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⁽¹⁾ Text with EEA relevance.

Price: ECU 28

Acts whose titles are printed in light type are those relating to day-to-day management of agricultural matters, and are generally valid for a limited period.

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II

(Acts whose publication is not obligatory)

COMMISSION

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

DECISION No 151

of 22 April 1993

concerning the application of Article 10a of Regulation (EEC) No 1408/71 and of Article 2 of Regulation (EEC) No 1247/92

(94/602/EC)

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 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community under which it is made responsible for dealing with all administrative questions arising from the provisions of Regulation (EEC) No 1408/71 and of subsequent Regulations,

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

Having regard to Council Regulation (EEC) No 1247/92 of 30 April 1992 amending Regulation (EEC) No 1408/71,

Whereas the aforementioned Regulation institutes a system of coordination which differs from that provided for by Regulation (EEC) No 1408/71 and takes account of the particular characteristics of the special non-contributory benefits;

Whereas under the terms of Article 10a inserted in Regulation (EEC) No 1408/71, the aforementioned special benefits, notwithstanding the provisions of Article 10 and of Title III of the same Regulation, shall be awarded exclusively under the legislation of the Member State where the persons referred to are resident, provided that these benefits are

listed in Annex IIa; such benefits shall be granted by and at the expense of the institution of the place of residence; taking account, where appropriate of periods of employment, self-employment or of residence completed in the territory of any other Member State of any benefits listed in one of the points of Article 4 (1) of the aforementioned Regulation or of the fact that the disability or invalidity was diagnosed for the first time in the territory of another Member State;

Whereas, on the other hand, these same benefits may be awarded or continue to be paid transitionally under the conditions set out in Article 2 of Regulation (EEC) No 1247/92, to the persons concerned who reside in or have transferred their residence to the territory of a Member State other than the competent Member State;

Whereas, it would seem appropriate for practical reasons and in order to facilitate the administration and the award of these benefits to make reference *mutatis mutandis* to certain implementing provisions laid down in the Articles of Regulation (EEC) No 1408/71 other than Article 10 or the Articles of Title III and in Regulation (EEC) No 574/72, to the extent that they do not effect the conditions for the acquisition, retention or recovery of the right to the aforesaid benefits or the determination of the amount thereof;

Whereas, furthermore, the acquisition of the right to the aforesaid benefits is frequently subject, in the national legislations in question, to a means test;

Whereas, there is consequently good reason for drawing up a new form E 601 rendering possible the determination of the amount of income of the person concerned, of his spouse and/or of members of his family in any other Member State, in the case where in order to apply national legislation, the institution concerned is required to contact one or more other institutions or bodies competent in this matter;

Whereas, consequently, it is necessary to make provision for an Annex to this Decision listing the institutions responsible for providing the abovementioned information;

Whereas the acquisition of the right to the aforementioned benefits is sometimes subject to the completion of periods of employment, self-employment or of residence; and that it is likewise necessary to draw up a form E 602 rendering possible the aggregation of the periods provided for in Article 10a (2) of Regulation (EEC) No 1408/71;

Whereas the language in which the forms are issued is stipulated in recommendation No 15 of the Administrative Commission;

Whereas, finally, it is important, as far as the amount of the abovementioned resources is concerned, that provision be made for the determination of rates of conversion of currencies to be used;

HAS DECIDED AS FOLLOWS:

1. The provisions of Articles 84, 85, 86, 87 and 88 of Regulation (EEC) No 1408/71 and the provisions of Articles 40, 51 (1), 59, 105, 106, 110, 115 and 121 of Regulation (EEC) No 574/72 shall apply *mutatis mutandis* in respect of the special non-contributory benefits mentioned in Article 4 (2a) of the Regulation.
2. Where the award of the special benefits in question is subject to a means test, the competent institution may, under the conditions and within the limits provided for by the legislation which it administers, request the institution of each Member State likely to be involved in this matter to provide it with information concerning the amount of income received by the person concerned, by his spouse and/or by members of his family in the other Member State in accordance with the attached model form E 601. The institution from which the information has been requested shall complete the form, giving all the data to which it has access in the context of its national legislation.

3. The institutions of the Member States called upon to provide the information concerning the amount of income referred to in paragraph 2 of this Decision shall be listed in the Annex.

If the information requested cannot be certified by the institution receiving the form, the person concerned, or his spouse and/or members of his family shall, where appropriate, submit a certified statement provided the person concerned is resident in the Member State to which the form has been sent. This statement shall be returned together with the form by the competent institution.

4. For the purpose of taking account of the income received by the person concerned in the other Member State, the competent institution shall convert into its currency the amount indicated by the institution of the other Member State and/or the certified statement, using the rate of conversion referred to in Article 107 (1) of Regulation (EEC) No 574/72. The rate of conversion to be taken into consideration shall be that which is applicable on the date of calculation or revision of the benefits.
5. Where the right to the special benefits in question is subject to the completion of periods of employment, self-employment or of residence, the competent institution may request the institution of each Member State for information concerning the periods completed in that Member State in accordance with the attached form E 602. If the information requested cannot be certified by the institution receiving the form, the person concerned shall submit a certified statement provided that he is resident in the Member State to which the form has been sent. This certified statement shall be returned together with the form by the competent institution.
6. The competent authorities of the Member States shall provide the competent institutions concerned with the forms referred to in paragraphs 2 and 5 of this Decision. These forms 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 to receive the form printed in their own language.
7. This Decision shall apply from the first day of the month following its publication in the *Official Journal of the European Communities*.

It shall take effect from the entry into force of Regulation (EEC) No 1247/92.

The Chairman
of the Administrative Commission
Poul VORRE

ANNEX

(paragraph 3 of the Decision)

1. Belgium
 - Old-age, death (pensions): Office national des pensions/Rijksdienst voor pensioenen (National Pension Office, Brussels),
 - Family benefits: Office national des allocations familiales pour travailleurs salariés/Rijksdienst voor kinderbijslag voor werknemers (National Family Allowances Office for Employed Persons, Brussels),
 - Invalidity benefits: Ministère de la prévoyance sociale/Ministerie van Sociale Voorzorg (Minister of Social Welfare).
2. Denmark
 - Socialministeriet (Ministry of Social Affairs), Copenhagen.
3. Germany
 - The liaison body concerned.
4. Spain
 - For non-contributory old-age pensions and invalidity pensions: Instituto Nacional de Servicios Sociales (National Institut of Social Services),
 - For non-contributory family benefits: Direcciones Provinciales del Instituto Nacional de la Seguridad Social (Provincial Directorates of National Institut of Social Security).
5. France
 - (a) For the amount of resources:
 - For persons under 60 years:
 - As a general rule, Caisse primaire d'assurance maladie du lieu de résidence (local sickness insurance fund of the place of residence,
 - Caisse générale de sécurité sociale du département d'outre-mer de résidence (general social security fund of the overseas department of residence) (Martinique, Guadeloupe, Guyana, Reunion).
 - For persons 60 years and over:
 - As a general rule, Caisse régionale d'assurance maladie (regional sickness insurance fund) (old-age branch) of the place of residence,
 - Caisse régionale d'assurance vieillesse (regional old-age insurance fund), Strasbourg, for the Alsace region (Bas-Rhin, Haut-Rhin and Moselle),
 - Caisse nationale d'assurance vieillesse des travailleurs salariés (National old-age insurance fund for employed persons) for the Paris region,
 - Caisse générale de sécurité sociale du département d'outre-mer de résidence (general social security fund of the overseas department of residence) (Martinique, Guadeloupe, Guyana, Reunion).
 - (b) For the periods completed:
 - Caisse nationale d'assurance vieillesse des travailleurs salariés (National old-age insurance fund for employed persons), Paris.
6. Greece
 - Ιδρυμα Κοινωνικών Ασφαλίσεων (IKA) (Social Insurance Institute), Athens.
7. Ireland
 - EC Records Section, Department of Social Welfare, Dublin.
8. Italy
 - Istituto nazionale della previdenza sociale (National Social Welfare Institution), provincial offices.
9. Luxembourg
 - Fonds national de solidarité (National Solidarity Fund), Luxembourg.

10. The Netherlands

Sociale Verzekeringsbank (Social Insurance Bank), Postbus 1100, 1180 BH Amsterdam (Amstelveen).

11. Portugal

- For the continent: Centro Regional de Segurança Social (Regional social security centre) where the person concerned resides,
- For the autonomous region of Madeira: Direcção Regional de Segurança Social (Regional directorate of social security), Funchal,
- For the autonomous region of The Azores: Direcção Regional de Segurança Social (Regional directorate of social security), Angra do Heroísmo.

12. United Kingdom

- The Overseas Benefits Directorate, Longbenton, Newcastle upon Tyne, NE98 1YX, England,
 - For persons residing in Northern Ireland: Social Security Agency, Castle Court, Royal Avenue, Belfast, B21 1DF, Northern Ireland.
-

E 601



(1)

REQUEST FOR INFORMATION CONCERNING THE AMOUNT OF INCOME RECEIVED IN A MEMBER STATE OTHER THAN THE
COMPETENT MEMBER STATE
(Special non-contributory benefits)

Reg. 1408/71: Art. 10a
Reg. 1247/92: Art. 2

A. Request for information

If the institution competent for the award of special non-contributory benefits wishes to be informed of any income accruing to the person concerned in another Member State, it should complete two copies of part A and forward them to the institution of the other Member State mentioned in the Annex to Decision No 151.

