II

(Acts whose publication is not obligatory)

COMMISSION

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

DECISION No 112

of 28 February 1980

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

(80/1011/EEC)

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

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community, under which it is the duty of the Administrative Commission to deal with all administrative questions arising from Regulation (EEC) No 1408/71 and subsequent Regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972 fixing the procedure for implementing Regulation (EEC) No 1408/71, 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 Decisions No 72, No 88, No 107 and No 108 laying down and amending the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72,

Whereas various amendments have already been adopted and others are necessary in order to simplify the layout and utilization of the forms, standardize common elements and economize on the compilation of the forms and on inventory control;

Whereas it is desirable to create three new forms and to republish the model forms,

HAS DECIDED AS FOLLOWS:

1. The model forms printed in Decisions No 88, No 107 and No 108 shall be replaced by the models appended hereto.

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

3. The determination of the language in which forms should be issued shall be settled by a recommendation of the Administrative Commission.

4. This Decision shall apply from the first day of the month following its publication in the *Official Journal of the European Communities,* although the model forms printed in Decisions No 88, No 107 and No 108 may be used until stocks are exhausted.

The Chairman of the Administrative Commission

S. BOVA

List of forms

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

E 101 — Certificate concerning the applicable legislation

E 102 — Extension of term of posting

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 worker's family 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 worker's family and the updating of lists

E 110 — Certificate concerning workers 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 — Grant of prostheses, major appliances, etc.

E 115 — Claim for cash benefits for incapacity for work

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

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

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

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

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

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

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

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

E 124 — Claim for death grant

E 125 — Individual record of actual expenditure

E 126 — Rates for refund of benefits in kind

E 127 — Individual record of monthly lump-sum payments

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

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

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

E 204 — Investigation of a claim for an invalidity pension

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

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

E 207 — Information concerning the worker's insurance history

E 208 — Determination of rights to pension

E 209 — Determination of pension amounts for

E 210 — Notification of decision concerning a claim for pension

E 211 — Summary of decisions

E 212 — Appeals and periods allowed for appeals

E 213 — Detailed medical report

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

E 215 — Administrative report on the position of a pensioner

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

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

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

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

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

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

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

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

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

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

E 408 — Request for information

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

E 410 — Notification of cancellation of entitlement to family allowances

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

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Social Security Regulations

See 'Instructions' on page 4

E 001 [ ] (1)

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

on

- ☐ **a worker**
- ☐ **a frontier worker**
- ☐ **a pensioner**
- ☐ **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 Adress (2) .....
.....

2 Information concerning the insured person (3)

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

3 Nationality (9) .....

4 Details of birth

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

5 Insurance No

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

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

7 Information on the file

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

E 001

8 Dependant ([14])

8.1 Surname ..... Fornames ..... Name at birth .....

8.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

8.3 Address ([2]) .....
.....

9 ☐ Request ☐ Reminder of request of ..... (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 Chance in circumstances: the following changes have taken place

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

11 Miscellaneous information

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

12 Institution completing part A

12.1 Name .....

12.2 Address ([2]): .....
.....

12.3 Stamp

12.4 Date: .....

12.5 Signature
.....

E 001

Part B

13

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

13.1 ☐ the following forms .....

13.2 ☐ the following documents .....

.....

13.3 ☐ the following information .....

.....

14

In response to your request of .....

we regret that we are unable to forward

14.1 ☐ the following forms .....

14.2 ☐ the following documents .....

14.3 ☐ the following information

14.4 ☐ Reason .....

.....

.....

15 Miscellaneous information

.....

.....

.....

16

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

17 Institution completing part B

17.1 Name .....

17.2 Address (2) .....

.....

17.3 Stamp

17.4 Date: .....

17.5 Signature

.....

E 001

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of 4 pages, none of which may be left out even if it does not contain any relevant information.

NOTES

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

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

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

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

(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) This information is required for French nationals born outside metropolitan France.

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

(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).

(12) Obligatory for insured persons of 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'.

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

(14) Complete where appropriate.

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Social Security Regulations

See 'Instructions' overleaf

E 101 ☐ (1)

CERTIFICATE CONCERNING THE APPLICABLE LEGISLATION

Reg. 1408/71: Art. 14.1.a.i; Art. 14.1.c and 14.2.a; Art. 17
Reg. 574/72: Art. 11.12.a

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Date of birth ..... Nationality .....

1.3 Permanent address (2) .....

.....

1.4 Insurance No .....

2 Employer

2.1 Name of employer or firm .....

2.2 Address (2) .....

.....

3. The abovementioned worker

3.1 ☐ is being posted for a period probably lasting
from ..... to .....

3.2 ☐ has been employed since .....

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

3.4 Name of ship or firm .....

3.5 Address (2) .....

.....

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

4.1 ☐ 14.1.a.i ☐ 14.1.c ☐ 14.2.a ☐ 17 of Reg. 1408/71

4.2 ☐ from ..... to .....

4.3 ☐ for the duration of his employment

(See the letter from the competent authority of the Member State whose legislation is applicable

of ....., réf. .....)

5 Designated institution of the Member State to whose legislation the worker is subject

5.1 Name .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

E 101

INSTRUCTIONS

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

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

Information for the worker

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

Information for the institution of the place of stay

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

in **Belgium,** *to the 'Fonds des maladies professionelles / Fonds voor beroepsziekten' (occupational diseases fund), Brussels, in the case of an occupational disease, or the insurance company designated by the employer;*

in **Denmark,** *to the 'Sikringsstyrelse' (national office for social security), Copenhagen;*

in **Italy,** *to the competent provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro' (INAIL, national institute for insurance against accidents at work);*

in **Luxembourg,** *to the 'Association d'assurance contre les accidents' (accident insurance association);*

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

NOTES

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

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

EUROPEAN COMMUNITIES
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See 'Instructions' overleaf

E 102 [ ] (1)

EXTENSION OF TERM OF POSTING

Reg. 1408/71: Art. 14.1.a.ii; Art. 14.2.a
Reg. 574/72; Art. 11.2

A. To be completed by the employer

1 Institution to which the form is addressed (2)

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

2 Worker

2.1 Surname ..... Forenames ..... Maiden name .....
2.2 Date of birth ..... Nationality .....
2.3 Permanent address (3) .....
.....
2.4 Insurance No .....

3 The abovementioned worker has been posted, in accordance with Article
3.1 [ ] 14.1.a.i [ ] 14.2.a of Regulation 1408/71,
3.2 for the period from ..... to .....
3.3 [ ] to the undertaking mentioned below: [ ] on the ship mentioned below:

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

4 This worker was in possession of a certificate concerning the applicable legislation (an E 101 form)
4.1 issued by the following institution (name and address) (3)
.....
.....
4.2 on ..... and expiring on .....

5 We request that you continue to apply the legislation of
the country [ ] (1) to the worker
5.1 for the period from ..... to ..... (4)

6 Employer

6.1 Name of employer or firm .....
6.2 Address (3) .....
.....
6.3 Stamp
6.4 Date .....
6.5 Signature
.....

E 102

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

7 We declare that

7.1 ☐ it is agreed ☐ it is not agreed

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

☐ ([1])

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

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

INSTRUCTIONS

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

Information for the employer

(a) The employer should complete part A of four copies of the form, which he should send to the competent authority or to the designated body in the country to which the worker has been posted, i.e.:

in **Belgium,** *the 'Ministère de la prévoyance sociale' (ministry of social welfare), Brussels, or the 'Office nationale de sécurité sociale (national office for social security), Brussels;*

in **Denmark,** *the 'Sikringsstyrelsen' (national office for social security), Copenhagen;*

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

in **France,** *the 'Direction régionale de la sécurité sociale' (regional directorate for social security);*

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

in **Italy,** *the 'Ministero del lavoro e della previdenza sociale' (ministry of labour and social welfare), Rome;*

in **Luxembourg,** *the 'Inspection générale de la sécurité sociale' (general social security inspectorate), Luxembourg;*

in the **Netherlands,** *the 'Ministerie van sociale zaken' (ministry of social affairs), The Hague;*

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

(b) Two copies of the form, with part B completed, will be sent to the employer, who should give one of them to the worker.

NOTES

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

([2]) See the information given in Item (a) of 'Information for the employer'.

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

([4]) This period must not be more than 24 months from the date of the commencement of posting.

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

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See 'Instructions' overleaf

E 103 ☐ (1)

EXERCISING THE RIGHT OF OPTION

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

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

A. Option

1 The undersigned

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Date of birth ..... Nationality .....

1.3 Address (2) .....

.....

1.4 Insurance number .....

2 employed since .....

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

2.2 (3) ☐ as (4) ..... in the private staff of the following employer (5) .....

agent of the diplomatic mission or consular post named hereafter .....

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

3 hereby opts to be subject to the social security legislation

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

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

(6) ☐ Belgium ☐ Denmark ☐ Germany ☐ France ☐ Ireland

(6) ☐ Italy ☐ Luxembourg ☐ the Netherlands ☐ the United Kingdom

4 Place and date .....

5 Signature

.....

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

6.1 Name .....

6.2 Address (2) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

E 103

B. Declaration

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

(6) ☐ Belgium ☐ Denmark ☐ Germany ☐ France ☐ Ireland

(6) ☐ Italy ☐ Luxembourg ☐ the Netherlands ☐ the United Kingdom

7.1 as from .....

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

8 Institution designated by the authority

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

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

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

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

in **Belgium,** *the 'Office nationale de sécurité sociale' (national office for social security), Brussels;*

in **Denmark,** *the 'Sikringsstyrelsen' (national office for social security), Copenhagen;*

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

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

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

in **Italy,** *the provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

in **Luxembourg,** *the 'Inspection générale de la sécurité sociale' (general social security inspectorate), Luxembourg;*

in the **Netherlands,** *the 'Sociale verzekeringsraad' (social insurance council), The Hague;*

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

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

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

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

NOTES

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

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

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

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

(5) State surname and forename of employer.

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 104 ☐ (1)

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

Sickness — Maternity — Death (grant) — Tuberculosis

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

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

Part A

1 Institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Insured person

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

2.2 Insurance No .....

2.3 From the date indicated in 3.1 the insured person has been employed in (3): .....

2.4 Name of last employer or firm .....

.....

Address (2) .....

.....

2.5 Name of former employers or firms (4) Address (2)

.....

.....

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

3.1 from .....

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

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

4 Competent institution

4.1 Name .....

4.2 Address (2) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

E 104

Part B

5 Insured person ([6])

5.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

5.2 Insurance No .....

6 The insured person mentioned ☐ in box 2 ☐ in box 5 completed
- ☐ during the past two years ([7])
- ☐ during the past three years ([8])
- ☐ since .....

7 the following periods of insurance:

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

8 the following periods of residence:

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

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.

NOTES

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

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

([3]) Indicate the Member State.

([4]) To be completed where possible.

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

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

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

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

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

([10]) Where the competent institution is an Irish institution, put a cross in this square if the period of insurance or the period of residence corresponds to a period of actual employment.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 105 [ ] (1)

CERTIFICATE CONCERNING THE MEMBERS OF THE WORKER'S FAMILY 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 Worker

1.1	Surname	Forenames	Maiden name	Date of birth
	.....	.....	.....	.....

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

.....

.....

1.3 Insurance number .....

2 Members of the family of the abovementioned worker

	Surname	Forenames	Maiden name	Date of birth	Relationship
2.1					
2.2	.....	.....	.....	.....	.....
2.3	.....	.....	.....	.....	.....
2.4	.....	.....	.....	.....	.....
2.5	.....	.....	.....	.....	.....
2.6	.....	.....	.....	.....	.....
2.7	.....	.....	.....	.....	.....
2.8	.....	.....	.....	.....	.....
2.9	.....	.....	.....	.....	.....

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

3.1 Name .....

3.2 Address (2) .....

.....

3.3 Stamp

3.4 Date .....

3.5 Signature

.....

E 105

INSTRUCTIONS

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

Information for the worker

(a) If you are entitled to cash benefits for incapacity for work in Belgium, Germany, France, Ireland or the United Kingdom, under whose legislation the amount of these benefits varies with the number of members of the family, you should present this certificate to the institution with which you are insured.

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

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

NOTES

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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

Workers and members of their family residing with them; members of the family of unemployed persons

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

2 ☐ Worker ☐ Frontier worker ☐ Unemployed person

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address in the country of residence (3) .....
.....
2.3 Insurance No .....

3 Member of the family (4)

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3.2 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 (6)
as from .....

6 The persons concerned will retain their entitlement

6.1 ☐ until this certificate is cancelled
6.2 ☐ for a period of six months from the date of issue of this certificate (7)

7 Competent institution (6)

7.1 Name .....
7.2 Address (3) .....
.....
7.3 Stamp

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

B. Notification of registration (8)

8

8.1 ☐ The worker named in box 2 and the members of his family
8.2 ☐ The members of the family of the unemployed person named in box 2
8.3 ☐ were registered with us on .....
8.4 ☐ could not be registered with us because
.....

9 Registered members of the family

	Surname	Forenames	Maiden name	Date of birth
9.1				
9.2	.....	.....	.....	.....
9.3	.....	.....	.....	.....
9.4	.....	.....	.....	.....
9.5	.....	.....	.....	.....
9.6	.....	.....	.....	.....
9.7	.....	.....	.....	.....
9.8	.....	.....	.....	.....
9.9	.....	.....	.....	.....

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.

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 'mutalité' (local sickness insurance fund) of your choice;*

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

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

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

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

in **Italy,** *the provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

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

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

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

NOTES

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

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

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

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

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

(6) For persons insured in Italy, benefits for tuberculosis can be provided only on production of a certificate issued by the 'Istituto nazionale della previdenza sociale' (INPS, national social welfare institute).

