institution which requested the examination

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

E 213

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of seven pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country in which the form is completed: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport

(2b) In the case of Portuguese districts state also the parish and the local authority.

(2c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(3) If the report is being sent to a Belgian institution, please list as far as possible all the occupations in which the insured person has worked. Where necessary, insert extra pages.

(4) The information in these sections is essential when the claim for invalidity pension is wholly or partly based on a disease of the respiratory system.

(5) If the report is to be sent to or drawn up by a Netherlands institution, indicate the first day of the current period of absence through sickness.

(6) Complete in the same way as item 7.1 of the E 204 form.

(7) If the report is to be sent to a Netherlands institution, indicate the first day on which invalidity benefit was granted.

(8) Does not concern Germany, Ireland, the Netherlands or the United Kingdom.

(9) Does not concern the Netherlands.

(9a) For the purposes of Spanish and French institutions.

(10) Complete only if the medical examination was carried out with a view to the decision to be taken on a pension claim.

(11) Complete only if an E 213 form is being sent to a German or Netherlands institution or if it is drawn up by a German or Netherlands doctor.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 214 ☐ (1)

MEDICAL REPORT CONCERNING ASSESSMENT OF FUNCTIONAL ABILITIES AND LIMITATIONS

Reg. 1408/71: Art. 39 to 41; Art. 87

To be attached to an E 213 form **if this is indicated in section 5 of Part III of that form** *or if a competent institution of another Member State requests it.*

1 Institution to which the report is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Person examined

2.1 Surname (2a)

.....

2.2 Forenames ..... Maiden name (2a) ..... Place of birth (2b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....

2.4 Address (2) .....

.....

2.5 Last occupation .....

2.6 ☐ Insurance No .....

2.7 ☐ Pension No .....

3 Doctor who drew up the report

3.1 Surname ..... Forenames .....

3.2 Address (2) .....

.....

3.3 Examining doctor of .....

4 Attached forms ☐ E 204 ☐ E 213

	Questions	Answers						Instructions
		Yes	Occasionally	Frequently	Full time	Part time	No	
5	Can the insured person:							
5.1	perform heavy work?	☐					☐	
5.2	perform fairly heavy work?	☐					☐	
5.3	perform light work?	☐					☐	
5.4	work mainly standing or walking?	☐			☐	☐	☐	..... hours per day
5.5	work mainly seated?	☐			☐	☐	☐	..... hours per day
5.6	work alternately standing, seated and walking?	☐			☐	☐	☐	..... hours per day
5.7	work stooping?	☐	☐	☐			☐	
5.8	work crouching?	☐	☐	☐			☐	
5.9	work kneeling?	☐	☐	☐			☐	
5.10	work lying down?	☐	☐	☐			☐	
5.11	work with arms raised?	☐					☐	
5.12	work in a dry atmosphere?	☐	☐	☐			☐	
5.13	work in a humid atmosphere?	☐	☐	☐			☐	
5.14	work in a cold atmosphere?	☐	☐	☐			☐	
5.15	work in a hot atmosphere?	☐	☐	☐			☐	
5.16	work in a very hot atmosphere?	☐	☐	☐			☐	
5.17	work in water?	☐	☐	☐			☐	
5.18	be exposed to sudden changes of temperature?	☐					☐	
5.19	work outdoors?	☐					☐	
5.20	work indoors?	☐					☐	
5.21	work in confined spaces? (pipes, places to which access is gained by crawling, etc.)	☐	☐	☐			☐	
5.22	climb stairs?	☐	☐	☐			☐	
5.23	use ladders?	☐	☐	☐			☐	
5.24	climb on roofs?	☐	☐	☐			☐	
	lift and carry loads occasionally or repeatedly? (loading and unloading, etc.)							
5.25	heavy weights (over 25 kg)?	☐	☐	☐			☐	
5.26	medium weights (10 to 25 kg)?	☐	☐	☐			☐	
5.27	light weights (5 to 10 kg)?	☐	☐	☐			☐	
5.28	very light weights (under 5 kg)?	☐	☐	☐			☐	
5.29	Does the insured person have to use a particular technique for lifting and carrying loads? (e.g. back straight and knees bent)	☐					☐	
5.30	Is he allergic to certain substances?	☐					☐	If so, say which substances and what precautions are to be taken
5.31	Does he need special accessories for work? (e.g. adjustable, multifunctional chair, etc.)	☐					☐	If so, give details
5.32	Can he use public transport?	☐					☐	
	What distance, approximately, can he travel:							
5.33	on foot?							..... km

E 214

Questions		Answers						Instructions
		Yes	Occasionally	Frequently	Full time	Part time	No	
5.34	by bicycle?							..... km
5.35	by light-weight motorcycle?							..... km
5.36	by car?							..... km
5.37	by wheelchair?							.....
5.38	by small motorized invalid car?							..... km
5.39	Can he work with other people?	☐					☐	
5.40	Can he use machinery or apparatus presenting some hazard?	☐					☐	
5.41	Can he undertake management, supervisory or organizational tasks, as he would if he were self-employed?	☐					☐	
5.42	Should account be taken of any psychological peculiarities for certain jobs?	☐					☐	If so, say which, and for what jobs
5.43	Are there any reservations concerning working tempo?	☐					☐	If so, say for what reason
5.44	Taking account of the replies to the above questions, and even assuming satisfactory working conditions, should one expect prolonged or frequent absences due to physical or mental deficiencies?	☐					☐	

6

Date ..... Doctor's signature .....

7 Institution at whose request the examination was carried out

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out,even if it does not contain any relevant information.

NOTES

(1) Symbol of the country in which the form is completed: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Portuguese districts state also the parish and the local authority.

(2c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 4 and 5

E 215 ☐ (1)

ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER

Reg. 574/72: Art. 40; Art. 51

1 Institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Pensioner

2.1 Surname (3) .....

2.2 Surname at birth (3) .....

2.3 Forenames (4) .....

2.4 Previous names (5) .....

2.5 Sex (6) .....

2.6 Father's surname and forenames (7) .....

2.7 Mother's surname and forenames (7) .....

2.8 Civil status

☐ single ☐ divorced and remarried (8) ☐ living in separation from spouse

☐ married ☐ divorced and not remarried (8) ☐ widower/widow

2.9 Insurance No at investigating institution .....

2.10 Insurance No at other institution concerned (9) .....

2.11 Type of pension .....

3 Nationality (10) ..... D.N.I. (10a) .....

4 Details of birth

4.1 Date of birth (11) .....

4.2 Place of birth (12) .....

4.3 Province, department, county (13) .....

4.4 Country (14) .....

5 Address (2) (15)

.....

.....

6 Spouse

6.1 Surname (3) .....

6.2 Forenames ..... Maiden name ..... Sex .....

6.3 Date of birth ..... Place of birth (12) .....

6.4 Address (2) (16) .....

.....

6.5 Date of marriage .....

6.6 The spouse ☐ is ☐ is not pursuing a professional activity or trade

6.7 If in the affirmative, state amount of

☐ weekly earnings (17) ..... ☐ annual earnings (18) .....

6.8 The spouse ☐ receives ☐ does not receive a pension

from a scheme for ☐ employed persons ☐ self-employed persons

If in the affirmative, indicate

6.9 Type of pension .....

6.10 Pension No (10a) .....

6.11 Institution responsible for pension payment .....

6.12 Amount ☐ monthly ☐ quarterly ☐ annually .....

6.13 The spouse (19) ☐ receives other benefits namely for ☐ does not receive other benefits

☐ unemployment ☐ sickness ☐ invalidity ☐ other

6.14 Date of commencement .....

6.15 Amount ☐ monthly ☐ quarterly ☐ annually .....

6.16 Other known resources Type .....

Amount (20) .....