1	Receiving institution			
1.1	Name:			
1.2	Address (2):			
2	☐ Employed person ☐ Pensioner ☐ scheme for employed persons ☐ Self-employed person ☐ scheme for self-employed persons ☐ other			
2.1	Surname (2a)			
2.2	Forenames	Previous Names (2a)	Place of birth (2b)	
2.3	Date of birth	Sex	Nationality	D.N.I. (2c)
2.4	Address (2):			
2.5	Insurance No:			
2.6	Pension No:			
2.7	Period in respect of which information is requested:			
3	Data concerning any professional or trade activity pursued in the other Member State by the person named in section 2			
3.1	Employer			
3.2	Address (2)			
3.3	Self-employment			
3.4	Activity treated as an occupation within the meaning of Decision No 119:			
4	Spouse			
4.1	Name (2a)			
4.2	Forenames	Maiden name (2a)	Place of birth (2b)	
4.3	Date of birth	Sex	Nationality	D.N.I. (2c)
4.4	Pursues a professional or trade activity		☐ yes (3)	☐ no
4.5	Address (2):			
4.6	Insurance No:			

5	Members of the family other than the spouse						
	Name	Forenames	Date of birth	Family relationship (4)	Place of residence (5)	Profession	Insurance No
							
							
							
							

6	Competent institution	
6.1	Name:	
6.2	Address (2):	
6.3	Reference No of file:	
	Stamp	6.4 Date:
		6.5 Signature:

B. Information

To be completed by the institution of a Member State other than the competent Member State (6).

7	Type and amount of income during the period in question		
			Amount
7.1	Salary	person named in section 2 spouse member(s) of the family (7)	..... ..... .....
7.2	Other income deriving from a professional or trade activity	person named in section 2 spouse member(s) of the family (7)	..... ..... .....
7.3	Social security benefits (8)	person named in section 2 spouse member(s) of the family (7)	..... ..... .....
7.4	Movable assets	person named in section 2 spouse member(s) of the family (7)	..... ..... .....
7.5	Fixed assets	person named in section 2 spouse member(s) of the family (7)	..... ..... .....
7.6	Total amount of income for the period in question (9)		.....

8	Institution of the Member State other than the competent Member State (6)	
8.1	Name:	
8.2	Address (2):	
8.3	Reference No of file:	
8.4	Stamp	8.5 Date:
		8.6 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 where part A of 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, telephone number.
- (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 commune.
- (2c) 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) Specify the country and the place where the professional or trade activity is pursued.
- (4) Please indicate the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child. In Spain, a child born in wedlock (matrimonial) and a 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 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.
If the child is married, divorced, or widowed, mention this in item 5. Please specify also whether a child has no father or mother, for the purpose of Greek institutions.
- (5) If a child resides at an address other than that stated in sections 2.4 or 4.5, please indicate below:

Name and forenames:

.....

Address (2):

.....

- (6) To be completed by the institution mentioned in the Annex to Decision No 151 (and, where appropriate, the Annex per country). If either all or part of the information requested cannot be confirmed by the institution, this form (and, where appropriate, the Annex) should be returned even though it has been left blank or only partially completed; where possible, it should be sent together with a certified statement containing the necessary information from the person or persons concerned.
- (7) If several members of the family are mentioned in section 5, specify the name, forename(s) and date of birth of the member(s) of the family referred to.
- (8) Specify the nature of the benefit in question.
- (9) Indicate whether the amount of income stated was before or after the deduction of social security contributions and before or after tax deductions.
Where possible, state the net amount (after deduction of contributions and taxes).

E 601 Annex**F****1** Income received during the period in question

	Claimant or beneficiary	Spouse
1.1 Pursuant to paid employment If YES, the duration of the professional or trade activity during the period in question Total amount of gross salaries received	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.2 Pursuant to self-employment If YES, the duration of the self-employment during the period in question Nature of self-employment Total amount of income received from self-employed activities	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.3 Pursuant to a substitute income (unemployment, sickness, maternity, accident at work, early retirement, ...) If YES, the duration of the indemnification during the period in question Type of substitute income Total amount of substitute income received	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.4 Pursuant to a pension or allowance If YES, the duration of the receipt of the benefit during the period in question Type of benefit Total amount of benefits received	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.5 Other sources of income (financial income, benefits in kind, supplementary pension, ...) Type of income Total amount of other sources of income	☐ YES ☐ NO	☐ YES ☐ NO

2		Claimant or beneficiary	Spouse
2.1	Property owned by the claimant or beneficiary and/or his spouse If YES, type of property (land, houses, movable assets, ...) Present value of the property Area/district where this property is situated if it represents land or houses Does the claimant or beneficiary reside in a house or lodgings of which he is the owner? Does he let out part of the accomodation for hire? If YES, the present value of the part in question	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO
2.2	Property that has been gifted by the claimant or beneficiary and/or his spouse within the last 10 years (4) If YES, type of property (land, houses, fixed assets, ...) Date when gifted Present value of this property Beneficiary of the gift (name, address, family relationship with the donor)	☐ YES ☐ NO	☐ YES ☐ NO
2.3	Agricultural land farmed by the claimant or beneficiary and/or his spouse Area farmed	☐ YES ☐ NO	☐ YES ☐ NO

E 601 Annex**E****L****UK****1** Information concerning the financial position of the person concerned ⁽¹⁾**1.1** Income from work or benefits ⁽²⁾**1.1.1** Source**1.1.2** Annual amount**1.1.3** Firm or body**1.2** Movable assets ⁽²⁾ ⁽³⁾ ⁽⁴⁾**1.2.1** Source**1.2.2** Actual yield (annual) of capital**1.2.3** Actual value of capital ⁽³⁾**1.3** Fixed assets ⁽⁴⁾**1.3.1** Officially registered value or real value**1.3.2** Income**1.4** Other sources of income or pension**2** Information concerning family members residing in the residence of the person concerned

Surname	Forenames	Date of birth	Available income or resources ⁽¹⁾

⁽¹⁾ Figures for the year corresponding to the period mentioned in section 2 of form E 601.⁽²⁾ The information concerning income provided by the United Kingdom represents the net figures after deduction of income tax, insurance contributions and certain levies in connection with work. The amount indicated does not take account of United Kingdom housing benefit or council tax benefit.⁽³⁾ The information provided by the United Kingdom does not take account of the value of the property occupied by the person concerned.⁽⁴⁾ As far as the information provided by the United Kingdom is concerned, the exact amount of the movable and fixed assets is probably not known to the receiving institution where the total amount of these assets belonging to the person concerned is less than £ 3 000.

E 601 Annex**B**

1	Income received during the period from to		
		Claimant or beneficiary	Spouse or common law partner
1.1	Pursuant to paid employment If YES, the duration of the paid employment during the period in question Total amount of salary received	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.2	Pursuant to self-employment If YES, the duration of self-employment during the period in question Nature of self-employment Total amount of income received from self-employed activities during the period from to	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.3	Pursuant to social benefits other than retirement pensions and survivor's pensions (sickness, invalidity, unemployment, accidents at work, family allowances, allowances for handicapped persons, guaranteed income for elderly persons, ...) If YES, the duration of the receipt of the benefits during the period in question Type of social benefits Total amount of social benefits received	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.4	Pursuant to a retirement pension or a survivor's pension If YES, the duration of the receipt of the pension during the period in question Total amount of the pension	☐ YES ☐ NO from to	☐ YES ☐ NO from to
1.5	Other income (supplementary pension, income from movable property, benefits in kind, ...) Type of income Total amount of other income	☐ YES ☐ NO	☐ YES ☐ NO

2	Fixed assets		
		Claimant or beneficiary	Spouse or common law partner
	Property in respect of which the claimant or beneficiary and/or his spouse or common law partner is either the owner or the holder of a beneficial life interest If YES, type of legal connection (ownership, <i>nuepropriété</i> (restricted ownership), beneficial life interest) Type of property (land, houses, ...) Taxable income from each of these properties Area/district where these properties are situated Does the claimant or beneficiary occupy a dwelling in respect of which he, himself, his spouse or his common law partner is either the owner or the holder of a beneficial life interest? If YES, the taxable income of the dwelling occupied	☐ YES ☐ NO ☐ YES ☐ NO	☐ YES ☐ NO ☐ YES ☐ NO

3

Transferred property

	Claimant or beneficiary	Spouse or common law partner
Property that has been transferred either in return for payment or free of charge within the last 10 years by the claimant or beneficiary and/or his spouse or common law partner If YES, type of property (land, houses, movable assets, ...)	☐ YES ☐ NO	☐ YES ☐ NO
Date of transfer	..... ..... ..... ..... .....	..... ..... ..... ..... .....
Value of property at the time of transfer	..... ..... ..... ..... .....	..... ..... ..... ..... .....
Is the claimant or beneficiary and/or his spouse or common law partner in possession of the proceeds from the transferred property?	☐ YES ☐ NO	☐ YES ☐ NO
If YES, what is the nature of these proceeds?	..... ..... ..... ..... .....	..... ..... ..... ..... .....
What is the amount involved?	..... ..... ..... ..... .....	..... ..... ..... ..... .....

E 602

(1)

CONCERNING THE AGGREGATION OF PERIODS OF EMPLOYMENT, OF SELF-EMPLOYMENT OR OF RESIDENCE

Special non-contributory benefits

Reg. 1408/71: Art. 10a (2)

Reg. 1247/92: Art. 2

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	Receiving institution
1.1	Name:
1.2	Address (2):
	
	

2	☐ Employed person ☐ Self-employed	☐ Pensioner	☐ scheme for employed persons ☐ scheme for self-employed persons ☐ other
2.1	Surname (2a)		
2.2	Forenames	Previous names (2a)	Place of birth (2b)
2.3	Date of birth	Sex	Nationality
			D.N.I. (2c)
2.4	Address (2):		
			
2.5	Insurance No:		
2.6	Pension No:		

3	With reference to a claim submitted by the insured person mentioned above, please indicate the periods of employment, of self-employment or of residence completed by him from to at (5) under the legislation of your country.
---	---

4	Competent institution
4.1	Name:
4.2	Address (2):
	
4.3	Stamp
	Code No (3):
4.4	Date:
4.5	Signature:
	

Part B

To be completed by the Member State other than the competent Member State (4)

5

The person mentioned in section 2 completed
☐ since

6

The following periods of employment or self-employment:

6.1	from	.....	to	.....
6.2	from	.....	to	.....
6.3	from	.....	to	.....
6.4	from	.....	to	.....
6.5	from	.....	to	.....
6.6	from	.....	to	.....
6.7	from	.....	to	.....
6.8	from	.....	to	.....
6.9	from	.....	to	.....
6.10	from	.....	to	.....