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 107 ☐ (1)

APPLICATION FOR A CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND

Reg. 1408/71: Art. 19.1.a; Art. 19.2; Art. 22.1.a.i, b.i. and c.i; Art. 22.3; Art. 25.1.a and 3.i; Art. 26.1; Art. 28.1.a; Art. 29.1.a; Art. 31.a; Art. 52.a; Art. 55.1a.i, b.i. and c.i
Reg. 574/72: Art. 17.1; Art. 20.3 and 4; Art. 21.1; Art. 22.1 and 3; Art. 23; Art. 27 (first sentence); Art. 28; Art. 29.2; Art. 30.1; Art. 31.1 and 3; Art. 60.1; Art. 62.3.4 and 7; Art. 63.1 and 3

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

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

1 Institution to which the form is addressed

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

2 ☐ Worker ☐ Pensioner
☐ Unemployed person ☐ Pension claimant

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....
2.2 Permanent address (2) .....
.....
2.3 Insurance No .....
2.4 ☐ Person entitled to ☐ Claimant of
the pension in respect of
☐ old age ☐ invalidity ☐ survival
☐ accident at work ☐ occupational disease
No ..... (3) category ..... (3)
2.5 Institution responsible for payment of the pension
.....

3 Last employer (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
.....

4 Members of the family (6)

4.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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

5 On ..... we received a claim from the person mentioned
☐ in box 2 ☐ in box 4
for:
5.1 ☐ the granting of benefits in kind
5.2 ☐ the retention of the right to benefits in kind
5.3 ☐ registration with us as a person entitled to benefits in kind

6 The benefits in kind ☐ have been awarded ☐ have not been awarded
6.1 in accordance with Article ☐ 20.3 ☐ 29.2 ☐ 60.1 ☐ 62.3 of Reg. 574/72.
6.2 The claimant ☐ has not worked since the date indicated in Item 5 above
☐ has held the following occupation after that date .....

7 Please send us the certificate of entitlement to benefits on form E.....
or inform us if you are unable to issue it

8 ☐ Medical report attached ([8])

9 Institution in the place of residence or stay

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

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

B. To be completed by the competent institution

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

11 Competent institution

11.1 Name .....
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.

NOTES

([1]) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.
([2]) Street, number, post code, town, country.
([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 or unemployed person.
([5]) Complete only if the form concerns a worker assumed to have sustained an accident at work.
([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.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 108 ☐ (1)

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

Persons residing in a country other than the competent country

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

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

A. Notification

1 Institution to which the form is addressed

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

2 ☐ Worker ☐ Frontier worker ☐ Pensioner
☐ Unemployed person ☐ Pension claimant

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address in the country of residence (2) .....
.....
2.3 Insurance No .....

3 Member of the family (3)

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

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

4.1 ☐ The abovementioned worker has not been insured with us since .....
4.2 ☐ The pension of the abovementioned pensioner has been suspended or withdrawn since .....
4.3 ☐ All the persons registered with you have not resided in your country since .....
4.4 ☐ The person entitled to benefits died on .....
4.5 ☐ (4) .....

5 Competent institution

5.1 Name .....
5.2 Address (2) .....
.....
5.3 Stamp

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

B. Acknowledgement of receipt

6 We received the above notification (part A) on

.....

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

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

8	Institution in the place of residence	
8.1	Name	.....
8.2	Address (2)	.....
		.....
8.3	Stamp	
8.4	Date	.....
8.5	Signature	.....

INSTRUCTIONS

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

NOTES

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

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

(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.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 109 ☐ (1)

CERTIFICATE FOR THE REGISTRATION OF MEMBERS OF THE WORKER'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 worker 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 worker's family are resident in the United Kingdom, the competent institution should send the two copies to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. On receipt of the two copies, the institution of the place of residence should complete part B and return one copy to the competent institution. Where the members of the family are resident in different countries, a separate certificate should be drawn up for each of these countries.

A. Notification of entitlement

1 Institution in the place of residence (2)

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your E 107 form of ..... (date)

2 ☐ Worker ☐ Seasonal worker

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address (3) .....

.....

2.3 Insurance No .....

3 Member of the family (4)

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3.2 Address (3) .....

.....

4 The members of the family of the abovementioned worker 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 six months from the date of issue of this certificate (6)

6.3 ☐ until the date on which the seasonal work ends, i.e.

until ....., unless notification of cancellation is given before that date

7 Competent institution

7.1 Name .....

7.2 Address (3) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

B. Notification of registration (7)

8 ☐ (8)

8.1 The members of the family of the worker 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 (9)
8.5 ☐ the required 'declaration of family status' has not been submitted
8.6 ☐ (10) .....

9 ☐ (8)

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

9.2	Surname	Forenames	Maiden name	Date of birth
9.3	.....	.....	.....	.....
9.4	.....	.....	.....	.....
9.5	.....	.....	.....	.....
9.6	.....	.....	.....	.....
9.7	.....	.....	.....	.....
9.8	.....	.....	.....	.....
9.9	.....	.....	.....	.....

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

10 Institution in the place of residence

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

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

INSTRUCTIONS

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

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

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

in **Italy,** *the provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

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

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

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.
(2) Complete only if the form is drawn up at the request of the institution of the place of residence.
(3) Street, number, post code, town, country.
(4) Complete for one member of the family only.
(5) Put a cross in the preceding square if the form is addressed to a Danish, Irish or United Kingdom institution.
(6) If the form is drawn up by a French institution.
(7) If 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.
(8) Complete box 8 or box 9 as applicable and put a cross in the corresponding square.
(9) Where appropriate, put a cross in the preceding square if part B has been completed by a Danish, Irish or United Kingdom institution.
(10) Other reasons.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 110 [ ] (1)

CERTIFICATE CONCERNING WORKERS IN INTERNATIONAL TRANSPORT

Reg. 1408/71: Art. 14.1.b; 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 worker.

A. First certified statement

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Date of birth ..... Nationality .....

1.3 Permanent adress (2): .....

.....

2 Members of the family who accompany the head of household

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

3 Institution competent

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

.....

.....

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

.....

.....

4 The undersigned certifies that the abovementioned worker 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 Worker's insurance No .....

6.4 Date .....

6.5 Worker's signature

.....

6.6 Signature of employer or his representative

.....

B. Extensions (6)

7 The employer named in box 5 certifies that the abovementioned worker 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.

Information for the worker

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

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

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

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

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

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

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

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

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

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

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

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro' (INAIL, national institute for insurance against accidents at work);*

in **Luxembourg,** *the 'Association d'assurance contre les accidents' (accident insurance association);*

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

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

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

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

NOTES

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

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

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

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

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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 ☐ Worker ☐ Pensioner (Surname, forenames, address (2))

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

2 Members of the family (3)

2.1	Surname	Forenames	Maiden name	Date of birth
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

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

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

3.1 (5) ☐ from ..... to .....

3.2 (5) ☐ for all cases of illness
occurring up to ..... inclusive
for ..... days ..... weeks

4 Competent institution

4.1 Name .....
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 .....

E 111

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

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

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

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

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

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

(c) For persons insured in Italy, benefits for tuberculosis can be provided only on production of a certificate issued by the 'Istituto nazionale della previdenza sociale' (INPS, national social welfare institute).

NOTES

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

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

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

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 112 ☐ (1)

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

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

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

1 ☐ Worker ☐ Pensioner

1.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

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

1.3 Address in the country to which the worker or the pensioner is going (2) (3)
.....
.....

1.4 Insurance No .....

2 Member of the family going to another Member State

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

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

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

3 The person mentioned ☐ in box 1 ☐ in box 2
is authorized to retain the right to receive sickness and maternity insurance benefits in kind
in ..... (country), where he / she is going

3.1 ☐ to take up his / her residence

3.2 ☐ to receive treatment there at / from .....
..... (5)

4 These benefits may be provided on production of this certificate

4.1 until .....

5 The report from our examining doctor

5.1 ☐ is attached to this form in a sealed envelope

5.2 ☐ was sent on ..... to (6) .....
.....

5.3 ☐ will be sent by us on request

5.4 ☐ has not been drawn up

6 Competent institution

6.1 Name .....

6.2 Address (2) .....
.....

6.3 Stamp

6.4 Date .....

6.5 Signature
.....

E 112

INSTRUCTIONS

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

Information for the insured person

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

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

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

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

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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

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

NOTES

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

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

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

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

(5) As precise as possible.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 113 [ ] (1)

HOSPITALIZATION: NOTIFICATION OF ENTERING AND LEAVING HOSPITAL

Reg. 1408/71: Art. 19; Art. 22; Art. 25.1 and 3.i; Art. 31.a; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.6; Art. 20.6; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3; Art. 27; Art. 31.2 and 3; Art. 60.5; Art. 62.8; 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 departure from hospital. It should be sent to the competent institution. If the competent institution is an institution in Denmark or in the United Kingdom, this form is not required.

1 Competent institution

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

2 [ ] Worker [ ] Pensioner
[ ] Unemployed person [ ] Pension claimant

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address in the country of residence or stay (2)
.....
.....
2.3 Insurance No .....

3 Member of the family who is in hospital

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

4 Reference:
4.1 [ ] your form ..... of ..... (4)
4.2 [ ] our E 107 form of ..... (date)

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)
5.4 He / she will probably stay in hospital until .....
5.5 [ ] (8) Supporting documents or medical report attached

B. Notification of departure 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
.....

E 113

INSTRUCTIONS

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

NOTES

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

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

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

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

(5) Name of hospital.

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

Name of employer or firm .....

Address (2) .....

(7) Indicate if possible.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 114 ☐ (1)

GRANT OF PROSTHESES, MAJOR APPLIANCES, ETC.

Reg. 1408/71: Art. 19; Art. 22; Art. 24; Art. 25.1 and 3.i; Art. 31.a; Art. 52.a; Art. 55.1
Reg. 574/72: Art. 17.7; Art. 20.6; Art. 21.2; Art. 22.2 and 3; Art. 23; Art. 26.3;
Art. 27; Art. 31.2 and 3; Art. 60.6; Art. 62.8; 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 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) ☐ Worker ☐ Unemployed person ☐ Pensioner

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

2.3 Insurance No .....

3 Member of the family concerned

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

4 Reference
4.1 ☐ your form ..... of ..... (5)
4.2 ☐ our E 107 form of ..... (date)
5 Our medical service has recognized, for the person mentioned
☐ in box 2 ☐ in box 3
5.1 ☐ the necessity ☐ the extreme urgency
5.2 of the following benefits .....
.....
6 ☐ Please find attached the report from our examining doctor (6)
7 The benefits mentioned in Item 5.2
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 .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

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

Name of employer or firm .....

Address (2) .....

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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 a worker 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 note 7).

1 Competent institution

1.1 Name .....

1.2 Address (2) .....

.....

2 ☐ Worker ☐ Unemployed person

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address in the competent country (2)

.....

.....

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

.....

.....

2.4 Insurance No .....

2.5 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
☐ accident at work sustained on ..... (date)
☐ occupational disease

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

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

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

6.2 ☐ there is no incapacity for work (7)

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

.....

.....

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

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

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

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

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

11 With reference to

11.1 ☐ our E 115 form of ..... (date)

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

11.3 we wish to inform you that, in the opinion of our examining doctor

☐ whose report is attached

☐ whose report will be sent to you as soon as possible

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

..... inclusive

12 Institution in the place of residence or stay

12.1 Name .....

12.2 Address (2) .....

.....

12.3 Stamp

12.4 Date .....

12.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(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.

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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

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

1 Competent institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

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

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

3 ☐ Worker ☐ Unemployed person

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

.....

.....

3.3 Insurance No .....

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

4.1 consider that it is

☐ a case of sickness (3) ☐ a case of maternity

4.2 that it is probably

☐ an accident at work ☐ an occupational disease

4.3 ☐ a relapse or aggravation

Part A: General report

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

5.1 Medical history and present symptoms

.....

.....

5.2 Clinical examination

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

5.4 Other observations .....

.....

.....

5.5 Special examinations (5) .....

.....

.....

5.6 Diagnosis .....

5.7 Conclusions

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

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

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

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

Part 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.

NOTES

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

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

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

(4) Information to be given only where necessary.

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

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

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 117 ☐ (1)

GRANTING OF CASH BENEFITS IN THE CASE OF INCAPACITY FOR WORK

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

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

1 Institution of the place of residence or stay

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

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

3 ☐ The worker ☐ The unemployed person named below

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

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

3.3 Insurance No .....

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

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

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

5 These benefits will be provided (3)

5.1 ☐ by us by international money order to the address given in Item 3.2
5.2 ☐ by us on the return of the person concerned to our country
5.3 ☐ by you on our behalf
5.4 ☐ by the employer to the address given in Item 3.2 (4)
5.5 ☐ by the employer, from ..... to ..... (5)

6 (3) (6)

6.1 The allowance should be paid
6.2 for every day of the week, except ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
6.3 The daily net amount of this allowance is
..... (7) if the insured person is not in hospital
..... (7) if the insured person is in hospital
6.4 ☐ (8) If the allowance is paid monthly, the amount provided is for 30 days, regardless of the number of days in the month

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

7.1 ☐ examination (9) .....
7.2 ☐ administrative checks
7.3 ☐ a further medical examination, to be carried out about (date) .....

8 Competent institution

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

E 117

INSTRUCTIONS

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

NOTES

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

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

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

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

(5) To be completed by German institutions.

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

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

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 118 ☐ (1)

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

Reg. 1408/71: Art. 19.1.b; Art. 22.1.a.ii, b.ii, c.ii; Art. 25.1.b; Art. 52.b; Art. 55.1.a.ii, b.ii, 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 a worker 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 worker 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 ☐ Worker ☐ Unemployed person

1.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

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

1.3 Insurance No .....

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

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

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

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

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

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

4.1 Name .....
4.2 Address (2) .....
.....
4.3 Stamp

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

E 118

INSTRUCTIONS

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

Information for the worker or unemployed person

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

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

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

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

NOTES

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

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

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

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

E 118 Annex

LEGAL REMEDIES AND PERIODS ALLOWED FOR APPEALS

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

1. **BELGIUM**

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

Competent labour courts are:

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

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

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

2. **DENMARK**

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

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

.....