7 Children

7.1	Surname (3)	Forenames	Date of birth	Relationship
1.	.....	.....	.....	.....
	.....	.....	.....	.....
2.	.....	.....	.....	.....
	.....	.....	.....	.....
3.	.....	.....	.....	.....
	.....	.....	.....	.....
4.	.....	.....	.....	.....
	.....	.....	.....	.....
5.	.....	.....	.....	.....
	.....	.....	.....	.....
6.	.....	.....	.....	.....
	.....	.....	.....	.....

7.2 Address (2) (21) .....

.....

7.3 Remarks (22) (22a) .....

8 Dependent ascendants (23)

8.1 Surname (3)	Forenames	Date of birth	Relationship
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

8.2 Address (2) (21) .....

.....

8.3 Remarks: .....

.....

9 Benefits

9.1 The pensioner	has applied for the following benefits	and/or receives the following benefits
9.2 Continued wage or salary payments in case of illness	☐	☐
9.3 Sickness insurance cash benefits for incapacity for work	☐	☐
9.4 Rehabilitation allowance	☐	☐
9.5 Invalidity pension	☐	☐
9.6 Old-age pension	☐	☐
9.7 Survivor's pension	☐	☐
9.8 Pension for accident at work or occupational disease	☐	☐
9.9 Unemployment benefits	☐	☐

9.10 *Institutions responsible for paying the benefits listed in 9.3 to 9.9*

[name, address (2)]

9..... .....

9..... .....

9..... .....

9..... .....

9.11 Additional information on the benefits listed in 9.3 to 9.9

	Reference No	Period or date	Amount
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual
9.....	.....	.....	☐ weekly ☐ monthly ☐ annual

10 Activity pursued, if any

10.1 The pensioner

☐ is unemployed
☐ is engaged in paid employment ☐ intends to pursue paid employment (24)
☐ is engaged in self-employment ☐ intends to pursue self-employment (24)
Type of work .....

10.2 Date of commencement of present work .....

10.3 No of hours worked per week .....

10.4 Amount of ☐ daily ☐ weekly ☐ monthly earnings .....

10.5 Earnings ☐ daily ☐ weekly ☐ monthly
of a healthy person employed in the same activity
with a normal working period
of ..... hours
☐ daily ☐ weekly ☐ monthly .....

10.6 Period in which the income mentioned in 10.4 was earned
.....

11 The pensioner died on .....

12 Remarks, if any .....
.....

13 Institution which drafted the report

13.1 Name .....

13.2 Address (2) .....
.....

13.3 Stamp

13.4 Date .....

13.5 Signature
.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of five pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the sending institution belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) Street, number, post code, town, country.

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Expressions such as 'called . . .' or 'alias . . .' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) Previous names should, be stated, particularly in the case of adoption or in the case of bynames in current use. Expressions such as 'called . . .' or 'alias . . .' must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required for a Spanish national, or a French national born outside metropolitan France.

(8) Complete, where possible, for German, French, Italian, Luxembourg, Netherlands and Portuguese institutions. If this information is not available from the investigating institution, the competent institution should contact the person concerned.

(9) If the form is being sent to a Danish institution, indicate the CPR number and, where appropriate, the ATP number.

(10) Where appropriate, indicate the date of naturalization.

(10a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(11) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.

(13) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below.

Address (2) .....

.....

(16) Complete only if the form is being sent to a Danish institution.

(17) Complete only if the form is being sent to an Irish or United Kingdom institution.

(18) Complete if the form is being sent to a Belgian, Danish, French, Italian, Luxembourg, Netherlands or Portuguese institution.

(19) Does not apply to Luxembourg institutions.

(20) Complete for Belgian, German, Italian or Portuguese (monthly amount), French (quarterly amount), Danish or Netherlands (annual amount) institutions.

(21) Indicate the common address. If one of the children or ascendants lives at a different address, indicate in the box below

Surname and forenames .....

Address (2) .....

.....

(22) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.

(22a) For the purposes of Spanish institutions state whether the invalid child receives an invalidity pension in his or her own right.

(23) Complete if the form is being sent to a Belgian, German or French institution.

(24) For the purposes of Spanish institutions state whether this occupation entails compulsory pension insurance cover.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 301 ☐ (1)

CERTIFICATE CONCERNING THE PERIODS TO BE TAKEN INTO ACCOUNT FOR THE GRANTING OF UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 67; Art. 68; Art. 71.1.a.ii; Art. 71.1.b.ii
Reg. 574/72: Art. 80; Art. 81; Art. 84.2

To be issued by the competent unemployment institution or the institution designated by the competent authority of the country where the unemployed person was previously insured. To be handed over to the person concerned or sent to the competent institution.

1 Employed person

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Date of birth .....

1.3 Place of birth (1b) ..... Nationality ..... D.N.I. (1c) .....

1.4 Address of the worker in the State to which the certificate is being sent (1d) (11)
.....
.....

2 The insured person named above completed the following periods in the course of

2.1 ☐ the year (2) ☐ the two years (2) ☐ the three years (2)
☐ more than three years (2) ☐ the four years (2)
preceding the end of his last employment

3 Periods of insurance relating to paid employment and periods treated as such (3)

3.1 Periods of insurance

from	to

3.2 Periods treated as periods of insurance

from	to	Reason for treating as such (4)

4 Periods of employment and periods treated as such (3)

4.1 Periods of employment (5a)

from	to	Occupation (5)

4.2 Periods treated as periods of employment

from	to	Reason for treating as such (4)

E 301

5 **Details of last employment**

Field of activity	Nature of work carried out (6) (e.g. 'bricklayer' not 'building worker')	Approximate average weekly wage (7)

5.1 Reason for termination ☐ dismissal ☐ resignation ☐ expiry of contract ☐ termination of contract by mutual consent ☐ other .....

6 The person concerned

6.1 ☐ has received or has still to receive wages for the period following termination of work, up to .....

6.2 ☐ has received or has still to receive, on termination of work, compensation or other similar payment, amounting to .....

6.3 ☐ has received or has still to receive payment in lieu of annual leave, amounting to ..... for ..... days (8)

6.4 ☐ has waived the following rights which he enjoys under his contract of employment (9)

.....

Reason .....

6.5 ☐ is entitled to early retirement

7 Since the commencement of the first period shown above, the person concerned received unemployment benefits (10)

from	to

8 ☐ The person concerned is entitled to benefits under Art. 69 of Reg. 1408/71 (E 303 certificate from ..... to ..... drawn up on .....)

9 ☐ The person concerned is not entitled to receive benefits under Art. 69 of Reg. 1408/71

9.1 ☐ because there is no entitlement under the legislation administered by the institution issuing this certificate

9.2 ☐ because he has not remained available to the employment services of the competent country for a period of four weeks from the day on which he became unemployed and because he was not authorized to leave that country before the end of that period

10 ☐ The person concerned is not entitled to benefits under Art. 71.1.a.i or Art. 71.1.b.i of Reg. 1408/71 from the institution issuing this certificate

11 Institution issuing the certificate

11.1 Name .....

11.2 Address (11) .....

.....

11.3 Stamp

11.4 Date .....

11.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country in which the institution completing the form is situated: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the identity card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) One year if the certificate is to be sent to a French, Luxembourg or Netherlands institution; two years if it is to be sent to an Italian institution, which may also request information on the complete insurance history abroad of the person concerned; three years if it is to be sent to a Belgian, Danish, Greek, Irish or United Kingdom institution; four years if it is to be sent to a German or Spanish institution and more than three years if it is to be sent to a Portuguese institution.

(3) If a breakdown of the details requested in items 3.1, 3.2, 4.1 and 4.2 is not available, state the total number of periods of insurance in item 3.1 or 4.1, as the case may be.