7

The following periods of residence:

7.1	from	.....	to	.....
7.2	from	.....	to	.....
7.3	from	.....	to	.....
7.4	from	.....	to	.....
7.5	from	.....	to	.....
7.6	from	.....	to	.....
7.7	from	.....	to	.....
7.8	from	.....	to	.....
7.9	from	.....	to	.....
7.10	from	.....	to	.....

8

Institution completing part B

8.1	Name:	.....	8.4	Date:	.....
8.2	Address (2):	.....	8.5	Signature:	.....
8.3	Stamp	.....			.....

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, telephone number.
 - (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 commune.
 - (2c) 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) To be completed where possible.
 - (4) To be completed by the institution referred to in the Annex to Decision No 151. If either all or part of the information cannot be confirmed, this form should be returned even though it has been left blank or only partially completed; where possible, it should be sent together with a certified statement containing the necessary information from the person or persons concerned.
 - (5) Address or addresses of the person concerned during completion of the periods.
-

DECISION No 152

of 13 May 1993

on the implementation of Article 10a of Regulation (EEC) No 1408/71 and Article 2 of Regulation (EEC) No 1247/92

(94/603/EC)

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 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community, under which it is made responsible for dealing with all administrative questions and questions of interpretation arising from Council Regulation (EEC) No 1408/71 and subsequent Regulations,

Having regard to Council Regulation (EEC) No 1247/92 of 30 April 1992 establishing a specific coordination system for special non-contributory benefits,

Whereas the said Regulation, by adding an Article 10a to Regulation (EEC) No 1408/71, provides that the persons concerned shall be granted the special benefits exclusively in the territory of the Member State in which they reside, in accordance with the legislation of that State, provided that such benefits are listed in Annex IIa;

Whereas under Regulation (EEC) No 1247/92 a right to special non-contributory benefits may be acquired simultaneously under the legislation of the country of residence and under that of one or more other Member States pursuant to Article 10a of Regulation (EEC) No 1408/71 and Article 2 of Regulation (EEC) No 1247/92;

Whereas, in the interests of beneficiaries, it is necessary to ensure coherent implementation of the coordination system established;

Whereas, the administrative steps which the persons concerned must take ought to be simplified as much as possible in order to ensure that they can receive in full and without interruption the special benefits to which they are entitled;

Whereas it is furthermore necessary to lay down the conditions for the application of national provisions on the reduction, suspension or withdrawal of benefit in order to enable those concerned to receive in total the highest non-contributory special benefits which they may claim under the various legislations involved and in order to avert unwarranted overlapping of the said benefits;

Whereas the amount of special benefits paid may thus be deducted from the amount of benefits remaining to be paid under the legislation of the other Member State or States involved, with the latter paying the beneficiary a differential supplement, where appropriate;

Whereas the rules thus laid down in no way affect the acquisition of entitlement under the legislations of all Member States involved,

HAS DECIDED AS FOLLOWS:

1. Subject to paragraph 2 and under the conditions laid down in paragraph 4 (b) of this Decision the special non-contributory benefits referred to in Article 4 (2) (a) of Regulation (EEC) No 1408/71 shall be provided in accordance with Article 2 of Regulation (EEC) No 1247/92 even if during the same period and for the same person such benefits are provided or could be provided in accordance with Article 10a of Regulation (EEC) No 1408/71.
2. With regard to the cases referred to in Article 2 (2) of Regulation (EEC) No 1247/92 and under the conditions laid down in paragraph 4 (b) of this Decision, the special benefits recognized under the legislation of the Member State in which the person concerned resides shall or shall continue to be provided in accordance with Article 10a of Regulation (EEC) No 1408/71 even if such benefits can be provided in accordance with Article 2 (2) of Regulation (EEC) No 1247/92.

If when Regulation (EEC) No 1247/92 enters into force no special benefits have been recognized by the Member State of residence to whose legislation the person concerned was subject because of the pursuit of an occupation, the claim for special benefits submitted in the State of residence shall be valid as a claim in the other Member State or Member States concerned to whose legislation the person concerned was subject because of the pursuit of an occupation, and vice versa.

Cost-sharing arrangements between the Member State of residence and the other Member State or States concerned may be agreed upon at bilateral or multilateral level between the States concerned.

3. Where special benefits may during the same period and for the same person be provided under Article 2 of Regulation (EEC) No 1247/92 in accordance with the legislation of two or more Member States, the provisions of this Article shall be applied by the competent institution of the Member State in which the person concerned completed the longest period of insurance, work or residence and thereafter by each of the competent institutions of the other Member States in descending order in proportion to the length of the periods of insurance, work or residence completed by the person concerned in each of these States, under the conditions laid down in paragraph 4 (b) of this Decision.
4. (a) The provisions on reduction, suspension or withdrawal laid down by the legislation of a Member State in the event of the overlapping of a special non-contributory benefit as provided for in Article 4 (2) (a) of Regulation (EEC) No 1408/71 with other special benefits or with other income of any kind shall be applicable to the beneficiary even if the latter's benefits were acquired under the legislation of another Member State or if such income was obtained in the territory of another Member State.

(b) However,
 - within the framework of paragraph 1 of this Decision, where a special benefit provided under Article 2 of Regulation (EEC) No 1247/92 is subject to a provision on the reduction, suspension or withdrawal of benefit in the event of overlapping with other special benefits or with other income of any nature, no account shall be taken for the application of such provision of special benefits that are provided or could be provided under Article 10a of Regulation (EEC) No 1408/71,
 - within the framework of paragraph 2 of this Decision, where a special benefit provided under Article 10a of Regulation (EEC) No 1408/71 is subject to such a provision, no account shall be taken for the application of such provision of

other special benefits that may be provided under Article 2 (2) of Regulation (EEC) No 1247/92,

- within the framework of paragraph 3 of this Decision, the competent institution of the Member State that is the priority State in descending order which administers a legislation including such a provision shall not take account either, for the application of such provision, of special benefits remaining due under the legislation of other non-priority Member States in accordance with Article 2 of Regulation (EEC) No 1247/92.

5. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*. It shall be effective from the date of entry into force of Regulation (EEC) No 1247/92.

The Chairman

of the Administrative Commission

Poul VORRE

DECISION No 153

of 7 October 1993

on the model forms necessary for the application of Council Regulation No (EEC) 1408/71 and (EEC) No 574/72 (E 001, E 103 to E 127)

(Text with EEA relevance)

(94/604/EC)

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 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community, 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 of 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 130 of 17 October 1985 laying down and adapting the model forms necessary for the application of the Regulations,

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

Whereas the Agreement on the European Economic Area of 2 May 1992, as adjusted by the Protocol of 17 March 1993, Annex VI, implements Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas by Decision of the EEA Joint Committee the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and (EEC) No 1408/71 will be implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas with a view to the envisaged participation of Liechtenstein in the EEA at a later stage, these forms should also be adapted as regards Liechtenstein;

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 E 001, E 103 to E 127 printed in Decision No 130 shall be replaced by the models appended hereto.

2. The competent authorities of the Member States shall make available to the person 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 manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.
4. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

The Chairman
of the Administrative Commission
Gabrielle CLOTUCHE

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 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 maternity and 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 001

(1)

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

- ☐ an employed person
☐ a self-employed person
☐ a frontier worker
on ☐ 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)
3	Nationality (8) D.N.I (9)
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

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. ⁽⁹⁾
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

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

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security. For the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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 at birth.
 — 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) Where appropriate, indicate the date of naturalization.
- (9) 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.

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	Previous names (1a)	
1.3	Date of birth	Nationality	D.N.I. (1b):
1.4	Address (2):		
1.5	Identification No (1c):		

- 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 State of which he is a national
- 3.2 (6) ☐ of the State to whose legislation he was last subject, viz. the legislation of
- | | | | | |
|---------------------------------------|---|----------------------------------|--|--|
| (6) ☐ Belgium | ☐ Denmark | ☐ Germany | ☐ Greece | ☐ Spain |
| (6) ☐ France | ☐ Ireland | ☐ Italy | ☐ Luxembourg | ☐ the Netherlands |
| (6) ☐ Portugal | ☐ the United Kingdom | | | |
| (6) ☐ Austria | ☐ Finland | ☐ Iceland | ☐ Liechtenstein | ☐ Norway |
| (6) ☐ Sweden | | | | |

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

(6) ☐ France

(6) ☐ Portugal

(6) ☐ Austria

(6) ☐ Sweden

☐ Denmark

☐ Ireland

☐ the United Kingdom

☐ Finland

☐ Germany

☐ Italy

☐ Iceland

☐ Greece

☐ Luxembourg

☐ Liechtenstein

☐ Spain

☐ the Netherlands

☐ Norway

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

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 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, 'Direktoratet for Social Sikring og Bistand' (National Directorate for Social Security and Assistance) 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 'Tesorería General de la Seguridad Social — Ministerio de Trabajo y Seguridad Social' (Central Treasury for Social Security — Ministry of Labour and Social Security), Madrid;
- in France, the 'Caisse primaire d'assurance maladie de Paris' (Sickness insurance fund);
- in Ireland, the Department of Social Welfare, Dublin;
- in Italy, the competent local 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), Zoetermeer;
- 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 Social Security, Contributions Agency, Overseas Contributions, Newcastle Upon Tyne, or the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate;
- in Austria, the competent institution for sickness insurance;
- in Finland, the 'Eläketurvakeskus' (Central Pension Security Institute), Helsinki;
- in Iceland, the 'Tryggingastofnun ríkisins' (the State Social Security Institution), Reykjavik;
- in Liechtenstein, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
- in Norway, 'Folketrygdkontoret for utenlandssaker' (the National Insurance Office for Social Insurance Abroad), Oslo;
- in Sweden, the 'Riksförsäkringsverket' (National Social Insurance Board), Stockholm.