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

.....

3. **GERMANY**

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

4. **FRANCE**

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

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

5. **IRELAND**

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

6. **ITALY**

Decisions of INAM (sickness insurance)

Insured persons wishing to contest a decision rejecting a claim, taken by the competent medical authority of INAM ('Primo Medico di Sezione') in medical matters (existence of a state of illness, incapacity for work, objective need for a benefit, etc.) may lodge an appeal **within 5 days from the date on which notification of the decision was received,** with the 'Collegio Medico Provinciale' through the 'Sezione Territoriale INAM'.

Where appropriate, the person concerned should name in his letter of appeal a doctor of his choice who, in that case, will form part of the said 'Collegio' attached to the competent provincial office of INAM.

In all cases, the cost of fees due to the doctor designated by the person concerned and any travel expenses incurred by him should be borne by the insured person.

If the 'Collegio Medico Provinciale' confirms the official medical decision of the 'Primo Medico di Sezione', the person concerned may appeal, within a period of one year from the date on which notification of the decision was received, to the 'Commissario liquidatore' of INAM, through the 'Sede provinciale' (provincial office).

Any appeals against a rejection of a claim for benefits on grounds of non-compliance with the requirements of the legislation of the country of residence should likewise be submitted to the 'Commissario liquidatore'. In addition to these appeals (or instead of them) the person concerned may apply to a legal authority within one year from the date on which he is of the opinion that he is entitled to the benefits in question.

Decisions of INPS (tuberculosis)

An appeal against a decision rejecting a claim, taken by INPS as regards benefits for tuberculosis, may in the first instance be lodged, within a period of 90 days from the date on which notification of the decision was received, with the 'Comitato Provinciale' attached to the provincial office that took the decision.

If, at the end of the period of 90 days from the date on which the appeal was submitted, the 'Comitato Provinciale' has still not issued a ruling, the person concerned may, within 90 days from the end of that period, lodge an appeal in the second instance with the 'Comitato speciale per l'assicurazione contro la tuberculosi'.

If, within 90 days from the date on which it was submitted, no decision has been taken on the second appeal, the person concerned may, within a period of five years, take the matter to court.

Decisions of INAIL (accidents at work and occupational diseases)

An insured person wishing to contest a decision of INAIL may, within 60 days from 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 from 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.

7. **LUXEMBOURG**

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

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

8. **THE 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.

9. **UNITED KINGDOM**

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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

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

.....

.....

2.3 Insurance No .....

3 Last employer

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 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 occured until ..... inclusive, and for ..... days ..... weeks

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

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

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

7 These cash benefits will be paid

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

7.2 ☐ by you on our behalf

8

8.1 The benefit should be paid

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

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

9	(4)
9.1	The daily net amount of this benefit
9.2	☐ is the same as that laid down for unemployment insurance
9.3	☐ is ..... (5) if the insured person is not in hospital
	..... (5) if he is in hospital

10	Competent institution (6)
10.1	Name .....
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.

Information for the unemployed person

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

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

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

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

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

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

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

- *— to the insurance institution indicated in Item (a) above if you are in Belgium, Germany, France, Italy or Luxembourg;*
- *— 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), if your are in Denmark;*
- *— to the local agent of the Department of Social Welfare, Dublin, or direct to the Department, if you are in Ireland;*
- *— to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, if you are in the United Kingdom, or to the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.*

NOTES

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

(2) Complete only if the form is issued at the request of the institution of the place of residence or stay.

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

(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 form 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.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 120 ☐ (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND FOR PENSION CLAIMANTS AND MEMBERS OF THEIR FAMILY

Reg. 1408/71: Art. 26.1
Reg. 574/72: Art. 28

The competent institution should complete part A of the form and issue two copies to the person concerned, who should submit them to the institution in his place of residence. If the pension claimant resides in the United Kingdom, both copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. On receipt of the copies in question, the institution in the place of residence should complete part B and send one of the copies to the other institution mentioned in box 6. If necessary, the two copies should first be sent to the institution that has to complete boxes 5 and 6.

A. Notification of entitlement

1 Institution of the place of residence (2)

1.1 Name .....

1.2 Address (3) .....

.....

1.3 Reference: your E 107 form of ..... (date)

2 Pension claimant

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

2.2 Address in the country of residence (3) .....

.....

2.3 Insurance No .....

3 To be completed by the Institution to which the claim for a pension has been submitted

3.1 The claimant indicated above submitted on ..... a claim for a pension for

☐ old age ☐ invalidity ☐ survival
☐ accident at work ☐ occupational disease

3.2 (4) ☐ The investigation of this claim has shown that the person concerned is entitled to receive a pension from us

4 Institution which completed box 3

4.1 Name .....

4.2 Address (3) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

5	To be completed by the institution to which the claim for a pension was submitted or by the sickness and maternity insurance institution in the country in which this claim was submitted

5.1 The claimant indicated in box 2 and the members of his family are entitled to sickness and maternity insurance benefits in kind ([5])

5.2 from (date) ....., until this certificate is cancelled

6	Institution which completed box 5

6.1 Name .....

6.2 Address ([3]) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Notification of registration or non-registration

7	([6]) ☐

7.1 The claimant indicated in box 2 and the members of his family could not be registered because

.....

.....

8	([6]) ☐

8.1 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	Forenames	Maiden name	Date of birth
9.1	.....	.....	.....	.....
9.2	.....	.....	.....	.....
9.3	.....	.....	.....	.....
9.4	.....	.....	.....	.....
9.5	.....	.....	.....	.....
9.6	.....	.....	.....	.....
9.7	.....	.....	.....	.....
9.8	.....	.....	.....	.....

10	Institution of the place of residence

10.1 Name .....

10.2 Address ([3]) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

Information for the insured person

(a) This certificate gives you and the members of your family the right to receive benefits in kind in case of sickness or maternity in your country of residence.

(b) You should, as soon as possible, submit the two copies of this certificate in your possession to one of the following insurance institutions:

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

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

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

(c) You must inform the insurance institution to which you submit the form of any change of circumstances which might affect the right to benefits in kind, such as the grant of pension claimed or a change of your place of residence or stay or of that of a member of your family.

NOTES

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

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

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

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

(5) If the certificate is issued by an Italian insurance institution, the right to benefits for tuberculosis should be certified by the 'Istituto nazionale della previdenza sociale' (INPS, national social welfare institute).

(6) Complete box 7 or 8, where appropriate, and put a cross in the corresponding square.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 121 [ ] (1)

CERTIFICATE FOR THE REGISTRATION OF PENSIONERS AND THE UPDATING OF LISTS

Reg. 1408/71: Art. 28.1.a
Reg. 574/72: Art. 29.1.2 and 3; Art. 95.4

The institution which has to draw up this certificate in accordance with Art. 29.2 of Regulation 574/72 should complete part A of the form and issue two copies to the pensioner or send them to the institution in the place of residence if the form was requested by the latter institution. If the pensioner resides in the United Kingdom, the two copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. Where appropriate, the two copies should first be sent to the institution which has to complete boxes 5 and 6. The institution in the place of residence should, on receiving the two copies, complete part B and send one copy to the institution shown in box 6.

A. Notification of entitlement

1 Institution of the place of residence (2)

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

2 Pensioner

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....
2.2 Address in the country of residence (3) .....
.....
2.3 Date of transfer of residence, if applicable .....
2.4 Insurance No .....

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

4.1 Name .....
4.2 Address (3) .....
.....
4.3 Stamp
4.4 Date .....
4.5 Signature
.....

5 To be completed by the institution responsible for payment of the pension or by the sickness and maternity insurance institution in the country responsible for payment of the pension

5.1 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) .....
5.2 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
5.3 from (date) ..... until this certificate is cancelled
5.4 [ ] The issuance of this certificate renders the E 120 form of (date)
..... null and void

E 121

6 Institution which completed box 5

6.1 Name .....

6.2 Address (3) .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

B. Notification of registration or non-registration

7 (4) ☐

7.1 The person concerned mentioned in box 2 and members of his family could not be registrered

7.2 ☐ because the person concerned is already entitled to benefits in kind under the legislation of our country

7.3 ☐ other reasons .....

.....

.....

8 (4) ☐

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 (5)

	8.3 Surname	Forenames	Maiden name	Date of birth
8.4	.....	.....	.....	.....
8.5	.....	.....	.....	.....
8.6	.....	.....	.....	.....
8.7	.....	.....	.....	.....
8.8	.....	.....	.....	.....
8.9	.....	.....	.....	.....
8.10	.....	.....	.....	.....
8.11	.....	.....	.....	.....

8.12 The cost of these benefits should be borne by you; the date from which the lump sum provided for in Art. 95 of Reg. 574/72 should be calculated is .....

9 Institution of the place of residence

9.1 Name .....

9.2 Address (3) .....

.....

9.3 Stamp

9.4 Date .....

9.5 Signature

.....

E 121

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three 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 **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

(b) You must inform the insurance institution to which you submit the form of any change of circumstances which might affect the right to benefits in kind, such as suspension or withdrawal of pension, or change of your place of residence or of that of a member of your family.

NOTES

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

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

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

(4) Complete box 7 or 8, where appropriate, and put a cross in the corresponding square.

(5) To be completed by Netherlands institutions only.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 122 [ ] (1)

CERTIFICATE FOR THE GRANTING OF BENEFITS IN KIND TO MEMBERS OF THE FAMILY OF PENSIONERS

Member of the family residing in a Member State other than that in which the pensioner is resident

Reg. 1408/71: Art. 29.1.a
Reg. 574/72: Art. 30.1

The sickness insurance institution in the place of residence of the pensioner should complete part A of the form and issue two copies to the pensioner, or send them to the institution in the place of residence of the members of the family if the form is drawn up at the request of the latter institution. If the members of the family reside in the United Kingdom, the two copies of the form should be sent direct to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne. The institution in the place of residence should, on receiving the two copies in question, complete part B and send one copy to the sickness insurance institution of the place of residence of the pensioner. If the members of the family reside in several different countries, a separate certificate should be drawn up for each of these countries.

A. Notification of entitlement

1 (2) Institution to which the form is addressed

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

2 Pensioner

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

2.2 Address (3) .....
.....
2.3 Insurance No .....

3 Member of the family (4)

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3.2 Address (3) .....
.....

4 The person concerned is entitled to receive sickness and maternity insurance benefits in kind for himself and for the members of his family

5 For the granting of these benefits to the members of the family, this certificate is valid

[ ] from ..... until receipt of notification of its cancellation
[ ] for 12 months from its date of issue (5)

6 Competent institution

6.1 Name .....
6.2 Address (3) .....
.....
6.3 Stamp

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

B. Notification of registration

7 (6) ☐ The members of the family of the pensioner mentioned in box 2 have not been registered.

Reason:

.....

.....

8 (6) ☐ The following members of the family of the pensioner mentioned in box 2 have been registered.

9 Registered members of the family

	Surname	Forenames	Maiden name	Date of birth
9.1	.....	.....	.....	.....
9.2	.....	.....	.....	.....
9.3	.....	.....	.....	.....
9.4	.....	.....	.....	.....
9.5	.....	.....	.....	.....
9.6	.....	.....	.....	.....
9.7	.....	.....	.....	.....
9.8	.....	.....	.....	.....

10 Institution in the place of residence of the members of the family

10.1 Name .....

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.

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 present 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 **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 provincial office of the 'Istituto nazionale per l'assicurazione contro le malattie' (INAM, national sickness insurance institute);*

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

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

(c) This form is valid from the date and for the period indicated in Item 5.

(d) The members of your family must inform the insurance institution to which they have submitted the form of any change of circumstances which might affect the right to benefits in kind, in particular a change of their place of residence.

NOTES

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

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

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

(4) Complete only if the members of the family reside in the United Kingdom; give details for one member of the family only.

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

(6) Complete Item 7 or 8, where appropriate, and put a cross in the corresponding square.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 123 ☐ (1)

CERTIFICATE OF ENTITLEMENT TO BENEFITS IN KIND UNDER INSURANCE AGAINST ACCIDENTS AT WORK AND OCCUPATIONAL DISEASES

Reg. 1408/71: Art. 52.a; Art. 55.1.a.i, b.i, c.i
Reg. 574/72: Art. 60.1; Art. 62.4 and 7; 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 worker. If the worker goes to the United Kingdom, a copy of the form should also be sent to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne.

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

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

2 Worker

2.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....
2.2 Address in the competent country (3)
.....
.....
2.3 Address in the country where the person concerned is going (3)
.....
.....
2.4 Insurance No .....

3 On the grounds of

3.1 ☐ the information supplied on your E 107 form of (date) .....
3.2 ☐ the accident at work substained 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 his/her residence ☐ to receive medical treatment

4 the abovementioned worker may receive benefits in kind
☐ for accident at work ☐ for occupational disease

4.1 ☐ for a period laid down in the provisions of the legislation of his country of residence
4.2 ☐ until .....
4.3 ☐ for a maximum of three months
4.4 ☐ for an unlimited period

E 123

5	The report of our examining doctor

5.1 ☐ is attached in a sealed envelope

5.2 ☐ was sent on ..... to (4) .....

.....

5.3 ☐ may be obtained from us on request

5.4 ☐ has not been drawn up

6	Competent institution

6.1 Name .....

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.

Information for the insured person

You should present this certificate as soon as possible to the insurance insitution of the country where 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 institutions. The form should be presented every time you apply for benefits. Particulars on the doctors and dentists available may be obtained from the local 'social- og sundhedsforvaltning' (social and health authority). If you are being treated in Denmark, you should present the form to the institution treating you;*

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

in **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 provincial office of the 'Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro' (INAIL, national insitiute for insurance against accidents at work);*

in **Luxembourg,** *the 'Association d'assurance contre les accidents' (accident insurance association);*

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

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

NOTES

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

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

(3) Postal code, town, street, number, country.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 124 ☐ (1)

CLAIM FOR DEATH GRANT

Reg. 1408/71: Art. 65
Reg. 574/72: Art. 78

1 I the undersigned

1.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

1.2 Insurance No (2) .....

1.3 Institution with which I am insured (2) (3) .....

.....