(4) E.g. sickness, maternity, accident at work, military service, vocational training, recorded unemployment, etc.

(5) To be completed if the certificate is to be sent to a Belgian, German, Greek, French, Italian or Portuguese institution.

(5a) For the purposes of Danish institutions, state also the number of hours worked during these periods.

(6) Specify whether it is a seasonal activity.

(7) To be completed, where possible, if the certificate is to be sent to a German, Greek, French, Netherlands or Portuguese institution.

(8) To be completed, where possible, if the certificate is to be sent to a Belgian, Danish, German, Spanish, French, Italian or Netherlands institution.

(9) To be completed, where possible, if the certificate is to be sent to a Belgian, Danish, Italian, Netherlands or Portuguese institution.

(10) To be completed, where possible, if the certificate is to be sent to a German, Greek, Spanish, French, Italian or Portuguese institution.

(11) Street, number, post code, town, country.

E 301 additional

ITEM 3

INSURANCE PERIODS AND PERIODS TREATED AS SUCH

ADDITIONAL INFORMATION FOR SPANISH INSTITUTIONS

To be completed where the unemployed worker is aged 55 or over and resides in Spain.

The worker named at item 1 completed the following insurance periods and periods treated as such during his working life:

1. Insurance periods relating to paid employment

Insurance periods covered and periods treated as such			Insurance periods		Periods treated as such		Occupation
Year	from	to	Years	Days	Years	Days	

2. Insurance periods relating to self-employment

from	to	from	to	from	to	from	to	from	to

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 302 [ ] (1)

CERTIFICATE RELATING TO MEMBERS OF THE FAMILY OF AN UNEMPLOYED PERSON WHO MUST BE TAKEN INTO ACCOUNT FOR THE CALCULATION OF BENEFITS

Reg. 1408/71: Art. 68.2
Reg. 574/72: Art. 82

To be issued by the designated institution in the country of residence of the members of the family. To be handed over to the unemployed person or sent to the competent institution.

1 Unemployed person

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Date of birth .....

1.3 Place of birth (1b) ..... Nationality ..... D.N.I. (1c) .....

2 Members of the family

Serial No	Surname (1a)	Forenames	Date of birth	Relation-ship	Place of residence
1					
2					
3					
4					
5					
6					
7					
8					

3 Where appropriate, income of members of the family (nature and monthly amount, including social benefits)

No (2)	Members of the family	Nature of income	Amount

4 Until he became unemployed, the unemployed person maintained the members of his family indicated under Serial Nos

.....

4.1 The member of the family mentioned under Serial Number
..... is unable, owing to physical or mental disability, to work for his living (3)

4.2 The family supplements for the members of the family mentioned under Serial Nos

.....

have been paid to another person at the same time as unemployment benefits for the period

from ..... to .....

4.3 Information required only by United Kingdom institutions: with the exception of the period of employment in the United Kingdom, the unemployed person and his/her spouse

☐ have been living under the same roof ☐ have not been living under the same roof

4.4 This certificate is valid for 12 months from the date of issue

5 Institution issuing the certificate

5.1 Name .....

5.2 Address (4) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

6 Statement from the unemployed person (5)

6.1 The unemployed person named in box 1 declares that the members of his family mentioned under serial Nos

..... of box 2

☐ are ☐ are not

taken into consideration for the calculation of unemployment benefits due to another person under United Kingdom legislation

6.2 Date .....

6.3 Signature of the unemployed person

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) For each member of the family mentioned in this box, retain the Serial Number shown in box 2.

(3) Complete if the form is to be sent to a Belgian, Greek, Spanish, French or United Kingdom institution.

(4) Street, number, post code, town, country.

(5) To be completed by the unemployed person only where the certificate is issued by a United Kingdom institution.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/0 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

1	Unemployed person		Insurance No .....
1.1	Surname (1a)		
1.2	Forenames	Maiden name (1a)	Date of birth .....
1.3	Place of birth (1b)	Nationality	D.N.I. (1c) .....
1.4	Address of the unemployed person in the State to which the certificate is being sent (1d) (6)		

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment (2a)

3.1 The unemployed person may receive benefits only from ..... since, until that date, entitlement to benefits is suspended (2a)

4 The unemployed person is entitled to benefits for a period of not more than ..... days, pursuant to Art. 69 of Reg. 1408/71, provided that the period does not extend beyond (date) .....

4.1 The benefits are granted for every day of the week, except
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
The benefits are granted for ..... days per month

4.2 Daily amount of unemployment benefits
..... net, which includes an increase for dependants of: ..... net
and from (date) .....
..... net, which includes an increase for dependants of: ..... net

4.3 Weekly amount of unemployment benefits ..... net
and from (date) .... net

4.4 Monthly amount of unemployment benefits ..... net (2b)

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.e and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in occupational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration) (5a);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

E 303/0

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
		.....
6.3	Stamp	
	6.4 Date	.....
	6.5 Signature	
		.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) In Italy, the Netherlands and Portugal, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(2a) Delete as appropriate.

(2b) Delete this line where no monthly amount is provided for in respect of unemployment benefits by the legislation applied by the institution providing the benefits on behalf of the other institution.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day; under Greek legislation permanent employment is any employment of at least three working days per week.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

(5a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.

(6) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/1 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy should be sent to the unemployment insurance institution of the place where the unemployed person is seeking employment. It must be used as the basis for payment of unemployment benefits (Reg. 574/72: Art. 83.1)

1	Unemployed person		Insurance No .....
1.1	Surname (1a)		
	.....		
1.2	Forenames	Maiden name (1a)	Date of birth
	.....	.....	.....
1.3	Place of birth (1b)	Nationality	D.N.I. (1c)
	.....	.....	.....
1.4	Address of the unemployed person in the State to which the certificate is being sent (1d) (6)		
	.....		
	.....		

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment (2a)

3.1 The unemployed person may receive benefits only from ..... since, until that date, entitlement to benefits is suspended (2a)

4 The unemployed person is entitled to benefits for a period of not more than ..... days, pursuant to Art. 69 of Reg. 1408/71, provided that the period does not extend beyond (date) .....

4.1 The benefits are granted for every day of the week, except

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

The benefits are granted for ..... days per month

4.2 Daily amount of unemployment benefits:

..... net, which includes an increase for dependants of: ..... net

and from (date) .....

..... net, which includes an increase for dependants of: ..... net

4.3 Weekly amount of unemployment benefits ..... net

and from (date) .... net

4.4 Monthly amount of unemployment benefits ..... net (2b)

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.e and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in occupational rehabilitaton (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration) (5a);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	
6.3	Stamp	6.4 Date .....
		6.5 Signature .....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) In Italy, the Netherlands and Portugal, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(2a) Delete as appropriate.

(2b) Delete this line where no monthly amount is provided for in respect of unemployment benefits by the legislation applied by the institution providing the benefits on behalf of the other institution.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day; under Greek legislation permanent employment is any employment of at least three working days per week.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

(5a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.

(6) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 303/2 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy must be returned to the competent institution as evidence of the registration of the unemployed person and of the commencement of payment of benefits (Reg. 574/72: Art. 83.3).

1	Unemployed person		Insurance No .....
1.1	Surname (1a)		
1.2	Forenames	Maiden name (1a)	Date of birth .....
1.3	Place of birth (1b)	Nationality	D.N.I. (1c) .....
1.4	Address of the unemployed person in the State to which the certificate is being sent (1d) (6)		

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment (2a)

3.1 The unemployed person may receive benefits only from ..... since, until that date, entitlement to benefits is suspended (2a)

4 The unemployed person is entitled to benefits for a period of not more than ..... days, pursuant to Art. 69 of Reg. 1408/71, provided that the period does not extend beyond (date) .....