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1^a) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status as they appear on the identity card or passport.
- (1^b) 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'.
- (1^c) For workers subject to Belgian legislation please indicate the national registration number.
- (2) Street, number, post code, town, country, telephone number.
- (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 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.

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. 38.1; Art. 64
Reg. 574/72: Art. 6.2; Art. 16; Art. 39.1 and 2; 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	Previous names (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)		
	(Address) (2)		
	☐ previous occupations as a self-employed person		
			
			
			
			
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
	☐ invalidity (5b)		
4	Competent institution		
4.1	Name	Code number (5a)	
4.2	Address (2)		
4.3	Stamp		
		4.4 Date	
		4.5 Signature	

Part B

5	Insured person ⁽⁶⁾		
5.1	Surname ^(2a)		
5.2	For names	Previous names ^(2a)	Date of birth
5.3	Insurance number		

6	The insured person mentioned		☐ in box 2	☐ in box 5	
6.1.	has been insured for the risk of sickness-maternity since the date stated, at 3.1				☐ ^(8b)
6.2.	completed	☐ during the past three years ⁽⁸⁾	☐ during the past five years ^(8a)		
		☐ 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		

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names, at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status as they appear on the identity card or passport.
- (3) Indicate the State.
- (4) To be completed where possible.
- (5) If the form is addressed to a Belgian, French, Greek or Liechtenstein institution, indicate the risk covered by using the following symbols:
N = benefits in kind; F = benefits in cash.
- (5a) To be completed where this exists.
- (5b) For the purpose of French institutions.
- (6) Complete only if the form is issued directly to the person concerned.
- (7) If the certificate is addressed to an Italian institution in order to get cash benefits in the case of tuberculosis and the person concerned has not paid contributions for one full year, all the periods of insurance completed by him should be mentioned.
- (8) Complete only if the competent institution is a United Kingdom institution.
- (8a) Complete only if the competent institution is an Irish institution.
- (8b) Complete only if the competent institution is a Belgian 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.
If the certificate is intended for a German or Luxembourg institution, indicate the insurance periods in section 7 using the following symbols: P = compulsory insurance, F = voluntary insurance.
- (10) Indicate the risk covered by using the following symbols:
A = sickness and maternity; B = death (grant); C = tuberculosis; O = invalidity.
- (11) If the competent institution is a German, Irish, United Kingdom or Austrian 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.



**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	Previous names (1a) Date of birth
1.3	Address in the country of residence, or the country of stay (2)	
1.4	Identification No	

2	Members of the family of the abovementioned worker				
2.1	Surname (1a)	Forenames	Previous names	Date of birth	Relationship
2.2	.....	.....	.....	.....	..... ☐ (3)
2.3	.....	.....	.....	.....	..... ☐ (3)
2.4	.....	.....	.....	.....	..... ☐ (3)
2.5	.....	.....	.....	.....	..... ☐ (3)
2.6	.....	.....	.....	.....	..... ☐ (3)
2.7	.....	.....	.....	.....	..... ☐ (3)
2.8	.....	.....	.....	.....	..... ☐ (3)
2.9	.....	.....	.....	.....	..... ☐ (3)

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

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, the United Kingdom, Austria, Finland, 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 12 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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1a) In the case of Spanish nationals state both names at birth.
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) Please put a cross in the box if the family members are dependent upon the worker.
-

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	☐ Frontier worker (employed)	
	☐ Self-employed person	☐ Frontier worker (self-employed)	
	☐ Unemployed person		
2.1	Surname (3a)		
2.2	Forenames	Previous names (3a)	Date of birth
2.3	Address in the country of residence (3)		
2.4	Identification number (3b)		
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	Previous names	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 specified in point 5 (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) (8a) (10)			
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 (3a)	Forenames	Sex		Previous names	Date of birth
			F	M		
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	.....

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 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. If you require benefits you may apply to the medical and hospital service of the Spanish social security health system. You must submit the form together with a photocopy;
 - 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);
 - 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 de maladie des ouvriers' (sickness 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); 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 Social Security, Benefits Agency, Overseas Benefits Directorate, Newcastle upon Tyne, or the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate;
 - in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of residence;
 - in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);
 - in **Iceland**, the 'tryggingastofnun ríkisins' (the State Social Security Institution), Reykjavik;
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;
 - in **Norway**, the 'lokale trygdekonto' (the local Insurance Office) at the place of residence;
 - in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at place of residence.
- (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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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) In the case of Spanish nationals, state both names at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (4) Complete only if the form relates to members of the family of an unemployed person.
Mention one member of the family only. The members of the family of the beneficiary will be specified in part B of the form as they are designated by the institution of the place of residence.
- (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 or Italian institution.
- (7) If the form is issued by a French institution for self-employed persons or a Greek or 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.
- (8a) If the form is completed by a Liechtenstein institution, the name of the competent accident insurer of the worker has to be inserted.
- (9) If this form is issued in renewal of a certificate previously provided, part B need not be completed.
- (10) Where Liechtenstein is the competent State, the cost of benefits in kind relating to a non-occupational accident to the worker are borne by the accident insurance institution shown in box 8.
-

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 Regulation 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	☐ Frontier worker (employed)	☐ Pensioner (scheme for employed persons)
	☐ Self-employed person	☐ Frontier worker (self-employed)	☐ Pensioner (scheme for self-employed persons)
	☐ Unemployed person	☐ Pension claimant	

2.1 Surname ^(2a)

2.2 Forenames Previous names ^(2a) Date of birth

2.3 Permanent address ⁽²⁾

2.4 Identification 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)	

4	Members of the family (6)
---	---------------------------

4.1	Surname ^(2a)	Forenames	Date of birth	Identification No ^(2b)
				
				
				
				
				
				
				
				
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.....

valid from to

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	.....

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

- * EAA Agreement in the European Economic Area, Annex VI, Social Security; for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden..
- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
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'. For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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'.
- (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.
-

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	☐ Unemployed person	
	☐ Self-employed person	☐ Pension claimant	
	☐ Frontier worker (employed)	☐ Pensioner (scheme for employed persons)	
	☐ Frontier worker (self-employed)	☐ Pensioner (scheme for self-employed persons)	
2.1	Surname (2a)		
2.2	Forenames	Previous names (2a)	Date of birth
2.3	Address in the country of residence (2)		
2.4	Identification No (2b)		

3	Member of the family (3)		
3.1	Surname (2a)		
3.2	Forenames	Previous names (2a)	Date of birth
3.3	Address in the country of residence (2)		
3.4	Identification No (2b)		

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

- 4.1 ☐ The insurance of the abovementioned worker ended on
- 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)

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

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status as they appear on the identity card or passport.
- (2b) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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.

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 Social Security, Benefits Agency, Overseas Benefits Directorate, 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 ☐ Frontier worker			
2.1	Surname ^(3a)			
2.2	<table border="0"> <tr> <td>Forenames</td> <td>Previous names ^(3a)</td> <td>Date of birth</td> </tr> </table>	Forenames	Previous names ^(3a)	Date of birth
Forenames	Previous names ^(3a)	Date of birth		
2.3	Address ⁽³⁾			
2.4	Identification No ^(3b)			
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	<table border="0"> <tr> <td>Forenames</td> <td>Previous names</td> <td>Date of birth</td> </tr> </table>	Forenames	Previous names	Date of birth
Forenames	Previous names	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 specified in point 5 ⁽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	Sex F M		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 Regulation 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

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 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**, 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); where the answer to 2.5 is 'yes', the form may be sent to the 'Société de secours minière' (Miners' Relief Society);
 - 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 de maladie des ouvriers' (Sickness 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;
 - in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for their place of residence;
 - in **Finland**, the local office of the 'kansaneläkelaitos' (Social Insurance Institution);
 - in **Iceland**, the 'Tryggingastofnu ríkisins' (State Social Security Institute), Reykjavik;
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
 - in **Norway**, the 'lokale trygdekantor' (local Insurance Office) at the place of residence;
 - in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence.
- (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 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

- EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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 at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (4) Mention one member of the family only. The members of the family of the beneficiary will be specified in part B of the form as they are designated by the institution of the place of residence.
- (5) Put a cross in the preceding square if the form is addressed to a Danish, Irish, Italian, Portuguese, United Kingdom, Finnish, Icelandic, Norwegian or Swedish institution.
- (6) If the form is drawn up by a German, French or Italian institution.
- (7) If the form is drawn up by a French institution for self-employed persons or Greek or United Kingdom institutions 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, United Kingdom, Finnish, Icelandic, Norwegian or Swedish institution.
- (11) Other reasons.
-

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	Previous names (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	Previous names	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 accidents at work (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 4 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 accident insurance institution competent for the place of stay;

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 medical and hospital services of the Spanish Social Security health system. You must submit the form together with a photocopy;

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 de maladie des ouvriers' (sickness fund for manual workers);

in **the Netherlands**, the 'ANOZ Verzekeringen', Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ Verzekeringen;

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), 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 **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for the place of stay;

in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution) if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting this certificate. Details from the local offices of the 'Kansaneläkelaitos';

in **Iceland**, the 'Tryggingastofnun ríkisins' (State Social Security Office), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (Local Insurance Office). Assistance may be sought without first contacting the mentioned institution. The form must be presented when assistance is sought;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office). Assistance from the medical services (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution.

— **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 accident insurance institution competent for the place of stay;

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 medical and hospital services of the Spanish Social Security health system. You must submit the form together with a photocopy;

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 'Unità sanitaria locale' (USL) (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**, 'ANOZ Verzekeringen', 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;

in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for the place of stay or the 'Allgemeine Unfallversicherungsanstalt' (General Accident Insurance Institution), Vienna;

in **Finland**, the 'Tapaturmavakuutuslaitosten liitto' (Federation of Accident Insurance Institutions);

in **Iceland**, the 'Tryggingastofnun ríkisins' (State Social Security Office), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontoret' (Local Insurance Office). Assistance may be sought without first contacting the mentioned institution. The form must be presented when assistance is sought;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office). Assistance from the medical services (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution.