1.4 Family relationship with the deceased .....

1.5 Address (4) .....

.....

2 hereby claim a grant by reason of the death of the undermentioned

3 ☐ worker ☐ pensioner
☐ member of my family ☐ pension claimant

3.1 Surname ..... Forenames ..... Maiden name ..... Date of birth .....

3.2 Insurance No (2) .....

3.3 Date of death .....

3.4 Cause of death

☐ illness ☐ accident ☐ accident at work
☐ occupational disease ☐ other causes

3.5 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 cost of the funeral was (5) .....; it has been paid by .....

7 You will find attached the following documents .....

.....

.....

.....

8 Date .....

8.1 Signature

.....

E 124

INSTRUCTIONS

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

Information for the claimant

(a) In order to receive a death grant you should, by means of this form, submit a claim:

— *either to the competent insurance institution,*

— *or to the insurance institution of the place where you are, i.e.:*

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

in **Denmark,** *the 'Sikringsstyrelsen' (national office for social security), Copenhagen;*

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

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

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

in **Italy,** *the provincial office of the INAM, the INPS or the INAIL, as appropriate;*

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

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

(b) Together with your claim you should send the following documents:

in **Belgium,** *an extract of the death certificate, issued by the municipal administration;*
the receipted bills relating to funeral expenses;

in **Denmark,** *the death certificate;*
the receipted bills relating to funeral expenses;

in **Germany,** *the death certificate;*

in **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;*

in **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;

in **Italy,** *the death certificate;*
the document of insurance registration;
if appropriate, a declaration of family status;

in **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;

in the **United Kingdom,** *the death certificate;*
if appropriate, the marriage certificate;
the undertaker's account or estimate for funeral expenses.

NOTES

(1) Symbol of the country of residence of the claimant of the grant: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.

(2) Indicate only if it concerns a worker, pensioner, or pension claimant.

(3) Give name and address.

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

(5) Indicate the amount in the currency of the country of residence of the claimant.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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 .....
2.2 Address (3) .....
.....

3 Insured person

3.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3.2 Address (3) .....
.....
3.3 Address (3) in the competent country .....
.....
3.4 Insurance No .....

4 Member of the family (4)

4.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

5 The person mentioned ☐ in box 3 ☐ in box 4 has received benefits under Article
5.1 ☐ 19.1 and 2 ☐ 22.1 and 3 ☐ 25.1.3 and 4 ☐ 26 ☐ 29.1 ☐ 31 ☐ 52 ☐ 55.1 of Reg. 1408/71
on the basis of the following forms which were sent to us
5.2 ☐ an E ..... form of ..... ☐ an E 117 form of .....
5.3 The person mentioned ☐ in box 3 ☐ in box 4 underwent the medical examination requested on .....

E 125

6	EXPENDITURE INCURRED		6.1 Amount (5)
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 (6)		
	.....		.....
6.8	**Total benefits in kind**		.....
6.9	**Medical examinations** (7)		
	.....		.....
6.10	**For cash benefits provided**	from ..... to	.....
6.11	TOTAL EXPENDITURE		.....

7	Creditor institution	
7.1	Name	
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.

NOTES

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

(2) To be indicated if the creditor institution needs this information.

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

(4) Complete only when the account refers to a member of the family of the insured person.

(5) Indicate the amount in national currency.

(6) Indicate the kind of benefits: confinement, dentures, orthopaedic protheses, spa treatment, ambulance, etc.

(7) Indicate the kind of medical checks and examinations carried out.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 126 ☐ (1)

RATES FOR REFUND OF BENEFITS IN KIND

Reg. 1408/71: Art. 22.1.a.i; Art. 22.3; Art. 31.a
Reg. 574/72: Art. 34

The competent institution should complete part A of the form and send, either directly or through the liaison body, two copies to the institution which would have had to provide the benefits to the person concerned in the country of stay. The institution in the place of stay, after completing part B of the form, should return one copy to the competent institution.

A. Request

1 Institution to which the form is addressed (2)

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

2 ☐ Worker ☐ Pensioner

2.1 Surname	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3 Member(s) of the family who received treatment

3.1	Surname	Forenames	Maiden name	Date of birth
3.2	.....	.....	.....	.....
3.3	.....	.....	.....	.....
3.4	.....	.....	.....	.....

4 The abovementioned person
4.1 during a stay in ..... (country)
4.2 at ..... (town)
4.3 himself paid for the benefits which he required
4.4 The person concerned is ☐ a widower / widow ☐ an invalid (4)
4.5 and earns an income of ..... (4)

5 Please indicate on the receipts attached, for each benefit separately, the amount to be refunded to the person concerned according to the rates administered by the institution of the place of stay. Only in the case of Luxembourg, indicate the amount he / she has to contribute to the cost of treatment.

6 Attached ..... receipts

7 Competent institution

7.1 Name .....
7.2 Address (3) .....
.....
7.3 Stamp

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

E 126

B. Reply

8 Attached ..... receipts indicating the requested rates

9 ☐ Amount to be reimbursed (5) ..... ☐ No reimbursement

10 Remarks .....

.....

.....

.....

11 Institution of the place of stay

11.1 Name .....

11.2 Address (3) .....

.....

11.3 Stamp

11.4 Date .....

11.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

(2) If the institution which would have had to provide the benefits in kind is not known, the form may be sent to the liaison body in the country of stay, i.e.:
- in **Belgium,** the 'Institut national d'assurance maladie-invalidité' (INAMI, national sickness and invalidity insurance institute), Brussels;
- in **Denmark,** the 'Sikringsstyrelsen' (national office for social security), Copenhagen;
- in **Germany**, the 'Bundesverband der Ortskrankenkassen' (national federation of local sickness funds), Bonn;
- in **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 'Istituto nazionale per l'assicurazione contro le malattie, Direzione generale' (directorate-general of the national sickness insurance institute), Rome;
- in **Luxembourg,** the 'inspection générale de la sécurité sociale', Luxembourg;
- in the **Netherlands,** the 'Algemeen Nederlands Onderling Ziekenfonds' (ANOZ, general sickness fund of the Netherlands), Utrecht.

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

(4) Complete only if the request is sent to a Belgian institution.

(5) Indicate the total amount.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 127 [ ] (1)

INDIVIDUAL RECORD OF MONTHLY LUMP-SUM PAYMENTS

Reg. 1408/71: Art. 36.1 and 2
Reg. 574/72: Art. 94; Art. 95

1

Record No ..... of year 19 ..... (2)

2 Competent institution

2.1 Name .....
2.2 Address (3) .....
.....

3 The right to benefits in kind has been acquired for the
[ ] worker named below [ ] pensioner named below

3.1 Name	Forenames	Maiden name	Date of birth
.....	.....	.....	.....

3.2 Insurance No allocated by the competent institution .....

4 Address of the worker's family or address of the pensioner and his family (3)

.....
.....

5 The right to benefits in kind is held by the members of the family of the worker named above or by the pensioner named above and the members of his family, as certified by your form
E ..... form of ..... (date)

6 For the period during which this existed
(from ..... to .....)

6.1 the number of monthly lump-sum payments
[ ] per family or per pensioner and family [ ] per family member [ ] per individual
is .....

7 Creditor institution

7.1 Name .....
7.2 Address (3) .....
.....
7.3 Stamp

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

8 To be completed by the competent institution

E 127

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 throught the body designated for the implementation of Article 102.2 of Reg. 574/72.

NOTES

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

(2) The year to be indicated here is that in which the benefits were provided.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 201 ☐ (1)

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

Reg. 1408/71: Art. 9.2; Art. 15.3
Reg. 574/72: Art. 6.2

This certificate should be drawn up at the request of the person concerned by the institution or institutions of the Member States where he/she was insured. He/she should send it to the institution of the Member State in question with a view to his/her admission to voluntary or optional continued insurance for invalidity, old age and death (pension).

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality (2) .....

1.3 Address (3) .....

.....

1.4 Insurance No .....

2 Last employment entailing compulsory insurance (4)

2.1 Type of occupation (manual, clerical, miner, etc.)

.....

2.2 Name of employer or firm .....

2.3 Address (3) .....

.....

3 The worker named in box 1 ☐ is ☐ was insured by us

from / to	periods (5)	as (4) (6)	type of insurance (7)	for the risks of (8)
..... /				
..... /				
..... /				

4 The worker named in box 1 completed the following periods of residence (9)

from	to	Duration		
		Years	Months	Days

5

5.1 The person concerned ☐ has ☐ has not submitted an application in another Member State for registration for voluntary or optional continued insurance.

If he/she has, state

5.2 the country .....

5.3 the risk (8) .....

6	(6)

6.1	The person concerned	☐ receives	☐ does not receive
6.2	☐ an invalidity pension		
6.3	☐ an old-age pension		
6.4	Date from which pension is paid		

7	Institution issuing the certificate

7.1	Name		
7.2	Address (3)		
	.....		
7.3	Stamp	7.4	Date .....
		7.5	Signature .....

INSTRUCTIONS

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

NOTES

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

(2) Where applicable, indicate the date of naturalization.

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

(4) If the certificate is issued by a Belgian, French, Irish or United Kingdom institution, the information given is based on particulars supplied by the worker himself.

(5) Indicate the number of quarters, months, weeks, days, in accordance with the provisions of national legislation.

(6) Complete only if the form is being sent to a German or Italian institution.

(7) Indicate the type of insurance by using the following symbols:
A = compulsory
B = voluntary
C = optional continued.

(8) Indicate the risks covered by using the following symbols:
D = invalidity
E = old age
F = death.

(9) Complete only if the certificate is issued by a Danish institution.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 5

E 202 [ ] (1)

Country	Insurance number (2)	Institution concerned (where applicable, liaison body)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR AN OLD-AGE PENSION

Reg. 1408/71: Art. 44 to 50; Art. 77
Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

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

A. Information concerning the insured person

2

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status [ ] single [ ] divorced and remarried (9) [ ] separated [ ] married [ ] divorced and not remarried (9) [ ] widow or widower

3 Nationality (10) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 File reference No at the investigating institution .....

(*) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

7

7.1 ☐ The insured person is still pursuing a professional or trade activity
7.2 ☐ The insured person ceased to pursue a professional or trade activity on .....
7.3 ☐ The insured person intends to retire from gainful employment on ..... (16)
7.4 ☐ The insured person is engaged in gainful employment (16)
7.5 ☐ The insured person intends to engage in gainful employment (17)
7.6 Amount of annual earnings and, where applicable, of any other income (18) .....
7.7 Nature of other income (18) .....

		has applied for the following benefits	and/or is receiving the following benefits
8.1	The insured person		
8.2	Continued wage or salary payments in case of illness	☐	☐
8.3	Sickness insurance cash benefits for incapacity for work	☐	☐
8.4	Rehabilitation allowances	☐	☐
8.5	Invalidity pension	☐	☐
8.6	Old-age pension	☐	☐
8.7	Survivor's pension	☐	☐
8.8	Pension for accident at work or occupational disease	☐	☐
8.9	Unemployment benefits	☐	☐

8.10 Institutions responsible for paying the benefits indicated in 8.3 to 8.9 (name, address (3))

8..... .....
8..... .....
8..... .....
8..... .....

8.11 Additional information on the benefits listed in 8.3 to 8.9

	Reference No	Period or date on which due	Amount
8	.....	.....	☐ weekly ☐ monthly ☐ annual
8	.....	.....	☐ weekly ☐ monthly ☐ annual
8	.....	.....	☐ weekly ☐ monthly ☐ annual
8	.....	.....	☐ weekly ☐ monthly ☐ annual

8.12 The following are regarded as advances on the pension claimed
☐ the sickness insurance benefits for incapacity for work
☐ the unemployment benefits
☐ .....

9 Information to be supplied if the form is to be sent to French or German institutions

9.1 The claimant
- (19) ☐ declares that he is unfit for work (see medical report enclosed)
- (19) ☐ does not declare that he is unfit for work

9.2 The claimant
- (19) ☐ declares that he needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed)
- (19) ☐ does not declare that he does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life

B. Information concerning the members of the insured person's family

10 Spouse

10.1 Surname ..... Forenames ..... Maiden name ..... Sex .....

10.2 Date of birth ..... Place of birth .....

10.3 Address (3) (20) .....

.....

10.4 Date of marriage .....

10.5 The spouse ☐ pursues ☐ does not pursue a professional activity or trade

10.6 If in the affirmative, state amount of

☐ weekly earnings (21) ..... ☐ annual earnings (22) .....

10.7 The spouse aged between 60 and 65 declares himself/herself

☐ fit for work ☐ unfit for work (19)

10.8 The spouse ☐ receives ☐ does not receive a pension

Where appropriate, indicate

10.9 Type of pension .....

10.10 Pension No .....

10.11 Institution responsible for pension payment .....

10.12 Amount ☐ monthly ☐ quarterly ☐ annual .....

10.13 The spouse ☐ receives ☐ does not receive (23)

☐ unemployment ☐ sickness ☐ invalidity ☐ other

10.14 Other known resources Type .....

Amount (24) .....

11 Children

11.1 Surname	Forenames	Date of birth	Relationship
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....

11.2 The investigating institution is not obliged to pay the benefits mentioned in Art. 77 of Reg. 1408/71 for the children named in lines

No ..... of Item 11.1 (25)

11.3 Address (3) (26) .....

.....

11.4 Remarks (27) .....

C. Miscellaneous information

12 ☐ Date of submission of this claim .....
☐ Date chosen by claimant for commencement of pension payments ([28]).....
☐ Date from which the pension is payable .....

13 The claimant ☐ has requested ☐ has not requested
deferment of the calculation of an old-age pension to which he would be entitled.
Where appropriate, indicate the country .....