4.1. The benefits are granted for every day of the week, except

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

The benefits are granted for ..... days per month

4.2 Daily amount of unemployment benefits

..... net, which includes an increase for dependants of: ..... net

and from (date) .....

..... net, which includes an increase for dependants of: ..... net

4.3 Weekly amount of unemployment benefits ..... net

and from (date) .... net

4.4 Monthly amount of unemployment benefits ..... net (2b)

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.e and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in occupational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration) (5a);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

E 303/2

6 Institution completing the form

6.1 Name .....

6.2 Address (6) .....

.....

To be completed by the institution in the country where the unemployed person is seeking employment

7 We certify

7.1 that the unemployed person named above registered as seeking employment on

..... (date)

7.2 and has been receiving unemployment benefits since

..... (date)

8 Institution of the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

E 303/2

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) In Italy, the Netherlands and Portugal, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(2a) Delete as appropriate.

(2b) Delete this line where no monthly amount is provided for in respect of unemployment benefits by the legislation applied by the institution providing the benefits on behalf of the other institution.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day; under Greek legislation permanent employment is any employment of at least three working days per week.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

(5a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.

(6) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 303/3 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71 Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy must be returned to the competent institution as evidence of the registration of the unemployed person and of the commencement of payment of benefits (Reg. 574/72: Art. 26.2).

1	Unemployed person		Insurance No .....
1.1	Surname (1a)		
	.....		
1.2	Forenames	Maiden name (1a)	Date of birth
	.....	.....	.....
1.3	Place of birth (1b)	Nationality	D.N.I. (1c)
	.....	.....	.....
1.4	Address of the unemployed person in the State to which the certificate is being sent (1d) (6)		
	.....		
	.....		

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment (2a)

3.1 The unemployed person may receive benefits only from ..... since, until that date, entitlement to benefits is suspended (2a)

4 The unemployed person is entitled to benefits for a period of not more than ..... days, pursuant to Art. 69 of Reg. 1408/71, provided that the period does not extend beyond (date) .....

4.1 The benefits are granted for every day of the week, except

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thurday ☐ Friday ☐ Saturday ☐ Sunday

The benefits are granted for ..... days per month

4.2 Daily amount of unemployment benefits

..... net, which includes an increase for dependants of: ..... net

and from (date) .....

..... net, which includes an increase for dependants of: ..... net

4.3 Weekly amount of unemployment benefits ..... net

and from (date) .... net

4.4 Monthly amount of unemployment benefits ..... net (2b)

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.e and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in occupational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration) (5a);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

E 303/3

6	Institution completing the form

6.1 Name .....

6.2 Address (6) .....

.....

To be completed by the institution in the country where the unemployed person is seeking employment and to be attached to Form E 119

7 We certify

7.1 that the unemployed person named above registered as seeking employment on

..... (date)

7.2 and has been receiving unemployment benefits since

..... (date)

8	Institution of the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) In Italy, the Netherlands and Portugal, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(2a) Delete as appropriate.

(2b) Delete this line where no monthly amount is provided for in respect of unemployment benefits by the legislation applied by the institution providing the benefits on behalf of the other institution.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day; under Greek legislation permanent employment is any employment of at least three working days per week.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

(5a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.

(6) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 303/4 [ ] (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy must be returned to the competent institution, to serve as the basis for refund of unemployment benefits paid on behalf of that institution (Reg. 574/72: Art. 97).

1	Unemployed person		Insurance No .....
1.1	Surname (1a)		
1.2	Forenames	Maiden name (1a)	Date of birth .....
1.3	Place of birth (1b)	Nationality	D.N.I. (1c) .....
1.4	Address of the unemployed person in the State to which the certificate is being sent (1d) (6)		

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ....., provided that he/she has registeredas a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment (2a)

3.1 The unemployed person may receive benefits only from ..... since, until that date, entitlement to benefits is suspended (2a)

4 The unemploymedperson is entitled to benefits for a period of not more than ..... days, pursuant to Art. 69 of Reg. 1408/71, provided that the period does not extend beyond (date) .....

4.1 The benefits are granted for every day of the week, except
[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday
The benefits are granted for ..... days per month

4.2 Daily amount of unemployment benefits
..... net, which includes an increase for dependants of: ..... net
and from (date) .....
..... net, which includes an increase for dependants of: ..... net

4.3 Weekly amount of unemployment benefits ..... net
and from (date) .... net

4.4 Monthly amount of unemployment benefits ..... net (2b)

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.e and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in occupational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration) (5a);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6 Institution completing the form

6.1 Name .....

6.2 Address (6) .....

.....

To be completed by the institution of the country where the unemployed person is seeking employment

7 The following sums have been paid to the unemployed person on the basis of the above certificate

Periods to which the payments relate		No of days for which benefits are provided	Date of payment	Rate of exchange	*Per diem* amount in .... (7)	*Per diem* amount in .... (8)	Total payments in .... (8)
from	to						
1	2	3	4	5	6	7	8
						Total	

Reason for suspension or stoppage of payments

.....

.....

8 Institution in the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of forms E 303/0 to E 303/4; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution of the place where the unemployed person is seeking employment.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR ≙ Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(1d) If this is known.

(2) In Italy, the Netherlands and Portugal, the unemployed person must in addition submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(2a) Delete as appropriate.

(2b) Delete this line where no monthly amount is provided for in respect of unemployment benefits by the legislation applied by the institution providing the benefits on behalf of the other institution.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day; under Greek legislation permanent employment is any employment of at least three working days per week.

(4) This situation does not entail suspension of benefits if the certificate was issued by a Danish institution.

(5) The same applies in the case of an old-age or invalidity pension where the certificate is drawn up by a German or Luxembourg institution.

(5a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.

(6) Street, number, post code, town, country.

(7) Currency of the State issuing the E 303 form.

(8) Currency of the State where the unemployed person is seeking employment.

Information for unemployed persons who intend to go to another Member State to seek employment

Before leaving,

complete all the necessary formalities to ensure that where necessary you will receive sickness and maternity insurance benefits for yourself and for the members of your family, even while you are seeking employment.

Accordingly, you should go to the sickness fund with which you are or were last insured. On production of an E 303 form which you can obtain from the unemployment insurance institution, the sickness fund will give you an E 119 certificate. In the case of sickness or maternity, you should present this certificate to the sickness fund in the country where you are seeking employment.

On arrival,

in the place where you are seeking employment, you should go to the employment office; in the Netherlands, you must also go to the unemployment insurance office;

in Belgium: the local offices of the 'Office national de l'emploi' (national employment office);
in Denmark: the local 'Arbejdsformidlingskontor' (labour exchange office);
in the Federal Republic of Germany: the 'Arbeitsamt' (employment office);
in Greece: the local employment office of the 'Organismos Apascholiseos Ergatikou Dynamikou', or, where this does not exist, the local office of the IKA;
in Spain: the 'Dirección Provincial del INEM (Instituto Nacional de Empleo)' [Provincial Directorate of the INEM (National Employment Institution)];
in France: the 'Agence locale de l'emploi' (local employment office);
in Ireland: the nearest local office of the Department of Social Welfare;
in Italy: the 'Sezione Comunale di collocamento' (local authority employment office), where you must also submit your claim for unemployment benefits;
in Luxembourg: the 'Administration de l'emploi' (employment office);
in the Netherlands: the 'Gewestelijk Arbeidsbureau' (regional employment office) and the local office of the 'Gemeenschappelijk Administratiekantoor' (Joint Administration Office);
in Portugal: **for metropolitan Portugal:** the 'Centro de Emprego' (Employment Centre) of the place of stay; **for Madeira:** the 'Direcção Regional de Emprego' (Regional Employment Directorate) in Funchal; **for the Azores:** the 'Centro de Emprego' (Employment Centre) of the place of stay;
in the United Kingdom: the local employment office.