(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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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 = the Netherlands; P = Portugal; GB = United Kingdom; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1a) In the case of Spanish nationals state both names at birth.
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.
-

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), Previous names (1a), D.N.I. (2a), address (2))

1.1

Identification No (2b)

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	Previous names	Date of birth	Identification No (2b)
2.2	Permanent address (2) (4)				

3

The above-named 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

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	4.10	Valid from	to	
4.7	Stamp	4.8	Date	4.11	Stamp	
			4.9	Signature	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

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, or the member of the family of the worker 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) The document enables:

- in the case of immediate need the employed or 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 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. However this document does not provide entitlement to benefits in kind if the aim of the journey is to receive medical treatment abroad.

(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 institution. 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 medical and hospital services of the Spanish Social Security health system. The form must be submitted, together with a photocopy;

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; 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 responsible for the area in question);

in **Luxembourg**, the 'Caisse de maladie des ouvriers' (Sickness Fund for Manual Workers);

in the **Netherlands**, the ANOZ Verzekeringen, Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting ANOZ Verzekeringen;

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 **Austria**, The 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance);

in **Finland**, the local office of the 'kansaneläkelaitos' (Social Insurance Institution), if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting the certificate;

in **Iceland**, the 'Tryggingastofnun ríkisins' (State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (local Insurance Office). Assistance from the medical service may be sought without first contacting the institution mentioned. This form should be presented when assistance is sought;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office). Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution.

- (c) In order to receive cash benefits the person concerned shall, within three days of commencement of the incapacity for work, apply to the institution of the place of stay by submitting a notification of having ceased work or, if the legislation administered by the competent institution or by the institution of the place of stay so provides, a certificate of incapacity for work issued by the doctor providing treatment for the person concerned.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1a) In the case of Spanish nationals state both names at birth.
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.
- (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, state 'None'.
- (2b) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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 two 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.

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}), Previous names (^{1a}), forenames, address (²))
1.1	Identification No (^{1b})	.....	Date of birth

2	Members of the family (³)				
2.1	Surname (^{1a})	Forenames	Previous names	Date of birth	Identification No (^{1b})
					
					
					
					
					
					
					
2.2	Permanent address (²) (⁴)				
					

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 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	4.16 Date	4.19 Stamp	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 hospital services provided under the social security scheme. The form must be submitted, together with a photocopy;

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 de maladie des ouvriers' (sickness fund for manual workers);

in **the Netherlands**, the 'ANOZ-Verzekeringen', 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;

in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of stay;

in **Finland**, the local office of the 'Kansaneläkelaitos' (social insurance Institution) and the hospital providing treatment. This form must be submitted with each claim for benefits;

in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institution), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (the local Insurance Office) at the place of stay;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of stay.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.

(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 at birth.

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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

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

**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 institutions or the institution of the place of residence of the pensioner or the member of the family should issue this form to the insured person or the pensioner or the member of the pensioner's family. 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 Social Security, Benefits Agency, Overseas Benefits Directorate, Newcastle upon Tyne.

1	☐ Employed person	☐ Pensioner (scheme for employed persons)
	☐ Self-employed person	☐ Pensioner (scheme for self-employed persons)
	☐ Other	
1.1	Surname (1a)	
1.2	Forenames	Previous names (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	Identification No (3a)	
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	Previous names	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)		
2.5	Identification No (3a)		

- 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)

or at any other establishment of a similar nature in case of a transfer which is medically necessary in respect of this treatment

- 3.3 ☐ to send biological samples to have tests carried out

- 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	

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. 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 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 medical and hospital services of the Spanish Social Security health system. You must submit the form together with a photocopy;

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 de maladie des ouvriers' (sickness fund for manual workers);

in the **Netherlands**, any sickness fund competent for the place of residence, or in case of temporary stay, the 'AOZ Verzekeringen' Utrecht;

in **Portugal**, for metropolitan Portugal: the 'Administração Regional de Saúde' (Regional Health Administration) of the place of residence or 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;

in **Austria**, the 'Gebietskrankenkasse' (regional fund for sickness insurance) competent for the place of residence or place of stay;

in **Finland**, the local office of the 'kansaneläkelaitos' (social insurance institution). This form must be presented to the municipal health centre or public hospital providing treatment;

in **Iceland**, the 'Tryggingastofnun ríkisins' (the State social Security institute) Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekontor' (the local Insurance Office);

in **Sweden**, the 'försäkringskassan' (Social Insurance Office).

The form should be submitted to the institution providing treatment.

NOTES

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(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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.

(1a) In the case of Spanish nationals state both names at birth.

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.

(3a) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

(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.

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 or the United Kingdom, this form is not required.

1	Competent institution
1.1	Name
1.2	Address (2)

2	☐ Employed person	☐ Pensioner (scheme for employed persons)
	☐ Self-employed person	☐ Pensioner (scheme for self-employed persons)
	☐ Unemployed person	☐ Pension claimant
2.1	Surname (2a)	
2.2	Forenames	Previous names (2a) Date of birth
2.3	Address in the country of residence or stay (2)	
2.4	Identification No (2b)	

3	Member of the family who is in hospital	
3.1	Surname (2a)	
3.2	Forenames	Previous names Date of birth
3.3	Address in the country of residence or stay (2) (3)	
3.4	Identification No (2b)	

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein, N = Norway; S = Sweden.
- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
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'. For Italian nationals indicate, if possible, the insurance and/or the 'code fiscale'. For persons insured in Sweden enter national personal identification number.
- (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 or Liechtenstein, 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 and for Portuguese institutions.
- (9) Where appropriate, put a cross in this square.

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 ☐ 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	Previous names (3a) Date of birth
2.3	Address in the country of residence or stay (2)	
		
2.4	Identification No (3b)	

3	Member of the family concerned
3.1	Surname (3a)
3.2	Forenames
	Previous names Date of birth
3.3	Address in the country of residence or stay (2) (4)
	
3.4	Identification No (3b)

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

- * EEA Agreement on the European Economic Area, Annex VI, social security for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (2) Street, number, post code, town, country.
- (3) If the patient is insured in Belgium or Liechtenstein, 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 at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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.

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 9).

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	Previous names (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	Identification No (2b)		
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	☐ accident sustained on (date)
	☐ occupational disease	☐ adoption
		☐ reduced compensation in case of maternity and adoption (6)

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 (8).

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

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

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- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status they appear on the identity card or passport.
- (2b) For Italian nationals indicate if possible, the insurance number and/or the 'codice fiscale'.
- (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) When applying from Norway.
- (7) Please attach a copy of an E 118 form sent to the person concerned.
- (8) If the form is being sent to a German or an Italian institution, this box need not be ticked, only box 10.
- (9) In Italy you should submit this form — in case of sickness or maternity to the local office of the 'Istituto nazionale della previdenza sociale' (INPS, National Social Welfare Institute) — in case of an accident at work or occupational disease to the 'Istituto nazionale assicurazione contro gli infortuni sul lavoro' (INAIL). For the Netherlands if the competent sickness insurance institution is not known send the form to the G.A.X., Postbus 8300 Amsterdam.

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 ⁽⁹⁾. In Liechtenstein, Norway and Sweden the form is filled in by the doctor the person concerned is visiting and verified by the insurance institution.

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	Previous names ^(2a)	Date of birth
3.3	Address in the country of residence or stay ⁽²⁾		
3.4	Identification No ⁽³⁾		

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

on

4.1 consider that it is

☐ a case of sickness

☐ a case of maternity (expected date of confinement

.....)

4.2 that it is probably

☐ an accident at work

☐ an occupational disease

☐ an accident

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 has been found partly unfit for work to a degree of % from to (5a)
5.11	☐ The person concerned will be given a further medical examination on
5.12	☐ 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

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

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- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (4) Information to be given only where necessary.
- (5) Indicate the type of examination and the date.
- (5a) For the purpose of Norwegian institutions.
- (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.
- (9) Form E 116 is not required for claims for maternity benefits payable by Belgium.

E 117

(1)

GRANTING OF CASH BENEFITS IN THE CASE OF MATERNITY AND 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 (Regulation 574/72: Article 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	Previous names (2a)	Date of birth
3.3	Address in the country of residence or stay (2)		
			
3.4	Identification No (2b)		

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 (3a)

5.1 ☐ by us

5.2 ☐ by you on our behalf (3b)

5.3 ☐ by the employer (4)

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)

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
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- (2) Street, number, post code, town, country.
- (2a) In the case of Spanish nationals state both names at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (3) Need not be completed for unemployed persons for whom a form E 119 has been issued.
- (3a) The competent institution may indicate here the method of payment.
.....
.....
- (3b) When this form is addressed to a French or an Italian institution, this box need not be ticked.
- (4) To be completed, where appropriate, by Danish, German or Luxembourg institutions.
- (5) To be completed by German, Spanish and Luxembourg institutions.
- (6) Complete only in the case indicated at point 5.2.
- (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.

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	Previous names (1a)	Date of birth
1.3	Address in the country of residence or stay (2)		
1.4	Identification No (2a)		

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
- 3.7 ☐ You are not entitled to benefits because

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

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of two 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.

If you disagree with the decision which is notified to you by this document, you may appeal against it. For details of the legal remedies and periods allowed for appeals, please see the Annex. For procedures and time limits you should follow the instructions indicated for the competent State.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1a) In the case of Spanish nationals state both names at birth.
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,
- (2a) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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.
-

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, within four weeks of the date on which you received notification of the decision lodge an appeal with 'Den Sociale Ankestyrelse Dagpengeudvalget, Amaliegade 25, P.O. Box 3061, 1021 Copenhagen K (The Social Appeals Board, Daily Cash Benefits Committee).

3. Germany

This official act becomes binding if within three months of notification you have not submitted an appeal. Appeals should be lodged in writing within three months with the following German institution:

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

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 Social Welfare Appeals Office, D'Olier House, D'Olier Street, Dublin 2. Such a request should be made within 21 days of the date on which you received this decision.