14 The investigating institution ☐ pays ☐ does not pay
benefits on a provisional basis under Art. 45.1 of Reg. 574/72
14.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

15 ☐ There are grounds ☐ There are no grounds
for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72
15.1 Any pension arrears
☐ can ☐ cannot
be paid direct to the beneficiary

16 Attached forms ☐ E 205 ☐ E 206 ☐ E 207

17 Investigating institution

17.1 Name .....
.....
17.2 Address ([3]) .....
.....
17.3 Stamp

17.4 Date .....
17.5 Signature
.....

E 202

INSTRUCTIONS

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

NOTES

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

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number.

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

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

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

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(8) This information is required where the worker is a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a German, French, Italian, Luxembourg or Netherlands institution.
If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

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

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

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(13) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below

Address (3) .....
.....

(16) Complete if the form is being sent to a German, Irish or United Kingdom institution.

(17) Complete if the form is being sent to a German or Irish institution.

(18) Complete if the form is being sent to a Danish or German institution.

(19) The French or German institutions may subsequently request an E 213 form.

(20) If the form is being sent to a Danish institution, give the spouse's last address in Denmark in the box below

Address (3) .....
.....

(21) Complete if the form is being sent to a United Kingdom institution.

(22) Complete if the form is being sent to a Danish, French, Italian or Luxembourg institution.

(23) Complete if the form is being sent to a Belgian, Danish, French, Irish, Italian or United Kingdom institution.

(24) Complete if the form is being sent to a Danish institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).

(25) Complete the 'Additional page' enclosed if the form is being sent to an Italian institution.

(26) Indicate the common address. If any of the children lives at a different address, indicate in the box below

Surname and forenames .....
Address (3) .....
.....

(27) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.

(28) Complete if the form is being sent to a German or French institution.

E 202 additional

ITEM 11 'CHILDREN'

ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not bound to pay benefits in respect of children as referred to in Art. 77 of Reg. 1408/71, please state

1 ☐ whether the children named in lines ..... pursue a professional activity or trade

1.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines ..... of Item 11.1 have any other source of income

2.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines ..... of Item 11.1 the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade
(Art. 79.3 of Reg. 1408/71)

3.1 The following institution is responsible for paying these family benefits or allowances:

(name) .....

(address) .....

.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on pages 4 and 5

E 203 ☐ (1)

Country	Insurance number (2)	Institution concerned (where applicable, liaison body)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR A SURVIVOR'S PENSION

Reg. 1408/71: Art. 44—50; Art. 78
Reg. 574/72: Art. 36—38; Art. 41—43; Art. 45—47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete the form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

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

A. Information concerning the deceased insured person

2 Names

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status ☐ single ☐ divorced and remarried (9) ☐ separated ☐ married ☐ divorced and not remarried (9) ☐ widow or widower

3 Nationality (10) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance number at the investigating institution .....
6.2 Reference number of file at investigating institution .....

(*) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

7 On the date of death, the deceased insured person
☐ was still pursuing ☐ no longer pursued a professional activity or trade

8

8.1 Date and place of death .....

8.2 Death ([16]) ☐ is assumed ☐ is not assumed to have been the result of an accident at work or of an occupational disease

8.3 Death ([17]) ☐ is assumed ☐ is not assumed to have been caused by a third party

8.4 In the case of a missing person ☐ date last heard of .....
☐ date of death officially presumed ([18])
.....

9

9.1 The deceased insured person ([19]) ☐ was ☐ was not receiving a pension at the date of his/her marriage

9.2 The deceased insured person ☐ was ☐ was not receiving a pension at the date of his/her death

Where appropriate, indicate

9.3 — Type of pension .....

9.4 — Pension No .....

9.5 — Institution responsible for payment of pension .....
.....

9.6 — Date from which the pension was due .....

9.7 — Date when payment ceased, where applicable .....

10 The deceased insured person ☐ had requested ☐ had not requested deferment of the calculation of an old-age pension to which he would have been entitled
(Where appropriate, indicate the country .....)

B. Information concerning the claimants

11 Widow, widower, or other claimants, excluding children ([20]) ([21])

11.1 Surname ..... Forenames ..... Maiden name .....

11.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

11.3 Address ([3]) ([22]) .....
.....

11.4 Date of marriage .....

11.5 Where applicable, date of divorce .....

11.6 Where applicable, date of remarriage .....

11.7 Name and forenames of new spouse .....

11.8 Relationship for claimants other than widow or widower
.....

12

12.1 The person named in box 11
12.2 ☐ is engaged in ☐ is not engaged in paid employment
12.3 ☐ is ☐ is not self employed
12.4 Where appropriate, state amount of annual income (23) .....
12.5 The person named in box 11
12.6 ☐ was ☐ was not a dependant of the deceased insured person (24)

12.7 ☐ is ☐ is not
☐ permanently unfit for work
☐ temporarily unfit for work, namely for more than three months (25)
12.8 ☐ needs ☐ does not need someone in constant attendance (26)
12.9 The person named in box 11
☐ receives a pension from ..... to .....
☐ does not receive a pension
12.10 Type of pension (27) .....
12.11 Pension No .....
12.12 Amount on date of claim .....
12.13 Institution responsible for payment of pension .....
12.14 The person named in box 11 (28)
☐ is entitled to a survivor's pension under accident insurance from the following institution .....
Pension No .....
12.15 The widow (29)
☐ is raising a child ☐ is not raising a child
for whom she receives a family allowance or an orphan's pension
12.16 Institution responsible for payment thereof .....
12.17 If the person named in box 11 is pregnant, give the expected date of her confinement
.....

13 Other known resources type of resources .....
amount (30) .....

14 Children (31)

14.1	Surname	Forenames	Date of birth	Relationship
	1.			
	2.			
	3.			
	4.			

14.2 The investigating institution is not obliged to pay the benefits referred to in Art. 78 of Reg. 1408/71 for the orphans named in lines
No ..... of 14.1 (32)
14.3 Address (3)(33) .....
.....
14.4 Remarks (34) .....

C. Miscellaneous information

15 ☐ Date of submission of this claim .....
☐ Date from which the pension is due .....

16 The investigating institution ☐ pays ☐ does not pay benefits on a provisional basis under Art. 45.1 of Reg. 574/72
16.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

17 ☐ There are grounds ☐ There are no grounds
for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72

17.1 Any pension arrears
☐ may ☐ may not
be paid direct to the beneficiary

18 Attached forms ☐ E 205 ☐ E 206 ☐ E 207

19 Investigating institution

19.1 Name .....
.....

19.2 Address (3) .....
.....

19.3 Stamp

19.4 Date .....

19.5 Signature
.....

INSTRUCTIONS

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

NOTES

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

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number of the deceased.

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

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

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

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(8) This information is required where the worker is a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a German, French, Italian, Luxembourg or Netherlands institution.
If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

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

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

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(13) Must be stated for insured persons of French or Italian nationality.
Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the deceased insured person's last address in Denmark in the box below

Address (3) .....
.....

(16) Complete if the form is being sent to a German, Irish, Italian, Luxembourg or United Kingdom institution.

(17) Complete if the form is being sent to a German or Luxembourg institution.

(18) If the form is being sent to a French institution, complete indicating the declared date of the disapperance to the police.

(19) Complete if the form is being sent to a French, Italian or Luxembourg institution.

(20) If there are several persons to be entered in box 11, please insert on one or several additional copies of pages 2 and 3, as boxes 11 and 12 must be completed for each person separately. Please note that in the Netherlands, widows, divorced or separated women may be entitled to a widow's pension if they are younger than 65 years of age. Widows, divorced or separated women who are older than 65 years of age are entitled to an old-age pension. In these cases, an E 202 form must be drawn up in the name of the woman concerned.

(21) Please complete the 'Additional page No 1' enclosed if the form is being sent to an Italian institution.

(22) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below

Address (3) .....

.....

(23) Complete if the form is being sent to a Danish or French institution.

(24) Complete if the form is being sent to a French, German, Italian or Luxembourg institution.

(25) Complete if the form is being sent to a Netherlands institution.

(26) Complete if the form is being sent to a French, Irish or United Kingdom institution.

(27) If the form is being sent to a French institution, please specify whether this is a personal or a reversionary pension.

(28) Complete if the form is being sent to a Belgian or German institution.

(29) Complete if the form is being sent to a Belgian, French, German or Luxembourg institution.

(30) Complete if the form is being sent to a Danish institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).

(31) Complete if the form is being sent to a Danish, French, German, Irish, Italian, Netherlands or United Kingdom institution.

(32) Please complete the 'Additional page No 2' enclosed if the form is being sent to an Italian institution.

(33) Indicate the common address. If one of the children lives at a different address, indicate in the box below

Surname and forenames .....

Address (3) .....

.....

(34) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.

ITEM 11 'RIGHTFUL CLAIMANTS OTHER THAN CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

To be completed if the pension is claimed abroad by the sole surviving parent, an unmarried brother or an unmarried sister of the deceased worker.

1 — If the claimant is the sole surviving parent, please state whether the deceased worker is survived by

☐ spouse	☐ yes	☐ no
☐ children	☐ yes	☐ no

2 — If the claimant is a brother or sister of the deceased worker, please state whether the latter is survived by

☐ spouse	☐ yes	☐ no
☐ children	☐ yes	☐ no
☐ parents	☐ yes	☐ no

ITEM 14 'CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not obliged to pay benefits in respect of orphans as referred to in Art. 78 of Reg. 1408/71, please state

1 ☐ whether the children named in lines ..... of Item 14.1 pursue a professional activity or trade

1.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines ..... of Item 14.1 have any other source of income

2.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines ..... of Item 14.1 the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade (Art. 79.3 of Reg. 1408/71).

3.1 The following institution is responsible for paying these family benefits or allowances:

(name) .....

(address) .....

.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 5

E 204 ☐ (1)

Country	Insurance No (2)	Institution concerned (or liaison body, if applicable)
1)	.....	.....
2)	.....	.....
3)	.....	.....
4)	.....	.....
5)	.....	.....

INVESTIGATION OF A CLAIM FOR AN INVALIDITY PENSION

Reg. 1408/71: Art. 44—50; Art. 77
Reg. 574/72: Art. 36—38; Art. 41—43; Art. 45—47; Art. 49; Art. 90 (*); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1 Institution to which the form is addressed (institution concerned or liaison body, as applicable)

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

A. Information concerning the insured person

2 Names

2.1 Surname (4) .....
2.2 Surname at birth (4) .....
2.3 Forenames (5) .....
2.4 Previous names (6) .....
2.5 Sex (7) .....
2.6 Father's surname and forenames (8) .....
2.7 Mother's surname and forenames (8) .....
2.8 Civil status ☐ single ☐ divorced and remarried (9) ☐ separated ☐ married ☐ divorced and not remarried (9) ☐ widow or widower

3 Nationality (10) .....

4 Details of birth

4.1 Date of birth (11) .....
4.2 Place of birth (12) .....
4.3 Province, department, county (13) .....
4.4 Country (14) .....

5 Address (3) (15)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....

(*) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

7 Date which has been determined as the commencement of invalidity .....

7.1 Date of commencement of incapacity for work followed by invalidity (15a) .....

7.2 The person concerned

☐ is still engaged in ☐ paid employment ☐ self-employment

☐ is no longer engaged in

7.3 If he is engaged in paid employment (16) indicate

Amount of wage or salary ..... No of hours worked per week .....

7.4 Date of cessation of normal professional activity or trade .....

7.5 Type of activity .....

7.6 If he is self-employed, indicate the amount of professional income (17) .....

7.7 Other known resources (amount and nature) (18) .....

7.8 The invalidity

☐ is assumed ☐ is not assumed to have been caused by a third party

8 Since the commencement of incapacity for work, the person concerned

☐ has followed occupational rehabilitation courses

☐ has not followed occupational rehabilitation courses

Where appropriate, indicate

8.1 for what kind of occupation .....

8.2 the employer for whom he works in this new occupation

Name of employer or firm .....

Address (3) .....

.....

8.3 Date of commencement and of termination of this employment .....

9

		has applied for the following benefits	and/or	receives the following benefits
9.1	The insured person			
9.2	Continued wage or salary payments in case of illness	☐		☐
9.3	Sickness insurance cash benefits for incapacity for work	☐		☐
9.4	Rehabilitation allowances	☐		☐
9.5	Invalidity pension	☐		☐
9.6	Old-age pension	☐		☐
9.7	Survivor's pension	☐		☐
9.8	Pension for accident at work or occupational disease	☐		☐
9.9	Unemployment benefits	☐		☐

9.10 Institutions responsible for paying the benefits indicated in 9.3–9.9 [name, address (3)]

9 .....

9 .....

9 .....

9 .....

9.11 Additional information on the benefits listed in 9.3–9.9

Re benefits in Item	Reference No	Period or date on which due	Amount
9	.....	.....	☐ weekly ☐ monthly ☐ annual
9	.....	.....	☐ weekly ☐ monthly ☐ annual
9	.....	.....	☐ weekly ☐ monthly ☐ annual
9	.....	.....	☐ weekly ☐ monthly ☐ annual

9.12 The following are regarded as advances on the pension claimed

☐ The sickness insurance benefits for incapacity for work

☐ the unemployment benefits

☐ .....

B. Information concerning the members of the insured person's family

10 Spouse

10.1 Surname ..... Forenames ..... Maiden name ..... Sex .....

10.2 Date of birth ..... Place of birth .....

10.3 Address (3) (19) .....

.....

10.4 Date of marriage .....

10.5 The spouse ☐ pursues ☐ does not pursue a professional trade or activity

10.6 Where appropriate, state amount of

☐ weekly earnings(20) ☐ annual earnings (21)

10.7 The spouse ☐ receives ☐ does not receive a pension

If in the affirmative, indicate

10.8 Type of pension .....

10.9 Pension number .....

10.10 Institution responsible for pension payment .....

10.11 Amount ☐ monthly ☐ quarterly ☐ annual .....

10.12 The spouse ☐ benefits ☐ does not receive other benefits (22)

☐ unemployment ☐ sickness ☐ invalidity ☐ other

10.13 Other known resources Type .....

Amount (23) .....