Hand to the relevant office all the copies of Form E 303 in your possession, with the exception of Form E 303/5, which you should retain. In the case of Denmark, the competent Danish institution always sends the forms direct to the institution of the country in which the person concerned is seeking employment. The job-seeker therefore receives only a copy.

Please note the final date, indicated on the E 303, by which you must attend if you still wish to receive unemployment benefits from the moment when you ceased to be registered as seeking employment in the country you are leaving.

While you are seeking employment

you will be subject to the supervision of the employment services and unemployment insurance bodies just like all other unemployed persons in the area. You must inform the institution to which you gave an E 303 form of any change of circumstances that may affect your entitlement to unemployment benefits; the same applies if you become unfit for work.

Where this change in circumstances may entitle you to increased benefits (e.g. when you get married or in the case of the birth of a child), you may also directly inform the institution which issued you with an E 303 form, attaching the appropriate documents as proof.

If you return to the country in which you were last employed before the deadline indicated in heading 4 of the E 303 form, you continue to enjoy unemployment benefits in accordance with the legislation of that country. You should, however, inform the placement services and the unemployment insurance institution of that country of the periods during which you received unemployment benefits in the country to which you went to seek employment. Before you return to the country in which you were last employed, the unemployment insurance institution should issue you with the certificate on page 2 of this form stating the periods during which you received benefits in the country, in which you sought employment. If you received only a part of these benefits, or none at all, you can appoint a trustworthy person to collect the money owed to you. This is not possible in the United Kingdom or for United Kingdom benefits.

If, however, you return after the deadline set in Item 4 of the E 303 form, you may lose all entitlement to unemployment benefits.

If your failure to return in time is due to exceptional circumstances, the institution which issued you with an E 303 form may decide to pay you benefits on your return.

E 303/5

To be completed by the institution of the country where the unemployed person is seeking employment.

1 The unemployed person

1.1 Surname (1)

.....

1.2 Forenames ..... Maiden name (1) ..... Date of birth .....

2 E 303 dated ..... issued by the institution

2.1 (name) .....

2.2 (address) .....

3 On the basis of the abovementioned E 303

3.1 unemployment benefit was paid for the following periods

from	to	number of days
.....	.....	.....
.....	.....	.....

3.2 no unemployment benefit was paid for the following periods

from	to	number of days
.....	.....	.....
.....	.....	.....

for the following reasons (e.g. end of period; new employment; illness; return to ..... etc.)

.....

.....

4 Institution in the country where the unemployed person is seeking employment

4.1 Name .....

4.2 Address .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

NOTES

(1) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 401 ☐ (1)

CERTIFICATE CONCERNING THE COMPOSITION OF A FAMILY FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1; Art. 74.1; Art. 77; Art. 78
Reg. 574/72: Art. 86.2; Art. 88; Art. 90; Art. 91; Art. 92

To be attached to a claim sent to the institution competent as regards the granting of family benefits.

1

☐ Employed person
☐ Orphan
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Civil status ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ separated

1.5 Address in the country of residence of the members of the family (2) .....

2 Spouse

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name ..... Place of birth (1b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

2.4 Occupation currently pursued .....

2.5 Address (2) .....

3 Members of the family other than the spouse

Surname (1a)	Forenames	Date of birth	Relationship (3)	Place of residence (4)	Occupation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3.1 Remarks .....

4 Information to be supplied only if the form is to be sent to a Danish institution

4.1 Person exercising the authority of father .....

4.2 The maintenance of the children ☐ is ☐ is not paid for from public funds

4.3 The mother or father of the children ☐ is ☐ is not dead
If he/she is, please indicate date of death .....

4.4 The mother or father of the children ☐ receives ☐ does not receive
an old-age or invalidity pension.

5 Certificate of the population registration office or the authority or administration competent in matters of civil status (5)

The accuracy of the information given above has been verified from the official documents in our possession

5.1 Name and address of the registration office, authority or administration (2) .....
.....

5.2 Stamp

5.3 Date .....

5.4 Signature
.....

6 Name and address of the institution competent as regards the granting of family benefits

6.1 Name .....

6.2 Address (2) .....
.....

6.3 File reference No .....

(2)

E 401

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the authority designated in box 5.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child. In Spain child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial)
B = legitimized child
C = adopted child
D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognized)
E = child of a spouse belonging to the worker's household
F = grandchildren, brothers and sisters whom the person concerned has taken into his household. Also the nephews, nieces to the third degree where the competent institution is a Greek institution
G = other children belonging permanently to the household on the same footing as the worker's children (foster children).
Other relationships (e.g. grandfather) must be written in full. If a child is married, divorced, a widow or a widower, mention this in item 3.1. Also, if a child has no father or no mother, for the purposes of Greek institutions.

(4) If the child resides at an address other than that indicated in item 2.5, please indicate here

Surname and forenames .....
Address (2) .....
.....

(5) In Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence, or the 'Autoridad Municipal' (Municipal Authority) where appropriate;
in France, the 'mairie' (registrar's office) or the 'caisse d'allocations familiales' (fund for family allowances);
in Ireland, the Department of Social Welfare, Dublin;
in Portugal, the 'Junta de Freguesia' (Parish Council) of the place of residence of the members of the family;
in the United Kingdom, the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 402 ☐ (1)

CERTIFICATE OF CONTINUATION OF STUDIES FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1; Art. 74.1; Art. 77; Art. 78
Reg 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits. If the form is addressed to a Belgian institution, an 'E 402 Annex' form should be attached.

1 Applicant for family benefits

- ☐ Employed person
- ☐ Orphan
- ☐ Persons other than the aforementioned
- ☐ Pensioner (scheme for employed persons)
- ☐ Pensioner (scheme for self-employed persons)

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address (2) .....
.....

2 Pupil or student

2.1 Surname (1a)
.....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2) .....
.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....
3.2 Address (2) .....
.....
3.3 File reference No .....
3.4 Stamp

3.5 Date .....
3.6 Signature
.....

E 402

B. Certificate

To be completed by the establishment (school, university or establishment of higher education) and sent to the institution named in box 3.

4		
4.1	The person named in box 2 has been attending the establishment shown in box 5 since	
4.2	Type of school (3)	
4.3	His/her education in this establishment will probably last until	
4.4	The number of hours of the course is	a week
	These hours are spread over	half-days (4)

5	School, university or establishment of higher education	
5.1	Name	
5.2	Address (2)	
	.....	
5.3	Stamp	
5.4	Date	
5.5	Signature	

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It should be completed in the language of the establishment named in box 5.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) Please indicate whether it is a publicly maintained school, 'public school', or State-controlled school. To be completed only if the institution shown in box 3 is a United Kingdom institution.

(4) To be completed if the form is to be sent to a Belgian institution; the number of half-days is to be indicated in the case of primary and secondary schools.

For instructions and notes see page 2 of an E 402 form

E 402 Annex ☐ (1)

To be completed if the claim for family benefits has to be made to a Belgian institution.

1 Education given at the establishment (other than establishments of higher or university education)

1.1 Over how many half-days and how many hours a week are the lessons spread?
half-days ..... hours .....

1.2 The lessons ☐ are ☐ are not given before 7 p.m.

1.3 The pupil ☐ does ☐ does not attend lessons regularly
If he does not, show the number of days of absence and the reason
.....