8. Italy**Decisions of INPS (Sickness and Maternity).**

An insured person may contest a decision of the INPS by lodging an administrative appeal with the competent Provincial Commission within 90 days of receiving notice of the relevant decision.

Moreover, the person concerned may initiate legal proceedings within a period of one year of the date on which the Commission's decision was notified or after 90 days have elapsed since lodging his appeal if the Commission has taken no decision.

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', within a period of 40 days of the date on which you received notification of the decision.

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 this decision, you may,

- If incapacity for work has not been recognized, lodge an appeal with the Regional Administrative Health Board (Comissão Instaladora da Administração Regional de Saúde) within eight days of receiving notice of the decision,
- or
- if a claim of cash benefits has been rejected on administrative grounds, lodge an appeal with the locally competent Administrative Tribunal (Tribunal Administrativo de Circulo) within two months of receiving notice of the decision. If you have been residing outside of Portugal, four months, of receiving notice of the decision.

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 Social Security, Benefits Agency, Overseas Benefits Directorate, Newcastle-Upon-Tyne, or the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate.

13. Austria

If you do not agree with the attached information (form E 118), you can request a decision from the competent Austrian Institution mentioned in box 2 or 4 of the form referred to before, from which you can take the instruction about the admissible legal remedy.

14. Finland

If you wish to contest the decision attached, you may submit an appeal within 30 days of the date on which you received notification of the attached decision to either the Finnish insurance institution indicated in box 2 or 4 of the E 118 form, or the insurance institution nearest to your place of residence, which is also indicated in one of the abovementioned boxes.

15. Iceland

If you wish to contest the decision attached, you may lodge an appeal with the State Social Security Board, Reykjavik.

16. Liechtenstein

(a) concerning sickness insurance: if you do not agree with a decision of a sickness insurance fund, you might ask for a formal decree that must contain the reasons and the information concerning the course of law.

Within 60 days after having received this formal decree the persons concerned can file a legal suit with the respective court.

(b) concerning accident insurance: if you do not agree with a decree of an accident insurer, you can within two months after having received this decree ask the respective accident insurer to reconsider its decree.

If you do not agree with a decree of an accident insurer, you can also, within two months after having received this decree file a legal suit with the respective court. This also applies to the decision of the accident insurers concerning the abovementioned application for reconsideration.

17. Norway

An appeal against a Norwegian decision must be sent to the institution indicated in box 2 or 4 in form E 118 within six weeks after receiving notice of the decision.

18. Sweden

You may within a period of two months from the actual taking part of the decision lodge an appeal to the competent Swedish institution indicated in boxes 2 or 4 of the E 118 form. In your appeal you should state why you consider that the decision is unjustified.

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

Previous names (3a)

Date of birth

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

2.4 Identification 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

7.2 ☐ by you on our behalf (3b)

8

8.1 The benefit should be paid

8.2 ☐ for the same days of the week as those laid down for unemployment insurance8.3 ☐ 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 insurance9.3 ☐ 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

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 unemployed person

(a) 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.

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; if you require benefits you may apply to the medical and hospital services of the Spanish social security health system; you must submit the form together with a photocopy;

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 de maladie des ouvriers' (sickness 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 **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of residence or place of stay;

in **Finland**, the local office of the 'Kansanlääkelaitos' (Social Insurance Institution), if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting this certificate;

in **Iceland**, the 'Tryggingastofnun ríkiss' (the State Social Security Institute, Reykjavik);

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;

in **Norway**, the 'lokale Trygdekontor' (the local Insurance Office) at the place of residence or stay. The medical service may be sought without first contacting the mentioned institution. The form must be presented when assistance is sought;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence or stay. Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution..

(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, Luxembourg, Austria, Finland, Iceland, Liechtenstein, Norway and Sweden, 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, EC Record Section, Dublin 2,

— 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 Social Security, Benefits Agency, Overseas Benefits Directorate, Newcastle upon Tyne, or to the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein, N = Norway; S = Sweden.
- (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 at birth.
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) If this form is being sent to an Italian institution, this box need not be ticked, only box 7.1.
- (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.
-

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 Social Security, Benefits Agency, Overseas Benefits Directorate, 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	Previous names (3a)	Date of birth
2.3	Address in the country of residence (3)		
2.4	Identification No (3b)		

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 ⁽⁶⁾
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
5.4	☐ for one year starting on

6	Institution which completed box 5 ⁽⁶⁾	
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	Sex		Previous names	Date of birth
			F	M		
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 four 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. If you require benefits you may apply to the medical and hospital services of the Spanish Social Security Health System. You must submit the form together with a photocopy;
 - 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 de maladie des ouvriers' (Sickness 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 Saúde' (Regional Health Directorate) in Angra do Heroísmo;
 - in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of residence;
 - in **Finland**, the local office of the 'kansaneläkelaitos' (Social Insurance Institution);
 - in **Iceland**, the 'Tryggingastofnun ríkisins' (State Social Security Institute), Reykjavik;
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz;
 - in **Norway**, the 'lokale tryggedekontor' (local Insurance Office) at the place of residence;
 - in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence. Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institution.
- (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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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 at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (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.
- (6) In Italy, box 5 and 6 should be completed exclusively by USL or the Ministry of Health.

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 Article 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 Social Security Benefits Agency, Overseas Benefits Directorate, Newcastle upon Tyne. Where appropriate, the two copies shall 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 Previous names (3a) Date of birth
2.3	Address in the country of residence (3)
2.4	Date of transfer of residence, if applicable
2.5	Identification No (3b)
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 (7)	
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 (7)	
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	
		
		

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})ForenamesSexFMDate of birthPrevious names

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 Article 95 of Regulation 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

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);

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 de maladie des ouvriers' (Sickness 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.

in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of residence;

in **Finland**, the local office of the 'kansaneläkelaitos' (Social Insurance Institution);

in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekantor' (the local Insurance Office) at the place of residence;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office) at the place of residence.

(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

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.

(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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.

(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 at birth.

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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

(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.

(7) In Italy box 5 and 6 should be completed exclusively by USL or the Ministry of Health.

**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 competent sickness 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 Social Security, Benefits Agency, Overseas Benefits Directorate, 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 Previous names (3a) Date of birth
2.3	Address (3)
2.4	Identification No (4)

3	Member of the family (4b)
3.1	Surname (3a)
3.2	Forenames Maiden name Date of birth
3.3	Address (3)
3.4	Identification No (4)

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 one year starting on (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	Sex F M	Date of birth	Identification No ⁽⁴⁾
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

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), if you require benefits you may apply to the medical and hospital services of the Spanish social security health system. You must submit the form together with a photocopy;
 - 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 de maladie des ouvriers' (Sickness 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 **Austria**, the 'Gebietskrankenkasse' (the Regional Fund for sickness Insurance)
 - in **Finland**, the local office of the 'Kansaneläkelaitos' (Social Insurance Institution);
 - in **Iceland**, the 'Tryggingastofnun ríkisins' (the State Social Security Institute) Reykjavík;
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the office of National Economy), Vaduz;
 - in **Norway**, the 'lokale trygdekantor' (the local Insurance Office);
 - in **Sweden**, the 'försäkringskassan' (Social Insurance Office).
- (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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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 at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or 'codice fiscale'.
- (4b) Mention one Member of the family only. The members of the family of the beneficiary will be specified in part B of the form as they are designated by the institution of the place of residence.
- (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.

**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 Social Security, Benefits Agency, Overseas Benefits Directorate, 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	Previous names ^(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	Identification No ^(3b)		

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

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
5.4	☐ 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

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 accident insurance institution competent for the place of residence or stay;

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 medical and hospital services of the Spanish Social Security health system. You must submit the form together with a photocopy;

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 marittima 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, 'ANOV Verzekeringen', Utrecht. Assistance from a doctor, dentist or dispensing chemist may be sought without first contacting 'ANOV Verzekeringen';

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.

in **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for the place of residence or place of stay or the 'Allgemeine Unfallversicherungsanstalt' (General Accident Insurance institution), Vienna;

in **Finland**, the 'Tapaturmavakuutuslaitosten liitto' (Federation of Accident Insurance Institutions);

in **Iceland**, the 'Tryggingastofun ríkisins' (the State Social Security Institute), Reykjavik;

in **Liechtenstein**, the 'Amt für Volkswirtschaft' (the Office of National Economy), Vaduz;

in **Norway**, the 'lokale trygdekantor' (the local Insurance Office). Assistance may be sought without first contacting the institution mentioned;

in **Sweden**, the 'försäkringskassan' (Social Insurance Office). Assistance from the medical service (hospital, doctor, dentist, etc.) may be sought without first contacting the said institutions.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.

(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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.

(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 at birth.

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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.

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

(5) To be completed where this exists.

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	Previous names (1a)	Date of birth
1.3	Identification No (2) (2b)		
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 (5)

3	☐ employed person	☐ pensioner	
	☐ self-employed person	☐ pension claimant	
	☐ member of my family		
3.1	Surname (1a)		
3.2	Forenames	Previous names (1a)	Date of birth
3.3	Identification No (2) (2a)		
3.4	Date of death		
3.5	Cause of death (6)		
	☐ 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, by a member of the staff or an inmate (7)
- 7 The claimant ☐ is ☐ is not a funeral undertaker or an agent or representative of such an undertaker (7) (8)
- 8 The cost of the funeral was (9) ; it has been paid by
- 9 You will find attached the following documents
- 10 Please pay the sum due to my account No with the at (10)

11 Date

11.1 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 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 'Sundhedsministeriet' (Ministry of Health), 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 INAIL;
 - in **Luxembourg**, the 'Union des caisses de maladie' (Union of Sickness Funds);
 - 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 **Austria**, the 'Gebietskrankenkasse' (Regional Fund for Sickness Insurance) competent for your place of residence;
 - in **Finland**, the 'kansaneläkelaitos' (Social Insurance Institution), Helsinki local office, PO Box 00601 Helsinki;
 - in **Iceland**, Tryggingastofnun ríkisins' /State Social Security Institute), Reykjavuk;
 - in **Liechtenstein**, the 'Amt für Volkswirtschaft' (Office of national Economy), Vaduz;
 - in **Norway**, 'lokale trygdekantor' (local Insurance Office) at the place of residence or stay;
 - in **Sweden**, the 'försäkringskassan' (Social Insurance Office), at the place of residence or stay.