11 Children

11.1	Surname	Forenames	Date of birth	Relationship
	1.	.....	.....	.....
	2.	.....	.....	.....
	3.	.....	.....	.....
	4.	.....	.....	.....

11.2 The investigating institution is not obliged to pay the benefits mentioned in Art. 77 of Reg. 1408/71 for the children named in lines

No ..... of Item 11.1 ([24])

11.3 Address ([3]) ([25]) .....

.....

11.4 Remarks ([26]) .....

12 Dependent ascendants ([27])

12.1	Surname	Forenames	Date of birth	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

12.2 Address ([3]) ([25]) .....

.....

12.3 Remarks .....

.....

C. Miscellaneous information

13 ☐ Date of submission of claim .....

☐ Date from which the pension is payable .....

14 The investigating institution

☐ pays ☐ does not pay

benefits on a provisional basis under Art 45.1 of Reg. 574/72

14.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72

15 ☐ There are grounds ☐ There are no grounds

for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72

15.1 Any pension arrears

☐ may ☐ may not

be paid direct to the beneficiary

16 Attached forms ☐ E 205 ☐ E 206 ☐ E 207 ☐ E 213 ☐ E 214 ([28])

17 Investigating institution

17.1 Name .....

17.2 Address ([3]) .....

.....

17.3 Stamp

17.4 Date .....

17.5 Signature

.....

E 204

INSTRUCTIONS

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

NOTES

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

(2) Where the form is being sent to a Danish institution, indicate the CPR number or the ATP number.

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

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

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

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(8) This information is required where the worker is a French national born outside metropolitan France.

(9) Complete where possible if the form is being sent to a German, French, Italian, Luxembourg or Netherlands institution.
If the sending institution does not have this information available, the competent institution should contact the person concerned directly.

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

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

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(13) Must be stated for insured persons of French or Italian nationality.
Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59').

(14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below

Address (3) .....
.....

(15a) Please complete in the same way as in section C.3 of the E 213 form.

(16) Complete if the form is being sent to a Danish, French, German, Irish, Luxembourg, Netherlands or United Kingdom institution.

(17) Complete if the form is being sent to a Belgian, Danish, Irish, Luxembourg or Netherlands institution.

(18) Complete if the form is being sent to a Danish institution.

(19) Complete if the form is being sent to a Danish institution. Indicate last address in Denmark.

(20) Complete if the form is being sent to an Irish or United Kingdom institution.

(21) Complete if the form is being sent to a Belgian, Danish, French, Italian or Luxembourg institution.

(22) Complete if the form is being sent to a Belgian, Danish, French, German, Irish, Italian or United Kingdom institution.

(23) Complete only if the form is being sent to a Belgian and Danish institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).

(24) Please complete the 'Additional page' enclosed if the form is being sent to an Italian institution.

(25) Indicate the common address. If one of the children or ascendants live at a different address, state this address in the box below

Surname and forenames .....
Address (3) .....
.....

(26) Indicate if the child is married, an invalid, deceased (date of death), an apprentice, or a student.

(27) Complete if the form is being sent to a Belgian, German or United Kingdom institution.

(28) If an E 204 form is issued by or being sent to a German or Netherlands institution, forms E 213 and E 214 should be enclosed.

E 204 additional

ITEM 11 'CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS

If the investigating institution is not obliged to pay benefits in respect of children as referred to in Art. 77 of Reg. 1408/71, please state

1 ☐ whether the children named in lines ..... of Item 11.1 pursue a professional activity or trade

1.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

2 ☐ whether the children named in lines ..... of Item 11.1 have any other source of income

2.1 please state for each child
type of income .....

amount of income per ☐ week ☐ month ☐ year .....

3 ☐ in respect of the children named in lines ..... of Item 11.1 the following person

(name) .....

(address) .....

.....

is entitled to benefits or allowances by virtue of his/her pursuit of a professional activity or trade
(Art. 79.3 of Reg. 1408/71)

3.1 The following institution is responsible for paying these family benefits or allowances

(name) .....

(address) .....

.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **B** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN BELGIUM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname	Forenames		Surname at birth
.....	.....		.....
7.2 Place of birth	**Date of birth**	**Sex**	**Nationality**
.....	.....	.....	.....

7.3 Address (2) .....
.....

E 205 | B

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods	Periods treated as insurance periods ([14])	Insurance scheme	Occupation ([15])
Year	from	to	(years)	(years)		
Periods for which no dates are specified						

8.1 Total length of period of insurance under Belgian social security schemes for employed persons

8.2 Remarks

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) In 8.2 indicate the nature of the periods treated as periods of employment.

(15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **DK** (1)

CERTIFICATE CONCERNING PERIODS OF INSURANCE AND PERIODS OF RESIDENCE IN DENMARK

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname	Forenames		Surname at birth
.....	.....	.....	.....
7.2 Place of birth	Date of birth	Sex	Nationality
.....	.....	.....	.....

7.3 Address (2) .....
.....

E 205 | DK

8

Periods during which periods of residence and periods treated as such were completed under the law on social pensions			Periods of residence			Periods treated as periods of residence			Periods in which insurance periods were completed under the law on supplementary pensions (ATP)			
Year	from	to	Years	Months	Days	Years	Months	Days	Year	from	to	No of months

8.1 Total length of period of insurance under Danish social security schemes for employed persons

....

8.2 Remarks ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **D** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN GERMANY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname	Forenames		Surname at birth
.....	.....		.....
7.2 Place of birth	Date of birth	Sex	Nationality
.....	.....	.....	.....

7.3 Address (2) .....
.....

E 205 | D

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Periods treated as insurance periods (15)		Insurance scheme	Occupation (16)
Year	from	to	Weeks	Months	Weeks	Months		

8.1 Total length of period of insurance under German social security schemes for employed persons:

— periods to be taken into account for the acquisition of entitlement and for calculation of benefits:

weeks .... months ....

— periods to be taken into account only for calculation of benefits:

weeks .... months ....

8.2 Remarks (15) ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of insurance weeks or months put 'P' ('Pflichtversicherung') for periods of compulsory insurance in order to avoid any confusion with voluntary insurance.

(15) After the number of weeks or months treated as such put 'A' for periods of interruption which are taken into account for the calculation of the amount of the benefit but not for the acquisition of the right. Furthermore, the nature of the periods treated as such (Ersatzzeiten) must be indicated in 8.2 ('Remarks').

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **F** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN FRANCE

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)	Periods treated as insurance periods (15)	Insurance scheme	Occupation (16)
Year	from	to	(quarters)	(quarters)		

Benefit increase for mothers

8.1 Total length of period of insurance under French social security schemes for employed persons ....

8.2 Remarks ....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.

(15) In 8.2 indicate the nature of the periods treated as insurance periods.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **IRL** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN IRELAND

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)	Periods treated as insurance periods	Reason for treating these periods as insurance periods (15)	Occupation (16)
Year	from	to	(weeks)	(weeks)		

8.1 Total length of period of insurance under the Irish social security scheme for employed persons

....

8.2 Remarks ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.

(15) Indicate whether the periods in question are periods of illness, unemployment, etc.

(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **I** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN ITALY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)		Periods treated as insurance periods (15)		Insurance scheme	Occupation (16)
Year	from	to	Weeks	Months	Weeks	Months		

8.1 Total length of period of insurance under Italian social security schemes for employed persons and self-employed persons treated as such:

— periods to be taken into account for the acquisition of entitlement and for the calculation of benefits:
weeks .... months ....

— periods to be taken into account only for the calculation of benefits:
weeks .... months ....

The periods of .... up to .... are converted into benefits with effect from ....

8.2 Remarks (15) ....
....

9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing the form belongs: I = Italy.
(2) Street, number, post code, town, country.
(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
(4) Give all forenames in the order in which they appear on the birth certificate.
(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
(6) Put M for male and F for female.
(7) This information is required where the worker is a French national born outside metropolitan France.
(8) Where appropriate, indicate the date of naturalization.
(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).
(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').
(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
(13) Complete where appropriate.
(14) After the number of weeks or months put 'P' for periods of compulsory insurance in order to avoid any confusion with periods of voluntary insurance.
(15) In 8.2 indicate the nature of the periods treated as insurance periods.
(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **L** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN LUXEMBOURG

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

E 205 | L

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods		Periods treated as insurance periods [14]		Insurance scheme	Occupation [15]
Year	from	to	Days	Months	Days	Months		

8.1 Total length of period of insurance under Luxembourg social security schemes for employed persons

8.2 Remarks [14]

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form
10.1	Name .....
10.2	Address (2) .....
	.....
10.3	Stamp
10.4	Date .....
10.5	Signature .....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) In 8.2 indicate the nature of the periods treated as periods of employment.

(15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **NL** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE NETHERLANDS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

8

Insurance periods under AOW/AWW (14)		Insurance periods under WAO (14)		Number of			Type (15)
from	to	from	to	Years	Months	Days	

8.1 Total length of period of insurance in the Netherlands under AOW, AWW and WAO (16)
.... years .... months .... days

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....

10.2 Address (2) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname, please state usual surname or surname acquired by marriage. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given; if same as current surname, put 'IDEM'. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— 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.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) AOW = law on general old-age insurance
AWW = law on general widows' and orphans' insurance
WAO = law on insurance against incapacity for work

(15) Use the following symbols in order to indicate the type of insurance period
P = compulsory insurance
V = voluntary insurance
G = periods treated as periods of insurance

(16) Delete where applicable. Since the Netherlands insurance scheme does not provide for registration of the insured person, it may happen that our statistics may contain references to periods in respect of which it can only be assumed that the person concerned was insured in the Netherlands. In the case where it is established that the person concerned was insured during the periods of insurance stated by us in the Netherlands under the legislation of your country, you may, without consulting us, deduct the periods in question from the total number of periods of insurance stated in point 8.1 of this form.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 205 **GB** (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE UNITED KINGDOM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

E 205 GB

8

Periods during which insurance periods and periods treated as such were completed			Insurance periods (14)	Periods treated as insurance periods	Reason for treating these periods as insurance periods (15)	Occupation (16)
Year	from	to	Weeks	Weeks		

8.1 Total length of period of insurance under the United Kingdom social security scheme for employed persons

....

8.2 Remarks ....

....

9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10 Institution completing the form

10.1 Name .....
10.2 Address (2) .....
.....
10.3 Stamp

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

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing the form belongs: GB = United Kingdom.
(2) Street, number, post code, town, country.
(3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
(4) Give all forenames in the order in which they appear on the birth certificate.
(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
(6) Put M for male and F for female.
(7) This information is required where the worker is a French national born outside metropolitan France.
(8) Where appropriate, indicate the date of naturalization.
(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).
(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').
(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
(13) Complete where appropriate.
(14) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.
(15) Indicate whether the periods in question are periods of illness, unemployment, etc.
(16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 206 [ ] (1)

CERTIFICATE CONCERNING PERIODS OF EMPLOYMENT IN MINES AND SIMILAR UNDERTAKINGS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 43.1—3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to forms E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1 Institution to which the form is addressed (institution concerned or investigating institution, as applicable)

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

Information concerning the worker

2 Names

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....
.....

8

Undertakings (14)	Type of work performed (15)	Periods of employment or periods treated as such		Length of each period					
				overall			underground work		
		from	to	Years	Months	Days	Years	Months	Days
8.1			Total						

9 The periods of employment shown in Item 8 were interrupted as follows ([16])

Periods of interruption		Reason for interruption (sickness, leave, military service, active service, unemployment, medical treatment, rehabilitation, unpaid leave, etc.)
from	to	
Day/Month/Year	Day/Month/Year	

10 Institution completing the form

10.1 Name .....

10.2 Address ([2]) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

([3]) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— 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.

([4]) Give all forenames in the order in which they appear on the birth certificate.

([5]) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

([6]) Put M for male and F for female.

([7]) This information is required where the worker is a French national born outside metropolitan France.

([8]) Where appropriate, indicate the date of naturalization.

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

([10]) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

([11]) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

([12]) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

([13]) Complete where appropriate.

([14]) Indicate the undertakings in which the person concerned was employed and the substance extracted or processed.

([15]) Specify type of work and indicate whether performed at the surface or underground, or whether it concerns periods treated as periods of employment.

([16]) Complete only if the form is to be sent to German institutions.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 207 [ ] (1)

INFORMATION CONCERNING THE WORKER'S INSURANCE HISTORY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.3.c
Reg. 574/72: Art. 42.1; Art. 69

To be completed where necessary by the investigating institution and to be attached to forms E 202, E 203 and E 204.

The information in box 7 has been obtained from the person concerned and will be sent to the institution concerned.

Information concerning the worker

1

1.1 Surname (3) .....
1.2 Surname at birth (3) .....
1.3 Forenames (4) .....
1.4 Previous names (5) .....
1.5 Sex (6) .....
1.6 Father's surname and forenames (7) .....
1.7 Mother's surname and forenames (7) .....

2 Nationality (8) .....

3 Details of birth

3.1 Date of birth (9) .....
3.2 Place of birth (10) .....
3.3 Province, department, county (11) .....
3.4 Country (12) .....

4 Address (2)

.....
.....

5 Insurance No .....

(Information relating to each period — see page 2)

6 Investigating institution

6.1 Name .....
6.2 Address (2) .....
.....
6.3 Stamp

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

7 Information relating to each period

	Periods (13)		Type of work (14)	Name of employer and place of registered office	Place and country of actual employment	(a) Insurance institution or scheme (b) Insurance number (15) (c) Type of insurance (16)	Place of residence during period of employment
	from	to					
	1	2	3	4	5	6	7
1						(a) ..... (b) ..... (c)	
2						(a) ..... (b) ..... (c)	
3						(a) ..... (b) ..... (c)	
4						(a) ..... (b) ..... (c)	
5						(a) ..... (b) ..... (c)	
6						(a) ..... (b) ..... (c)	
7						(a) ..... (b) ..... (c)	
8						(a) ..... (b) ..... (c)	

E 207

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. If the space provided on page 2 is not sufficient to indicate all stages of the insurance history of the person concerned, insert one or more identical pages, changing the numbers at the extreme left-hand side (substituting 9, 10, 11 .... for 1, 2, 3 .....)