1.4 The lessons mentioned in 1.1 above
a) ☐ include ☐ do not include
hours of practical training outside the establishment, required for obtaining an official diploma.
If they do, show the net wage or salary paid or net allowances granted .....
b) ☐ include ☐ do not include
hours of practical lessons which take place in the establishment.
If they do, show the number of hours a week .....
c) ☐ include ☐ do not include
hours devoted to study in the establishment.
If they do, show the number of hours a week .....

1.5 Type of education provided
☐ general education ☐ technical or vocational training ☐ art education

1.6 The curriculum
☐ is ☐ is not approved by the State
☐ corresponds ☐ does not correspond to a curriculum approved by the State

1.7 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

2 Higher education or university education

2.1 ☐ It covers ☐ It does not cover a full-time curriculum
☐ It covers ☐ It does not cover a curriculum of at least 13 hours of lessons a week chosen by the student with the approval of the higher education authorities or university authorities.

2.2 The lessons ☐ are given ☐ are not given before 7 p.m.

2.3 The course referred to in 2.1
☐ includes ☐ does not include
a training period required for a university degree or diploma
If it does, show the net wage or salary paid or net allowances granted .....

2.4 The student ☐ has been preparing ☐ has not been preparing a thesis
If he/she has, indicate
— since when? .....
— when must he/she submit the thesis? .....

2.5 The study programme
☐ is ☐ is not recognized by the State
☐ corresponds to ☐ does not correspond to a study programme recognized by the State

2.6 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

E 402 Annex

3	School, university or establishment of higher education

3.1 Name .....

.....

3.2 Address (2) .....

.....

3.3 Stamp

3.4 Date .....

3.5 Signature

.....

(2)

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 403 ☐ (1)

CERTIFICATE OF APPRENTICESHIP FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1; Art. 74.1; Art. 77; Art. 78
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits.

1 Applicant for family benefits

- ☐ Employed person
- ☐ Orphan
- ☐ Persons other than the aforementioned
- ☐ Pensioner (scheme for employed persons)
- ☐ Pensioner (scheme for self-employed persons)

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address in the apprentice's country of residence (2) .....
.....

2 Apprentice

2.1 Surname (1a)
.....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2) .....
.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....

3.2 Address (2) .....
.....

3.3 Stamp

3.4 Date .....

3.5 Signature
.....

B. Certificate

To be completed by the person, undertaking or institution responsible for the apprenticeship and sent to the body responsible for supervision of the apprenticeship, which must forward the completed form to the institution mentioned in box 3.

4 Information concerning the apprenticeship

4.1 The person named in box 2 has been apprenticed to us
from .....
to receive training in the following trade: .....

4.2 The apprenticeship is provided ☐ ..... days per week ☐ ..... hours per week
and will last until .....

4.3 The apprentice

☐ is receiving

☐ an apprenticeship allowance or wage ☐ net ☐ gross amounting to
☐ weekly ☐ monthly .....

☐ other benefits (3), namely

☐ accommodation ☐ full board ☐ part board

☐ tips ☐ ..... meals a day ☐ other (4)

from ..... to ..... amounting to .....

☐ is not receiving

☐ an apprenticeship allowance or wage ☐ other benefits

4.4 Place of work .....

4.5 Name of the person, undertaking or institution responsible for the apprenticeship
.....

4.6 Address (2) .....
.....

4.7 Stamp

4.8 Date .....

4.9 Signature
.....

5 Endorsement of the body responsible for supervision of the apprenticeship (5)

5.1 Name .....

5.2 Address (2) .....
.....

5.3 Stamp

5.4 Date .....

5.5 Signature
.....

E 403

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the institution indicated in box 5.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) When the form is being sent to a United Kingdom institution, give details of the amount of these benefits in the box below

accommodation	.....	other benefits	.....
full board	.....		
part board	.....		
tips	.....		
meals	.....		

(4) If applicable, give details of these other benefits in the box below

.....
.....
.....
.....

(5) This box should be completed by the following institutions:
in Ireland, the Department of Social Welfare, Dublin, in the case of apprenticeships that are not supervised by the Industrial Training Authority;
in Italy by the 'Ufficio provinciale del lavoro e della massima occupazione' (Provincial Office of Labour and Employment);
in the United Kingdom, the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 404 ☐ (1)

MEDICAL CERTIFICATE FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1 and 3; Art. 74.1; Art. 77; Art. 78
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits

1 Applicant for family benefits

- ☐ Employed person
- ☐ Orphan
- ☐ Persons other than the aforementioned
- ☐ Pensioner (scheme for employed persons)
- ☐ Pensioner (scheme for self-employed persons)

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address (2) .....
.....

2 Person to whom the medical certificate relates

2.1 Surname (1a)
.....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2) .....
.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....

3.2 Address (2) .....
.....

3.3 Stamp

3.4 Date .....

3.5 Signature
.....

B. Certificate

To be completed by the doctor designated by the liaison body (3) in the country of residence of the person examined and to be sent to the institution mentioned in box 3.

4

4.1 a) The physical or mental faculties of the person examined
☐ have diminished ☐ have not diminished
If they have, indicate percentage of diminution ..... %

b) The person examined ☐ is capable of earning his/her living
☐ is incapable of earning his/her living owing to physical or mental deficiency

c) The person examined ☐ is ☐ is not a housewife
If she is, indicate whether ☐ she is ☐ she is not in a fit condition to look after her home

d) Observations
.....
.....
.....

e) Description of the condition of the person examined
.....
.....
.....

4.2 Date of commencement of disability or illness (as precise as possible)
.....

4.3 Probable duration .....

4.4 a) A further examination ☐ is necessary ☐ is not necessary

b) If it is, indicate date of the examination .....

5

5.1 Surname and forenames of the doctor .....

5.2 Address (2) .....
.....

5.3 Date .....

5.4 Signature
.....

(2)

E 404

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the doctor issuing the certificate.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) Or the doctor of the fund designated by the liaison body.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 405 ☐ (1)

PAYMENT OF FAMILY BENEFITS OR FAMILY ALLOWANCES IN THE CASE OF SUCCESSIVE EMPLOYMENT IN SEVERAL MEMBER STATES, BETWEEN THE DATES ON WHICH PAYMENT IS DUE ACCORDING TO THE LEGISLATION OF THESE STATES

Reg. 1408/71: Art. 12; Art. 72
Reg. 574/72: Art. 10a; Art. 85.2 and 3

This certificate should be issued to the insured person at his request. Where necessary, the competent institution should request it from the institution with which the insured person was last registered.

A. To be completed by the institution competent as regards the granting of family benefits or family allowances with which the insured person is registered.

1 ☐ Employed person ☐ Self-employed person ☐ Unemployed person

1.1 Surname ([1a])
.....

1.2 Forenames ..... Maiden name ([1a]) ..... Place of birth ([1b])
....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. ([1c])
....

1.4 Civil status ☐ single ☐ married ☐ widow/widower
☐ divorced ☐ separated

1.5 Address ([2])
.....

2 Person who should receive the family benefits or family allowances

2.1 Surname ([1a])
.....

2.2 Forenames ..... Maiden name ..... Place of birth ([1b])
....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. ([1c])
....

2.4 Address ([2])
.....

3 Institution with which the insured person was last registered either as an employed or self-employed person

3.1 Name .....
3.2 Address ([2]) .....
.....

4 Institution of the place of residence of the members of the family

4.1 Name .....
4.2 Address ([2]) .....
.....

5 Institution with which the insured person is currently registered

5.1 Name .....
5.2 Address ([2]) .....
.....
5.3 File reference No .....
5.4 Stamp

5.5 Date .....
5.6 Signature
.....

B. To be completed by the institution competent as regards the granting of family benefits or family allowances with which the insured person was last registered.