(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;
 - please read carefully the 'vejledning om ansøgning for begravelseshjælp' (Instructions for claiming a Death Grant) which you will subsequently receive;
- 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 or the receipted bills relating to funeral expenses if the claimant has no family 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 Austria,	the death certificate; the receipted bills on funeral expenses;
for Finland,	the death certificate; documents proving the relationship with the deceased; if the claimant is a funeral undertaker, a letter of attorney of the person entitled to the benefit;
for Liechtenstein,	the death certificate; the certificate attesting the cause of death; the receipted bills concerning funeral expenses,
for Norway,	the death certificate;
for Sweden,	the death certificate; the certificate attesting the cause of death.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (1^a) In the case of Spanish nationals state both names at birth.
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.
- (2^a) 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 card is out of date. Failing this, state 'None'.
- (2^b) For the benefit of the Finnish institution, please quote the population register (identity) number, if the claimant is a natural person.
- (3) Give name and address.
- (4) Street, number, post code, town, country.
- (5) For the purposes of Portuguese institutions, complete the additional page.
- (6) When applying for a death grant according to Liechtenstein and Swedish legislation, the cause of death must have been either 'accident at work' or 'occupational disease'.
- (7) 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.
- (8) If the claimant is a funeral undertaker a letter of attorney of the person entitled to the benefit should be sent when the grant is claimed under Finnish legislation.
- (9) Indicate the amount in the currency of the country of residence of the claimant.
- (10) Does not apply to Irish institutions.

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

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	☐ Pensioner (scheme for employed)	☐ other (4)
	☐ Self-employed person	☐ Pensioner (scheme for self-employed)	
3.1	Surname (4a)		
3.2	Forenames	Previous names (4a)	Date of birth
3.3	Address (3)		
3.4	Address (3) in the competent country		
3.5	Identification No (4b)		

4	Member of the family (5)		
4.1	Surname (4a)		
4.2	Forenames	Previous names	Date of birth

- 5 The person mentioned ☐ in box 3 ☐ in box 4 has received benefits under the following Article of Regulation 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 (5a) ☐ 55.1 (5a)
- 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

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

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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of the Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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) Indicate here if it concerns a frontier worker, an unemployed person, a seasonal worker, a pension claimant or any other.
- (4a) In the case of Spanish nationals state both names at birth.
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'. For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (5) Complete only when the account refers to a member of the family of the insured person.
- (5a) For the purpose of Danish institutions please state if possible the name and address of the employer when benefits are received under Article 52 or 55 (1).

Name of employer:

Address:
.....

- (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.
-

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

☐ Pensioner (scheme for employed persons)

☐ Self-employed person

☐ Pensioner (scheme for self-employed persons)

2.1

Surname (3a)

2.2

Forenames

Previous names (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

2.4

Identification No

3

Member(s) of the family who received treatment

3.1

Surname (3a)

Forenames

Previous names

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

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NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (2) If the institution which would have 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 '*Sundhedsministeriet*' (*Ministry of Health*), Copenhagen;
 - in **Germany**, the '*AOK-Bundesverband*' (*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 Institute*), 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 '*L'Union des Caisses de Maladie*', Luxembourg;
 - in the **Netherlands**, the '*ANOZ Verzekeringen*', Utrecht;
 - in **Portugal**, the '*Departamento de Relações Internacionais e Convenções de Segurança Social*' (*Department of International Relations and Social Security Conventions*), Lisbon;
 - in **Austria**, the '*Hauptverband der österreichische Socialversicherungsträger*' (*Main Association of Austrian Social Insurance Institutions*), Vienna;
 - in **Finland**, the '*Kansaneläkelaitos*' (*Social Insurance Institution*), Helsinki;
 - in **Iceland**, the '*Tryggingastofnun ríkisins*' (*State Social Security Institute*), Reykjavik;
 - in **Liechtenstein**, the '*Amt für Volkswirtschaft*' (*Office of National Economy*), Vaduz;
 - in **Norway**, the '*Rikstrygdeverket*' (*National Insurance Administration*), Oslo;
 - in **Sweden**, the '*Riksförsäkringsverket*' (*National Social Insurance Board*), Stockholm.
- (3) Street, number, post code, town, country.
- (3a) In the case of Spanish nationals state both names at birth.
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.
-

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	☐ pensioner (scheme for employed persons)	
	☐ self-employed person	☐ pensioner (scheme for self-employed persons)	
3.1	Surname (4)		
3.2	Forenames	Previous names (4)	Date of birth
3.3	Identification number allocated by the competent institution (4b)		

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
			

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 Regulation 574/72.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
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- (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 at birth.
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) For Italian nationals indicate, if possible, the insurance number and/or the 'codice fiscale'.
- (5) To be completed where this exists.

DECISION No 154

of 8 February 1994

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 301, E 302, E 303)

(Text with EEA relevance)

(94/605/EC)

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 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community, 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 of 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 130 of 17 October 1985 laying down and adapting the model forms necessary for the application of the Regulations,

Whereas these model forms should be adapted to take account of the amendments which have been introduced into the national legislations of Member States;

Whereas the Agreement on the European Economic Area of 2 May 1992, as adjusted by the protocol of 17 March 1993, Annex VI, implements Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas by Decision of the EEA Joint Committee the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas with a view to the envisaged participation of Liechtenstein in the EEA at a later stage, these forms should also be adapted as regards Liechtenstein;

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 E 301 to E 303 printed in Decision No 130 shall be replaced by the models appended hereto.
2. The competent authorities of the Member States shall make available to the person 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 (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.
4. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

The Chairman
of the Administrative Commission
Georgios VAKALOPOULOS

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	Previous names (1a) (1b)	Date of birth
1.3	Place of birth (2)	Nationality	D.N.I. (3)
1.4	Address of the worker in the State to which the certificate is being sent (4) (14)		
1.5	Identification No (4) (5)		
1.6	Trade Union/Unemployment fund (6)		

2 The insured person named above completed the following periods in the course of

- 2.1 ☐ the year (7) ☐ the two years (7) ☐ the three years (7)
☐ more than three years (7) ☐ the four years (7)
preceding the end of his last employment

3 Periods of insurance relating to paid employment and periods treated as such (8)

3.1	Periods of insurance	from	to	
3.2	Periods treated as periods of insurance	from	to	Reason for treating as such (9)

4 Periods of employment and periods treated as such (8) (8a)

4.1	Periods of employment	from	to	Occupation (10)
4.2	Periods treated as periods of employment	from	to	Reason for treating as such (9)

5 Details of last employment (Article 68 (1), second sentence)

Field of activity	Nature of work carried out ⁽¹¹⁾ (e.g. 'bricklayer' not 'building worker')	Approximate wage per reference period

- 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 ⁽¹²⁾
- 6.4 ☐ has waived the following rights which he enjoys under his contract of employment ⁽¹³⁾
.....

Reason

- 6.5
- ☐
- is in receipt of other benefits

7 Since the commencement of last employment shown in item 5 the person concerned received unemployment benefits

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 ⁽¹⁴⁾
- 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

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- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish or Swedish institution, please give the personal identification number. When the form is being sent to a French institution, please give the Social Security Number (NIR).
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) *One year* if the certificate is to be sent to a Luxembourg institution.
Two years if it is to be sent to a Portuguese, Italian, Finnish, Icelandic, Liechtenstein or Swedish institution. Italy 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, French, Greek, Irish or United Kingdom institution.
More than three years if the certificate is to be sent to a Netherlands (five years) Spanish (six years), German (seven years) or Austrian institution (10, 15 or 25 years).
The last ended calendar year or the three last ended calendar years if the form is to be sent to a Norwegian institution.
- (8) 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. Items 3.1 and 4.1 must be completed even if the periods overlap.
- (8a) Periods of employment is to be understood as periods of employment only when these did not lead to unemployment insurance under the legislation of the State concerned.
- (9) E. g. sickness, maternity, accident at work, military service, vocational training, recorded unemployment.
- (10) State also the number of hours worked during these periods if known.
- (11) Specify whether it is a seasonal activity.
- (12) To be completed, if the certificate is to be sent to a Belgian, Danish, German, Spanish, French, Italian, Netherlands, Austrian, Liechtenstein or Norwegian institution.
- (13) To be completed, if the certificate is to be sent to a Belgian, Danish, Italian, Netherlands, Portuguese, Liechtenstein or Norwegian institution.
- (14) Street, number, post code, town, country.