NOTES

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

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

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put, 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— 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.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) If the form is to be sent to a Danish or Netherlands institution, indicate also all periods of residence completed by the worker in Denmark or in the Netherlands.

(14) Indicate the type of work performed (employed or self-employed), e.g. mechanic, shop assistant, self-employed farmer. Where applicable: school or vocational training: (specify type of course and diplomas obtained); periods without paid employment (e.g. housewife, unemployed, sickness, etc.); military service (country). If the person concerned served in the armed forces in Italy, a copy of his service book ('foglio matricolare') or of his service record ('stato di servizio') should be enclosed where possible with the E 207 form.

(15) If the form is to be sent to a Danish institution, indicate the CPR number and, where applicable, the ATP number.

(16) Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 208 ☐ (1)

DETERMINATION OF RIGHTS TO PENSION

to ☐ **old-age pension** ☐ **invalidity pension** ☐ **survivor's pension**

in ..... (2)

Reg. 1408/71: Art. 46.1 and 2; Art. 49.2 and 3
Reg. 574/72: Art. 43.2 and 3; Art. 46

To be sent by the institution concerned to the investigating institution.

1 Investigating institution to which the form is addressed

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

Information concerning the worker

2

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

3 Nationality (9) .....

4 Details of birth

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

5 Address (3)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Person who has entitlement (14)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (3) .....
.....
7.4 Relationship with the deceased insured person .....

8 If a claim is rejected

Reason .....

.....

.....

.....

.....

9 If a pension is awarded

9.1 Annual amount ([15]) of the national pension referred to in Art. 46.1 (first subparagraph) of Reg. 1408/71 which the person concerned may claim for periods of insurance (compulsory, voluntary or optional continued) and periods treated as such completed in the country concerned, even if some of these periods overlap with periods completed in another country

.....

9.2 Actual annual amount ([15]) of the theoretical pension referred to in Art. 46.2 of Reg. 1408/71 which would be payable if all insurance periods and periods treated as such, determined in accordance with the rules laid down in Art. 15 of Reg. 574/72, had been completed in the country concerned.

.....

9.3 Actual annual amount ([15]) of the proportional pension referred to in Art. 46.2.b, c and d of Reg. 1408/71, calculated by taking into consideration periods completed in the country concerned, excluding periods of voluntary or optional continued insurance overlapping with periods completed in another country

.....

9.4 Actual annual amount ([15]) of the proportional pension referred to in Art. 46.2.b, c and d of Reg. 1408/71, calculated by taking into consideration periods completed in the country concerned, including periods of voluntary or optional continued insurance overlapping with periods completed in another country

.....

9.5 Date from which benefits are payable .....

10 Institution concerned

10.1 Name .....

10.2 Address ([3]) .....

.....

10.3 Stamp

10.4 Date .....

10.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

(2) Indicate the Member State.

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

(4) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— 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.

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

(6) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called . . .' or 'alias . . .' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

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

(8) This information is required where the worker is a French national born outside metropolitan France.

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

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

(11) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(12) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

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

(14) Complete only in the case of an application for a survivor's pension.

(15) The annual amount is equal to the total amount of the amounts to be paid in the course of the year, calculated on the basis of the amount of the benefits on the date on which they become effective.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 209 ☐ (1)

DETERMINATION OF PENSION AMOUNTS FOR

☐ old-age pension ☐ invalidity pension ☐ survivor's pension

REGARDING THE POSSIBLE APPLICATION OF ART. 46.3 OF REG. 1408/71

The investigating institution should complete this form and send a copy to each of the institutions concerned.

1 Institution concerned to which the form is addressed

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

Information concerning the insured person

2

2.1 Surname (3) .....
2.2 Surname at birth (3) .....
2.3 Forenames (4) .....
2.4 Previous names (5) .....
2.5 Sex (6) .....
2.6 Father's surname and forenames (7) .....
2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....
4.2 Place of birth (10) .....
4.3 Province, department, county (11) .....
4.4 Country (12) .....

5 Address (2)

.....
.....

6

6.1 Insurance No at the investigating institution .....
6.2 Reference No of file at the investigating institution .....
6.3 Reference No of file at the institution concerned .....

7 Rightful claimant (13)

7.1 Surname ..... Forenames ..... Surname at birth .....
7.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....
7.3 Address (2) .....
.....
7.4 Relationship to the deceased insured person .....

(Determination of amounts — see page 2)

8 Investigating institution

8.1 Name .....
8.2 Address (2) .....
.....
8.3 Stamp

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

E 209

9 Determination of pension amounts on (date).....

Country responsible for the payment of the benefit	Annual amount in the currency of the country of the competent institution (14)			Annual amount in the currency of the country of the investigating institution				Annual amount in the currency of the country of the competent institution (14) (Pension after application of Art. 46.3 of Reg. 1408/71) (18)
	Theoretical pension (Art. 46.2.a of Reg. 1408/71)	National pension (Art. 46.1 first sub-paragraph of Reg. 1408/71)	Proportional pension (15) (Art. 46.2.b of Reg. 1408/71)	Theoretical pension (Art. 46.2.a of Reg. 1408/71)	Highest amount in column 3 or 4 (16)		Product of multiplication of the amounts in column 6 by reduction coefficient (see box 10) (17)	
					Amounts in column 3 (Art. 46.1 first sub-paragraph of Reg. 1408/71)	Amounts in column 4 (Art. 46.2.b of Reg. 1408/71)		
1	2	3	4	5	6	7	8	9
1.								
2.								
3.								
4.								
5.								
			Total		A	B		

Repeat of total B from column 7	B .....
Total pensions due from all countries (C = A + B)	C .....
Highest theoretical pension from column 5	D .....
Difference (C − D = E)	E .....

10 Determination of reduction coefficient pursuant to Art. 46.3 of Reg. 1408/71 (Coefficient used for calculation of amounts in column 8 of box 9) (17)

Total amount of national pensions (column 6)	A .....
Amount of the difference	E .....
Reduction coefficient $F = \frac{A - E}{A}$	F .....

11 Parities (19)

Currency of the country of the competent institution		Currency of the country of the investigating institution
DM 100	x ..... =	.....
Bfrs 100	x ..... =	.....
FF 100	x ..... =	.....
Lit 100	x ..... =	.....
Lfrs 100	x ..... =	.....
Fl 100	x ..... =	.....
Dkr 100	x ..... =	.....
£ 100	x ..... =	.....
£Irl 100	x ..... =	.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Explanations such as 'called ...' or 'alias ...' and all prefixes to surnames must be wirtten in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) To be completed only in the case of a claim for a survivor's pension.

(14) State which currency.

(15) Calculated without reference to periods of voluntary or optional continued insurance overlapping with periods of compulsory insurance completed in another country.

(16) If the amount in column 3 is the same as that in column 4 this amount should be included in column 7.

(17) Complete only if the amounts in A and E in column 6 are positive.

(18) To the amount in column 7 should be added, where applicable, the increase of pension provided for in Art. 46.1 of Reg. 574/72, corresponding to periods of voluntary or optional continued insurance coinciding with periods of insurance completed in another country.

(19) See Art. 107 of Reg. 574/72.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 210 ☐ (1)

NOTIFICATION OF DECISION CONCERNING A CLAIM FOR PENSION

for ☐ **old age** ☐ **invalidity** ☐ **survivor**

(award or rejection)

Reg. 574/72: Art. 48

Each of the institutions concerned should complete this form and send it to the investigating institution together with two copies of the formal decisions. One extra copy should be added for any additional institution concerned.

1 Investigating institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

Information concerning the insured person

2

2.1 Surname (3) .....

2.2 Surname at birth (3) .....

2.3 Forenames (4) .....

2.4 Previous names (5) .....

2.5 Sex (6) .....

2.6 Father's surname and forenames (7) .....

2.7 Mother's surname and forenames (7) .....

3 Nationality (8) .....

4 Details of birth

4.1 Date of birth (9) .....

4.2 Place of birth (10) .....

4.3 Province, department, county (11) .....

4.4 Country (12) .....

5 Address (2)

.....

.....

6

6.1 Insurance No at the investigating institution .....

6.2 Reference No of file at the investigating institution .....

6.3 Reference No of file at the institution concerned .....

7 Person who has entitlement (13)

7.1	Surname	Forenames		Surname at birth
	.....	.....		.....
7.2	Place of birth	Date of birth	Sex	Nationality
	.....	.....	.....	.....

7.3 Address (2) .....

.....

7.4 Relationship to the deceased insured person .....

8 The claim is rejected

Reason .....

.....

.....

.....

9 A pension is awarded

9.1	From	/ /	/ /	/ /	/ /
9.2	Annual amount	.....	.....	.....	.....
9.3	Where appropriate, deduction in accordance with the provisions on the prevention of overlapping (Art. 12 of Reg. 1408/71 and Art. 7 of Reg. 574/72) Reason	.....	.....	.....	.....
9.4	Amount due	.....	.....	.....	.....

10 A Danish pension is awarded (14)

10.1 Annual amount under the legislation on social pension .....

10.2 Annual amount under the legislation on supplementary pensions for employed persons (ATP) .....

10.3 Total annual amount .....

10.4 Where appropriate, deduction in accordance with the provisions on the prevention of overlapping (Art. 12 of Reg. 1408/71 and Art. 7 of Reg. 574/72) Reason: adjustment to income .....

10.5 Amount due (social pension) .....

10.6 Amount due (ATP pension) .....

10.7 Date from which social pension is payable .....

10.8 Date from which ATP pension is payable .....

11 Appeals and periods allowed for appeals: see form E 212

12 Institution concerned

12.1 Name .....

12.2 Address (2) .....

.....

12.3 Stamp

12.4 Date .....

12.5 Signature

.....

E 210

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
— The surname at birth must always be given: if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
— Explanations such as 'called ...' or 'allias ...' and all prefixes to surnames must be wirtten in full in the order in which they appear on the birth certificate.

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

(5) To be stated particularly in the case of adoption or in the case of bynames in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a French national born outside metropolitan France.

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

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

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(11) Must be stated for insured persons of French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59').

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) To be completed only in the case of a claim for a survivor's pension.

(14) To be completed only by Danish institutions.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 211 [ ] (1)

SUMMARY OF DECISIONS

Reg. 574/72: Art. 48

The investigating institution should complete this form and send a copy to the claimant in his own language attaching a copy of each of the formal decisions, together with a notice of appeals and periods allowed for appeals (an E 212 form). The investigating institution should also send a copy of an E 211 form to each of the institutions concerned, attaching a copy of the decisions of the other institutions concerned.

1 Claimant

1.1	Surname	Forenames		Maiden name .....
1.2	Place of birth	Date of birth	Sex	Nationality .....
1.3	Address (2)			

2 Your claim for a pension for

2.1 [ ] old age [ ] invalidity [ ] survivor

2.2 has been examined by the following institutions

3 Institutions concerned

	Country	Institution	File reference
3.1	.....	.....	.....
3.2	.....	.....	.....
3.3	.....	.....	.....
3.4	.....	.....	.....
3.5	.....	.....	.....

4 These institutions have taken the following decisions (see original decisions attached)

5 Your claim has been rejected

5.1 Concerning (3) .....
Reason .....
.....
.....
.....

5.2 Concerning (3) .....
Reason .....
.....
.....
.....

6 A pension has been awarded to you

	Concerning (3)	Annual amount in currency of country responsible for payment (4) (5)	Payable from (date)
6.1	.....	.....	.....
6.2	.....	.....	.....
6.3	.....	.....	.....
6.4	.....	.....	.....
6.5	.....	.....	.....

7 If you wish to appeal against the decisions given in your case by one or more of these institutions, you may do so in accordance with the procedures and within the time limits indicated on form E 212.

8	Investigating institution

8.1 Name .....

8.2 Address (2) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) Indicate country and where necessary the scheme concerned.

(4) Where rates of pensions are upgraded by virtue of national legislation, the amount indicated above will be changed. The new amount will not be communicated to any other institution.

(5) It is possible that this amount is reduced by taxes and contributions payable by the pensioner.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 212 [ ] (1)

APPEALS AND PERIODS ALLOWED FOR APPEALS

Reg. 574/72: Art. 48

A — If you do not agree with the decision or decisions taken, you may appeal. For this purpose you should, **for each contested decision:**

1. State in writing the grounds for your appeal.
2. State the references on the notification relating to the contested decision. Attach a copy of this decision.
3. Sign the letter. If you cannot sign, make a cross and have the letter of appeal signed by two persons of full age, giving their surnames, forenames and addresses (2).
4. Ensure that, within the period mentioned in the notification of the contested decision, this letter is in the possession of the institution with which you lodge an appeal against the decision.

   NB: This period starts on the date of the notification; under Art. 86 of Reg. 1408/71 any claim, declaration or appeal which should have been submitted, in order to comply with the legislation of one Member State, within a specified period to an authority, institution or court of that State shall be admissible if it is submitted within the same period to a corresponding authority, institution or court of another Member State.

B — 1. An appeal against a **Belgian** decision should, within one month from the date on which the decision is received, either be sent by registered letter, or delivered to the office of the clerk of the labour court in the area of jurisdiction where you reside, if you are resident in Belgium (*labour court of*

.....)

or in the area of jurisdiction of your last domicile or residence in Belgium, if you are resident abroad.

2. An appeal against a Danish decision relating to a pension under the legislation on social pensions should be sent, within a period of four weeks from the date on which the decision is received, to 'Den sociale Ankestyrelse' (social appeals board), Copenhagen.

   Address .....