6

6.1 We certify that the insured person named in box 1
6.2 was insured from ..... to ..... (3) .....
6.3 in (4) .....
6.4 ☐ He is entitled ☐ He is not entitled to family benefits or family allowances
6.5 Family benefits or family allowances were paid to him
from ..... to .....

7 Institution with which the insured person was last registered either as an employed or self-employed person

7.1 Name .....
7.2 Address (2) .....
.....
7.3 Stamp

7.4 Date .....
7.5 Signature
.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

(3) a) For Greek institutions, state the number of days completed in the calendar year preceding the year in which the family benefits or family allowances are applied for.
b) For Belgian institutions, state below the number of days as an employed or self-employed person:

number of days as an employed person	.....
number of days as a self-employed person	.....

(4) Country in which the employment in question was pursued.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 406 **F** (1)

CLAIM FOR FAMILY ALLOWANCES TO BE SUBMITTED BY AN EMPLOYED PERSON WHO IS SUBJECT TO FRENCH LEGISLATION AND WHOSE FAMILY RESIDES IN A MEMBER STATE OTHER THAN FRANCE

Reg. 1408/71: Art. 73.2; Art. 74.2; Art. 75.2.b; Art. 76
Reg. 574/72: Art. 87.1

This claim form, drawn up in duplicate (in triplicate if the members of the family reside in Greece or in Italy) (2), should be sent by the employed person direct to the French family allowances institution with which he is registered by virtue of his employment.

1 ☐ Employed person ☐ Unemployed person

1.1 Surname (2a)
.....

1.2 Forenames ..... Maiden name (2a) ..... Place of birth (2b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....

1.4 Address in France (3) .....
.....

1.5 Occupation (4) .....

1.6 Date of entry into France .....

2 Person who should receive the family allowances

I declare that the person named below maintains the members of my family and I request that the family allowances be paid to him/her

2.1 Surname (2a)
.....

2.2 Forenames ..... Maiden name ..... Place of birth (2b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....

2.4 Relationship to the employed person .....

2.5 Name, if it is a legal person .....

2.6 Address (3) .....
.....

2.7 Date .....

2.8 Signature
.....

2.9 Name and address of the institution which has to pay the family allowances to the members of the family in their place of residence (3)
.....
.....

3 Dependent members of the family

3.1 Surname ([2a])	3.2 Forenames	3.3 Date of birth
1)	.....	.....
.....	.....	.....
2)	.....	.....
.....	.....	.....
3)	.....	.....
.....	.....	.....
4)	.....	.....
.....	.....	.....
5)	.....	.....
.....	.....	.....
6)	.....	.....
.....	.....	.....
7)	.....	.....
.....	.....	.....
8)	.....	.....
.....	.....	.....
9)	.....	.....
.....	.....	.....

3.4 Relationship	3.5 Place of residence	3.6 Remarks
1) ([5])	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....
6)	.....	.....
7)	.....	.....
8)	.....	.....
9)	.....	.....

3.7 I declare that there is no entitlement to family allowances on the basis of an occupation pursued under the legislation of the country of residence of the members of my family

3.8 Date .....

3.9 Signature

.....

4 ([6]) Income of members of the family, if any (nature and monthly amount, including social benefits)

No ([5])	Members of the family	Nature of income	Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

5

5.1 If you were in gainful employment in another Member State during the month in which you arrived in France and if an E 405 form has not yet been drawn up, indicate

5.2 the period of employment .....

5.3 the name and address (3) of the institution competent as regards family allowances with which you are registered

.....

.....

5.4 your insurance number with this institution .....

5.5 Date .....

5.6 Signature

.....

6 Statement of employer

6.1 Name of employer or firm .....

6.2 Field of activity (7) .....

6.3 Address (3) .....

.....

6.4 Date when employment commenced .....

6.5 The employed person ☐ does ☐ does not hold a contract for seasonal work

6.6 If he does, state duration of the contract .....

6.7 Date .....

6.8 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

Information for the insured person

An employed person subject to French legislation and an unemployed person who was formerly employed and who receives unemployment benefits from France are entitled, for the members of their family who reside in a Member State other than France, to family allowances under the legislation of the country of residence of the members of the family. The allowances are paid by the institution in the place of residence of the members of the family on production of an E 407 certificate issued by the French Family Allowances Institution.

NOTES

(1) Symbol of the country to whose legislation the worker is subject: F = France.

(2) To meet the requirements of Greek and Italian institutions, a copy of an E 406 form must be attached to an E 407 form.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Portuguese districts, state also the parish and the local authority.

(2c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(3) Street, number, post code, town, country.

(4) To meet the requirements of Italian institutions, specify whether manual or clerical worker.

(5) Indicate after each number the information concerning the person named after the same number in item 3.1. To meet the requirements of Greek institutions, where grandchildren, brothers/sisters and nephews/nieces to the third degree are concerned, also indicate at point 3.6 whether they have no father or no mother.

(6) To be completed only if the members of the family reside in Italy.

(7) Persons employed in trade and industry, the professions (supervisory staff, clerical staff, manual workers), professional journalists, persons employed by insurance companies or credit institutions, in the crafts or in agriculture.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 407 **F** (1)

CERTIFICATE OF PERIODS OF EMPLOYMENT IN FRANCE, OR PERIODS OF UNEMPLOYMENT IN FRANCE FOR WHICH BENEFITS WERE PAID, FOR THE PURPOSE OF GRANTING FAMILY ALLOWANCES TO MEMBERS OF THE FAMILY OF AN EMPLOYED PERSON OR AN UNEMPLOYED PERSON WHO WAS FORMERLY EMPLOYED WHO RESIDES IN A MEMBER STATE OTHER THAN FRANCE

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.1 to 5; Art. 89.1

This certificate is issued to an insured person, an unemployed person, or, where appropriate, the institution in the place of residence by the French institution competent in family allowances. The insured person or unemployed person should forward it to the members of his family, who should send it to the institution in their place of residence. If the members of the family are resident in Ireland or in the United Kingdom, this certificate should be sent direct to the competent institution of that Member State where the place of residence of the members of the family is situated. Subject to the conditions set out below and unless it is subsequently cancelled, the certificate is valid for three months in the case of persons in permanent employment and for the duration of the contract in the case of seasonal workers.

1 ☐ Employed person ☐ Seasonally employed person ☐ Unemployed person Insurance No .....

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address (2) .....
.....

2 Natural or legal person who is to receive the family allowances

2.1 Surname (1a) or name of institution .....

2.2 Forenames ..... Sex ..... Maiden name .....

2.3 Address (2) .....
.....

3 Institution in the place of residence of the members of the family Insurance No .....

3.1 Name .....

3.2 Address (2) .....
.....

4 Certificate of entitlement

The person mentioned in box 1

4.1 ☐ has satisfied the conditions of employment in France entitling him/her to receive the full amount of monthly family allowances, except in case of subsequent cancellation, for the following months
....

4.2 ☐ has been in paid employment in France entitling him/her, except in case of subsequent cancellation, to

..... (fraction)
of the monthly family allowances for the months of ..... and .....
and to the full amount for the months from ..... to .....
inclusive, and entitling him/her to payment of family allowances on this basis

4.3 ☐ holds a contract of seasonal work in France, valid from ..... to .....
which entitles him/her to receive the full amount of family allowances
for the months from ..... to .....
inclusive and on a *pro rata* basis for the months ..... and .....

4.4 ☐ received unemployment benefits under French legislation in the period from ..... to .....
for ..... days

5	French institution competent as regards family allowances

5.1 Name .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. To meet the requirements of Greek and Italian institutions a copy of Form E 406 must be attached.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: F = France.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 408 [ ] (1)

REQUEST FOR INFORMATION

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.1; Art. 87.6, second subparagraph; Art. 89.2

This request for information may be sent at any time by the institution in the place of residence of the members of the family to the French institution with which the employed person is registered.