ITEM 3

INSURANCE PERIODS AND PERIODS TREATED AS SUCH
ADDITIONAL INFORMATION FOR SPANISH INSTITUTIONS

To be completed where the unemployed worker is aged 52 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

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	Previous names (1a) (1b)	Date of birth
1.3	Place of birth (2)	Nationality	D.N.I. (3)
1.4	Identification No (4) (5)		
1.5	Trade Union/Unemployment Fund (6):		

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 (7)	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 (8)

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 and Finnish institutions: with the exception of employment in the United Kingdom and Finland 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 ⁽⁹⁾

5.3 Stamp

5.4 Date

5.5 Signature

6 Statement from the unemployed person ⁽¹⁰⁾

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. It consists of three pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
- (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; A = Austria; FIN = Finland; IS = Iceland; FL = Liechtenstein; N = Norway; S = Sweden.
- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to an Austrian, Finish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) For each member of the family mentioned in this box, retain the Serial Number shown in box 2.
- (8) Complete if the form is to be sent to a Belgian, Greek, Spanish, French, United Kingdom, Austrian, Liechtenstein or Norwegian institution.
- (9) Street, number, post code, town, country.
- (10) To be completed by the unemployed person only where the certificate is issued by a United Kingdom institution.
-

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	Identification No (4) (5)	.....
1.1	Surname (1a)		
1.2	Forenames	Previous names (1a) (1b)	Date of birth
1.3	Place of birth (2)	Nationality	D.N.I. (3)
1.4	Address of the unemployed person in the State to which the certificate is being sent (4) (11)		
1.5	Trade Union/Unemployment Fund (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 (7) of the country where he/she is seeking employment (7a)
- 3.1 The unemployed person may receive benefits only from since, until that date, entitlement to benefits is suspended (7a)
- 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
and from (date) net,
..... net.
- 4.4 Monthly amount of unemployment benefits net (7b).
- 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 (8) or becomes self-employed;
- 5.2 — where the unemployed person receives occasional earnings (8a) 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 (9);
- 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 (10);
- 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) (10a);
- 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 ⁽¹¹⁾		
			
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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
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- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) In France, 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.
- (7a) Delete as appropriate.
- (7b) 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.
- (8) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish and Netherlands 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. Under United Kingdom legislation permanent employment is any employment where earnings reach or exceed the minimum level for liability to pay social security contributions.
- (8a) Under United Kingdom legislation, 'occasional earnings' are any earnings which do not reach or exceed the minimum level for liability to pay social security contributions.
- (9) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.
- (10) Or when the unemployed person receives an old-age pension, where the certificate is drawn up by a German or Luxembourg institution or an invalidity pension where the certificate is drawn up by a French, German or Luxembourg institution.
- (10a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.
- (11) Street, number, post code, town, country.

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	Identification No (4) (5)	.....
1.1	Surname (1a)		
1.2	Forenames	Previous names (1a) (1b)	Date of birth
1.3	Place of birth (2)	Nationality	D.N.I. (3)
1.4	Address of the unemployed person in the State to which the certificate is being sent (4) (11)		
1.5	Trade Union/Unemployment Fund (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 (7) of the country where he/she is seeking employment (7a).

3.1 The unemployed person may receive benefits only from since, until that date, entitlement to benefits is suspended (7a).

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 (7b).

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 (8) or becomes self-employed;
- 5.2 — where the unemployed person receives occasional earnings (8a) 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 (9);
- 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 (10);
- 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) (10a);
- 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 ⁽¹¹⁾		
			
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

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- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) In France, 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.
- (7a) Delete as appropriate.
- (7b) 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.
- (8) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish and Netherlands 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. Under United Kingdom legislation, permanent employment is any employment where earnings reach or exceed the minimum level for liability to pay social security contributions.
- (8a) Under United Kingdom legislation, 'occasional earnings' are any earnings which do not reach or exceed the minimum level for liability to pay social security contributions.
- (9) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.
- (10) Or when the unemployed person receives an old-age pension, where the certificate is drawn up by a German or Luxembourg institution or an invalidity pension where the certificate is drawn up by a French, German or Luxembourg institution.
- (10a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.
- (11) Street, number, post code, town, country.

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	Identification No ⁽⁴⁾ ⁽⁵⁾	
1.1	Surname ^(1a)		
1.2	Forenames	Previous names ^(1a) ^(1b)	Date of birth
1.3	Place of birth ⁽²⁾	Nationality	D.N.I. ⁽³⁾
1.4	Address of the unemployed person in the State to which the certificate is being sent ⁽⁴⁾ ⁽¹¹⁾		
1.5	Trade Union/Unemployment Fund ⁽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 ⁽⁷⁾ of the country where he/she is seeking employment ^(7a).

3.1 The unemployed person may receive benefits only from since, until that date, entitlement to benefits is suspended ^(7a).

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 ^(7b).

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 ⁽⁸⁾ or becomes self-employed;
- 5.2 — where the unemployed person receives occasional earnings ^(8a) 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 ⁽⁹⁾;
- 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 ⁽¹⁰⁾;
- 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) ^(10a);
- 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 (11)	.....
		

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 (11)	.....
		
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

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.
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- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) In France, 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.
- (7a) Delete as appropriate.
- (7b) 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.
- (8) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish and Netherlands 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. Under United Kingdom legislation permanent employment is any employment where earnings reach or exceed the minimum level for liability to pay social security contributions.
- (8a) Under United Kingdom legislation, 'occasional earnings' are any earnings which do not reach or exceed the minimum level for liability to pay social security contributions.
- (9) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.
- (10) Or when the unemployed person receives an old-age pension, where the certificate is drawn up by a German or Luxembourg institution or an invalidity pension where the certificate is drawn up by a French, German or Luxembourg institution.
- (10a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.
- (11) Street, number, post code, town, country.

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 sent to the sickness insurance institution of the place where the unemployed person is seeking employment. (Reg. 574/72; Art. 26.2)

1	Unemployed person		Identification No (4) (5)	.....
1.1	Surname (1a)			
1.2	Forenames	Previous names (1a) (1b)	Date of birth	
1.3	Place of birth (2)	Nationality	D.N.I. (3)	
1.4	Address of the unemployed person in the State to which the certificate is being sent (4) (11)			
1.5	Trade Union/Unemployment Fund (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 (7) of the country where he/she is seeking employment (7a)
- 3.1 The unemployed person may receive benefits only from since, until that date, entitlement to benefits is suspended (7a)
- 4 The unemployed person is entitled to benefits for a period of not more thandays, 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 ofnet,
 and from (date)
- net, which includes an increase for dependants ofnet.
- 4.3 Weekly amount of unemployment benefitsnet,
 and from (date)net.
- 4.4 Monthly amount of unemployment benefitsnet (7b).
- 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 (8) or becomes self-employed;
- 5.2 — where the unemployed person receives occasional earnings (8a) 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 (9);
- 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 (10);
- 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 (10a);
- 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 ⁽¹⁾	
		

.....

7 We certify

..... (date)

8	Institution of the country where the unemployed person is seeking employment	
8.1	Name	.....
8.2	Address ⁽¹¹⁾	
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

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- (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) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
- (7) In France, 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.
- (7a) Delete as appropriate.
- (7b) 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.
- (8) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish and Netherlands 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. Under United Kingdom legislation, permanent employment is any employment where earnings reach or exceed the minimum level for liability to pay social security contributions.
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- (9) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.
- (10) Or when the unemployed person receives an old-age pension, where the certificate is drawn up by a German or Luxembourg institution or an invalidity pension where the certificate is drawn up by a French, German or Luxembourg institution.
- (10a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.
- (11) Street, number, post code, town, country.

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	Identification No (4) (5)	
1.1	Surname (1a)		
1.2	Forenames	Previous names (1a) (1b)	Date of birth
1.3	Place of birth (2)	Nationality	D.N.I. (3)
1.4	Address of the unemployed person in the State to which the certificate is being sent (4) (11)		
1.5	Trade Union/Unemployment Fund (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 (7) of the country where he/she is seeking employment (7a)

3.1 The unemployed person may receive benefits only from since, until that date, entitlement to benefits is suspended (7a)

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

and from (date) net.

4.4 Monthly amount of unemployment benefits

net (7b).

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 (8) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings (8a) 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 (9);

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 (10);

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 (10a));

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).

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/4 foema E 303/0 to; 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

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- (1b) Previous names include surname at birth.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) 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'.
- (4) If this is known.
- (5) When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution, please give the personal identification number.
- (6) To be completed, if possible, only when the certificate is requested by a worker before departure to Denmark, Finland, Iceland or Sweden and where the worker has been previously insured in one of those countries.
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- (7a) Delete as appropriate.
- (7b) 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.
- (8) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Spanish and Netherlands 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. Under United Kingdom legislation, permanent employment is any employment where earnings reach or exceed the minimum level for liability to pay social security contributions.
- (8a) Under United Kingdom legislation, 'occasional earnings' are any earnings which do not reach or exceed the minimum level for liability to pay social security contributions.
- (9) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.
- (10) The same applies in case of an old-age pension where the certificate is drawn up by a German or Luxembourg institution or an invalidity pension where the certificate is drawn up by a French, German or Luxembourg institution.
- (10a) This situation does not entail the suspension of benefits where the certificate has been issued by a Luxembourg or Portuguese institution.
- (11) Street, number, post code, town, country.
- (12) Street, number, post code, town, country.
- (13) Currency of the State issuing the E 303 form.
- (14) 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 and Liechtenstein you must also go to the unemployment insurance office; in Finland you must also go to the local office of the social Insurance Institution. These offices are the following:

in Belgium: the local offices of the 'Office national de l'emploi' 'Rijksdienst voor arbeidsvoorziening' (national employment office);

in Denmark: the local 'Arbejdsformidlingskontor' (labour exchange office);

in 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 pour l'emploi' (ANPE) (local employment office);

in Ireland: the nearest local office of the Department of Social Welfare;

in Italy: the 'Sezione circoscrizionale per l'impiego' (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 Unemployment Benefit Office of the Employment Service Agency or the Local Social Security Office of the Northern Ireland Social Security Agency as appropriate;

in Austria: the 'Arbeitsamt' (local employment office);

in Finland: the 'Työvoimatoimisto' (employment office) and the local office for Social Insurance Institution;

in Iceland: the 'Atvinnuleysisstryggingasjóður' (the Unemployment Insurance Fund) in Reykjavik;

in Liechtenstein: the 'Amt für Volkswirtschaft' (Office of National Economy) in Vaduz;

in Norway: Arbeidsformidlingen or Arbeidskontoret (the local Employment Office);

in Sweden: Arbetsförmedlingen (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.

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.

To be completed by the institution of the country where the unemployed person is seeking employment.

1	The unemployed person		Identification No ^(1b) ^(1c):	.....
1.1	Surname ⁽¹⁾			
1.2	Forenames	Previous names ⁽¹⁾ ^(1a)	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

*

EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purpose of this agreement the present form shall also apply to Austria, Finland, Iceland, Liechtenstein, Norway and Sweden.

⁽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.

^(1a)

Previous names includes surname at birth.

^(1b)

If this is known.

^(1c)

When the form is being sent to a Danish, Austrian, Finnish, Icelandic or Swedish institution please give the personal identification number.