A. To be completed by the institution in the place of residence of the members of the family

1 ☐ Employed person ☐ Seasonally employed person ☐ Unemployed person who was formerly employed

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address (2) .....
.....

2 Employer

2.1 Name of employer or firm .....

2.2 Address (2) .....
.....

3 Person who is to receive the family allowances in the country of residence

3.1 Surname (1a)
.....

3.2 Forenames ..... Sex .....

3.3 Address (2) .....
.....

4 Request for information

4.1 Certificate of periods of employment (Art. 87.1 of Reg. 574/72)
completed between ..... and .....
.....
.....

4.2 Other information relating to the insured person's entitlement to allowances (Art. 87.6 of Reg. 574/72)
.....
.....

5 Institution in the place of residence of the members of the family

5.1 Name .....

5.2 Address (2) .....
.....

5.3 Stamp

5.4 Date .....

5.5 Signature
.....

B. To be completed by the competent French institution

6	Information requested

6.1 ☐ Reply to item 4.1: see the E 407 form attached

6.2 ☐ Reply to item 4.2 .....

.....

.....

.....

7	Competent French institution

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; IRL = Ireland; I = Italy; L = Luxembourg; NL = Netherlands; P = Portugal; GB = United Kingdom.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 409 **F** (1)

VERIFICATION OF THE DECLARATION OF LACK OF ENTITLEMENT TO FAMILY ALLOWANCES BY VIRTUE OF AN OCCUPATION PURSUED IN THE COUNTRY OF RESIDENCE OF THE FAMILY

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.1; Art. 87.6, third subparagraph

This request for information should be used by the competent French institution to verify, if necessary, the declaration of the head of the household that there is no entitlement to family allowances by virtue of the pursuit of an occupation in the country of residence of the members of the family. A copy of an E 406 form should be attached.

A. To be completed by the French institution competent as regards family allowances

1 ☐ Employed person ☐ Seasonally employed person ☐ Unemployed person who was formerly employed

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

1.4 Address in France (2) .....
.....

1.5 Reference E 406 of (date) .....

2 Request for information

2.1 ☐ Please verify the declaration in item 3.7 of the E 406 form concerning the person named after No .....

2.2 ☐ Please verify the E 406 form of (date) ..... concerning .....
.....

3 French institution

3.1 Name .....

3.2 Address (2) .....
.....

3.3 Stamp

3.4 Date .....

3.5 Signature
.....

B. To be completed by the family allowances institution in the place of residence of the members of the family

4 Information requested

4.1 ☐ There is entitlement ☐ There is no entitlement as a result of the pursuit of an occupation in the country of residence of the members of the family

4.2 The following members of the family are entitled to family allowances
.....
.....

5	Institution in the place of residence of the members of the family

5.1 Name .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: F = France.

(1a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(1b) In the case of Portuguese districts, state also the parish and the local authority.

(1c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(2) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 410 **F** (1)

NOTIFICATION OF CANCELLATION OF ENTITLEMENT TO FAMILY ALLOWANCES

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.3 and 6; Art. 98.2

The French institution competent as regards family allowances should complete this form and send it to the institution in the place of residence of the members of the family.

1 Family allowances institution to which the form is addressed

1.1 Name .....
1.2 Address (2) .....
.....
1.3 Reference: E 407 of (date) .....

2 ☐ Employed person ☐ Seasonally employed person ☐ Unemployed person who was formerly employed

2.1 Surname (2a)
.....
2.2 Forenames ..... Maiden name (2a) ..... Place of birth (2b) .....
2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....
2.4 Address in France (2) .....
.....

3

3.1 The person named above
3.2 ☐ has not satisfied the condition of pursuing an occupation as is required in order to receive family allowances
during the month of ..... (Art. 87.6 of Reg. 574/72)
3.3 ☐ ceased to pursue a professional activity or trade on ..... (3)
3.4 ☐ interrupted his contract of seasonal work
from (date) ..... (Art. 87.3 of Reg. 574/72)
3.5 ☐ transferred his residence to (4) .....
from (date) ..... (Art. 87.6 of Reg. 574/72)

4 Competent French institution

4.1 Name .....
4.2 Address (2) .....
.....
4.3 Stamp
4.4 Date .....
4.5 Signature
.....

E 410 F

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: F = France.

(2) Street, number, post code, town, country.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Portuguese districts, state also the parish and the local authority.

(2c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(3) Complete if the form is to be sent to a Greek or United Kingdom institution.

(4) Indicate the country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 411 [ ] (1)

REQUEST FOR INFORMATION ON ENTITLEMENT TO FAMILY BENEFITS (FAMILY ALLOWANCES) IN THE MEMBER STATE OF RESIDENCE OF THE MEMBERS OF THE FAMILY

Reg. 1408/71: Art. 76
Reg. 574/72: Art. 10

A. Request for certificate

The institution competent in the granting of family benefits in the Member State of employment of the worker which wishes to know whether entitlement to family benefits exists in the Member State of residence of the members of the family should complete two copies of Part A and forward them to the family benefits liaison body of the Member State in which the members of the family are resident.

1 Employed person (Reference No (2) .....)

1.1 Surname (2a)
.....

1.2 Forenames ..... Maiden name (2a) ..... Place of birth (2b) .....

1.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (2c) .....

1.4 Address in the country of residence of the members of the family (3)
.....
.....

2 Spouse or other person whose entitlement to benefits in the country of residence of the members of the family must be verified

2.1 Surname (2a)
.....

2.2 Forenames ..... Maiden name ..... Date of birth .....

2.3 Address (3) .....
.....

2.4 Relationship to the members of the family mentioned in box 3
.....

2.5 Period for which the information is requested .....

3 Members of the family

	Surname (2a)	Forenames	Date of birth	Relationship (4)	Place of residence (5)
3.1	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
3.2	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
3.3	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....

4

4.1 Employer .....
4.2 Address (3) .....
.....
4.3 Self-employed activity .....

E 411

5	Competent institution	
5.1	Name	.....
5.2	Address (3)	.....
		.....
5.3	Stamp	
	5.4 Date	.....
	5.5 Signature	
		.....

B. Certificate

To be completed by the competent institution in the place of residence of the members of the family

6	Certificate issued by the family benefits institution competent as regards the place of residence of the members of the family			
6.1	The person designated in box 2 is, for the period from	.....	to	.....,
	☐ entitled to family benefits for the following members of the family (forename and date of birth)			
	.....			
	.....			
	.....			
	☐ not entitled to family benefits for the following reasons			
	.....			
6.2	The person designated in box 2, for the period from	.....	to	.....,
	☐ pursued an occupation from	.....	to	.....
	☐ did not pursue an occupation			

7	Institution in the place of residence of the members of the family	
7.1	Name	.....
7.2	Address (3)	.....
		.....
7.3	Stamp	
	7.4 Date	.....
	7.5 Signature	
		.....

E 411

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; P = Portugal; GB = United Kingdom.

(2) For use by the sending institution.

(2a) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(2b) In the case of Portuguese districts, state also the parish and the local authority.

(2c) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.

(3) Street, number, post code, town, country.

(4) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child. In Spain child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial)
B = legitimized child
C = adopted child
D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognized)
E = child of a spouse belonging to the worker's household
F = grandchildren, brothers and sisters whom the person concerned has taken into his household. Also, nephews and nieces to the third degree where the competent institution is a Greek institution
G = other children belonging permanently to the household on the same footing as the worker's children (foster children).
Other relationships (e.g. grandfather) must be written in full.

(5) If the member of the family resides at an address other than that indicated at 2.3, please indicate here

Surname and forenames .....

.....

Address (3) .....

.....