   An appeal against a **Danish** decision relating to entitlement to a pension under the legislation on supplementary pensions for employed persons (ATP) should be lodged, within a period of four weeks from the date on which the decision is received, with the 'Ankenaevnet for Arbejdsmarkedets Tillaegspension' (ATP appeals board), Ministry of Labour, Copenhagen.

   Address .....

3. A direct appeal or a protest against a decision taken by a **German** institution for pension insurance may be lodged within a period of three months from the date on which the decision is received. Such protest must be made in writing or in the form of a written notice of appeal (mention pension insurance institution) .....

   .....

   and the appeal must be lodged with the 'Sozialgericht' (Social court) in

   .....

   in writing or in the form of a written notice of appeal to the registrar of the local office. The period allowed for appeal is also deemed to have been respected if the written protest or appeal was lodged with another German authority, a German insurance institution or an official German representation abroad.

4. An appeal against a **French** decision should be sent, within a period of two months from the date on which the decision is received, to 'M. le Président de la Commission de recours gracieux de la Caisse de sécurité sociale', whose address is given on the French notification.

5. An appeal against an **Irish** decision should be sent to the Secretary, Department of Social Welfare, Dublin, within a period of 21 days from the date on which the decision is received.

6. An appeal against an **Italian** decision of the INPS should be sent to the 'Comitato provinciale' attached to the provincial office of the INPS in

   .....

   within 90 days from the date on which the Summary of Decisions (E 211 form) is received.

   If no decision has been received from the 'Comitato provinciale' at the end of the period of 90 days, the person concerned may, within 90 days from the end of the period in which the first appeal should have been decided, send a second appeal to

   .....

   .....

   The above appeal procedures apply to claims for pensions which form the subject matter of a decision by the INPS in the context of general compulsory invalidity, old-age and survivor's insurance. Appeals against decisions taken in the context of special schemes of the INPS or of the other institutions are subject to different procedures of which the insured person will be notified separately.

7. An appeal against a **Luxembourg** decision should be sent in duplicate to the 'Conseil arbitral des assurances sociales' in Luxembourg, within a period of 40 days from the date on which the decision is received.

8. An appeal against a **Netherlands** decision should be sent in duplicate to the 'Raad van Beroep', within one month from the date on which it is reasonably assumed you were aware of that decision.

   .....

9. An appeal against a decision of a **United Kingdom** institution should be sent, within a period of 28 days from the date on which the decision is received, to the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

E 212

INSTRUCTIONS

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

NOTES

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 6

E 213 ☐ (1)

DETAILED MEDICAL REPORT

Reg. 1408/71: Art. 39—41 and Art. 87

1 Institution to which the report is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Person examined

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Address (2) .....

.....

2.4 Last occupation (3) .....

2.5 ☐ Insurance No .....

2.6 ☐ Pension No .....

2.7 File No .....

2.8 Date of submission of pension claim .....

2.9 Date of sumbission of request for review on grounds of aggravation .....

3 Doctor who drew up the report

3.1 Surname ..... Forenames .....

3.2 Address (2) .....

.....

3.3 Examining doctor of .....

E 213

PART I — GENERAL QUESTIONNAIRE

A. Medical history

1 Personal and family history

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

2 Present illness (complaints of person concerned, beginning of illness, development, treatment given to date)

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

B. Objective examination

1 General condition

Height ..... Weight .....
General appearance (senile, calm, agitated, etc.) .....
Constitution (strong, average, weak) .....
Posture ..... Carriage .....
Movements .....
Musculature .....
Colour of mucous membranes .....
Nutritional condition .....
Face (pale, cyanotic) .....
Condition of mouth and teeth .....
.....

2 Sensory organs

Hearing .....
Vision .....
Smell .....

3 Respiratory system

(Upper respiratory tracts, lungs, chest measurement, appearance of thorax, macroscopic and microscopic examination of sputum, test for Koch's bacillus, X-ray examination, etc.)

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

Report on radiographic examination, with date (where applicable, attach an E 214 form) (4)

.....

.....

.....

Other information .....

.....

.....

4 Circulatory system

(Heart, aorta, blood vessels, enlargement of heart, auscultation, pulse, blood pressure, dyspnoea, oedema, condition of peripheral blood vessels, varicose veins, radiological (X-ray) evidence, etc.)

.....

.....

Test of cardiocirculatory function	Blood pressure (R.R.)	Respir-ation per minute	Pulse per minute	Other observations after exertion
— after prolonged rest — after ..... knee-bends in ..... seconds — immediately — after 2 minutes — after 4 minutes — after 6 minutes				— Dispnoea? ☐ Yes ☐ No If yes, how long? ..... — Labial cyanosis? ☐ Yes ☐ No — Extrasystoles? ☐ Yes ☐ No — If there where already extrasystoles at rest, do they become more frequent? ☐ Yes ☐ No or less frequent? ☐ Yes ☐ No disappear completely? ☐ Yes ☐ No
— Other disorders after exertion? .... — Special observations				

Report on electro-cardiographic examination, with date

.....

.....

Report on electro-oscillographic examination, with date

.....

.....

5 Digestive system

(Abdominal wall, hernias, palpation of abdomen, scars from surgical operations, liver, spleen, ganglions, etc.)

.....

.....

.....

Report on X-ray examinations, with date

.....

.....

.....

6 Locomotor system

(Bones, muscles, structure and mobility of joints and vertebral column, Lasègue sign, comparative measurements of limbs; degree of any functional diminution of joint movements)

.....

.....

.....

.....

7 Genito-urinary system

.....

Result of urine tests and other necessary tests (azotemy, pyelography, gynaecological examination, etc.), with date

.....

.....

.....

8 Central nervous system
(Pupillary and peripheral reflexes, palsies, paralysis, significant sensitivity disorders, psychic peculiarities)

.....

Report on electro-diagnosis or electro-encephalography

.....

9 Other organs and systems

.....

.....

10 Blood tests, with date; haemoglobin rate and erythrocyte count, etc.

.....

.....

11 Results of other tests, with dates (sedimentation, reaction to diagnosis for syphilis, etc.)

.....

.....

.....

Other specific examinations ☐ are necessary ☐ are not necessary

If so, which? .....

Date of request for examinations .....

C. Diagnosis and interpretation

1 Diagnosis, with reasons and assessment

.....

.....

.....

.....

.....

2 The condition of the person concerned ☐ is ☐ is not stable

.....

.....

3 Date of commencement of incapacity for work (5) (6)

.....

4 Date of commencement of present invalidity (7)

.....

5 The person concerned ☐ is ☐ is not capable of performing an occupation other than that last performed

6 Occupational rehabilitation ☐ is ☐ is not possible

7 The person concerned ☐ is ☐ is not absolutely incapable of moving about

8 The person ☐ is ☐ is not in hospital

If so, probable length of stay in hospital .....

If known, date of discharge from hospital .....

9 Constant attendance by a third person ☐ is essential ☐ is not essential for him to be able to perform normal everyday activies

10 The invalidity is ☐ temporary ☐ permanent

11 Date of probable end of this temporary invalidity .....

12 Since the granting of pension, the condition of the person concerned

☐ has improved ☐ has remained the same ☐ has deteriorated

Remarks

.....

.....

.....

.....

.....

13 The person concerned ☐ should ☐ need not be re-examined

If so, indicate the date .....

PART II — QUESTIONNAIRE RESERVED FOR CERTAIN CASES

1 Subject to the opinion of the competent administration and in the light of the opinion of the practitioner who is completing this form, compensation for the patient's injury or disease

☐ can ☐ cannot

be regarded as being covered by the legislation on accidents at work and occupational diseases.

If the person concerned previously benefited from legislation on accidents at work, occupational diseases, military pensions, pensions for civilian war victims, indicate

— nature of this injury or disease

.....

.....

.....

— degree of invalidity proposed .....

2 In case of accident, state expected date of consolidation of injuries .....

3 Treatment necessary

.....

.....

.....

.....

The person concerned ☐ is willing to undergo ☐ is not willing to undergo such treatment

4 The continuation of medical treatment

☐ is ☐ is not likely to bring about an improvement in the patient's condition

☐ is ☐ is not likely to effect recovery

5 Degree of invalidity for mine work (only if a miner is concerned) ([8]):

underground work ..... surface work .....

(where appropriate, attach an E 214 form)

6 The person concerned ☐ needs ☐ does not need

☐ to cease mine work

☐ to change his occupation

Remarks

.....

.....

.....

.....

.....

.....

PART III — CONCLUSIONS

1 Date on which the person concerned ceased work .....

2 The invalidity for the last occupation is

☐ total ☐ partial

If partial, indicate the degree (9) .....

3 Degree of invalidity for any other work with reference to the aptitudes of the person concerned (8)

.....

4 Category of invalidity (9) (10) .....

5 ☐ A completed E 214 form is enclosed (11)

5.1 ☐ No E 214 form is enclosed, for the following reason (11):

In view of my findings after examining the person concerned
(and after possible specific checks)

☐ I consider that the person concerned will be completely fit to resume work in ..... months

☐ I conclude that the person concerned is permanently and completely unfit for work

6

6.1 Date .....

6.2 Doctor's signature .....

7 Institution which requested the examination

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country in which the form is completed: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.

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

(3) If the report is being sent to a Belgian institution, please list as far as possible, all the occupations in which the insured person has worked. Where necessary, insert extra pages.

(4) The information in these sections is essential when the claim for invalidity pension is wholly or partly based on a disease of the respiratory system.

(5) If the report is to be sent to or drawn up by a Netherlands institution, indicate the first day of the current period of absence through sickness.

(6) Complete in the same way as Item 7.1 of the E 204 form.

(7) If the report is to be sent to a Netherlands institution, indicate the first day on which invalidity benefit was granted.

(8) Does not concern Germany, Ireland, the Netherlands or the United Kingdom.

(9) Does not concern the Netherlands.

(10) Complete only if the medical examination was carried out in view of the decision to be taken on a pension claim.

(11) Complete only if an E 213 form is being sent to a German or Netherlands institution or if it is drawn up by a German or Netherlands doctor.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 214 ☐ (1)

MEDICAL REPORT CONCERNING ASSESSMENT OF FUNCTIONAL ABILITIES AND LIMITATIONS

Reg. 1408/71: Art. 39 to 41 and Art. 87

To be attached to an E 213 form if this is indicated in section 5 of Part III of this form or if a competent institution of another Member State requests it.

1 Institution to which the report is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Person examined

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Address (2) .....

.....

2.4 Last occupation .....

2.5 ☐ Insurance No .....

2.6 ☐ Pension No .....

3 Doctor who drew up the report

3.1 Surname ..... Forenames .....

3.2 Address (2) .....

.....

3.3 Examining doctor of .....

4 Attached forms ☐ E 204 ☐ E 213

	Questions	Answers						Instructions
		Yes	Occasionally	Frequently	Full time	Part time	No	
5	Can the insured person:							
5.1	perform heavy work?	☐					☐	
5.2	perform fairly heavy work?	☐					☐	
5.3	perform light work?	☐					☐	
5.4	work mainly standing or walking?	☐			☐	☐	☐	..... hours per day
5.5	work mainly seated?	☐			☐	☐	☐	..... hours per day
5.6	work alternately standing, seated and walking?	☐			☐	☐	☐	..... hours per day
5.7	work stooping?	☐	☐	☐			☐	
5.8	work crouching?	☐	☐	☐			☐	
5.9	work kneeling?	☐	☐	☐			☐	
5.10	work lying down?	☐	☐	☐			☐	
5.11	work with arms raised?	☐					☐	
5.12	work in a dry atmosphere?	☐	☐	☐			☐	
5.13	work in a humid atmosphere?	☐	☐	☐			☐	
5.14	work in a cold atmosphere?	☐	☐	☐			☐	
5.15	work in a hot atmosphere?	☐	☐	☐			☐	
5.16	work in a very hot atmosphere?	☐	☐	☐			☐	
5.17	work in water?	☐	☐	☐			☐	
5.18	be exposed to sudden changes of temperature?	☐					☐	
5.19	work outdoors?	☐					☐	
5.20	work indoors?	☐					☐	
5.21	work in confined spaces? (pipes, places to which access is gained by crawling, etc.)	☐	☐	☐			☐	
5.22	climb stairs?	☐	☐	☐			☐	
5.23	use ladders?	☐	☐	☐			☐	
5.24	climb on roofs?	☐	☐	☐			☐	
	lift and carry loads occasionally or repeatedly? (loading and unloading, etc.):							
5.25	heavy weights (over 25 kg)?	☐	☐	☐			☐	
5.26	medium weights (10 – 25 kg)?	☐	☐	☐			☐	
5.27	light weights (5 – 10 kg)?	☐	☐	☐			☐	
5.28	very light weights (under 5 kg)?	☐	☐	☐			☐	
5.29	Does the insured person have to use a particular technique for lifting and carrying loads? (e.g. back straight and knees bent)	☐					☐	
5.30	Is he allergic to certain substances?	☐					☐	If so, say which substances and what precautions are to be taken
5.31	Does he need special accessories for work? (e.g. adjustable, multifunctional chair, etc.)	☐					☐	If so, give details
5.32	Can he use public transport?	☐					☐	
	What distance, approximately, can he travel:							
5.33	on foot?							..... km

Questions		Answers						Instructions
		Yes	Occasionally	Frequently	Full time	Part time	No	
5.34	by bicycle?							..... km
5.35	by light-weight motorcycle?							..... km
5.36	by car?							..... km
5.37	by wheelchair?							.....
5.38	by small motorized invalid car?							..... km
5.39	Can he work with other people?	☐					☐	
5.40	Can he use machinery or apparatus presenting some hazard?	☐					☐	
5.41	Can he undertake management, supervisory or organizational tasks, as he would if he were self-employed?	☐					☐	
5.42	Should account be taken of any psychological peculiarities for certain jobs?	☐					☐	If so, say which, and for what jobs
5.43	Are there any reservations concerning working tempo?	☐					☐	If so, say for what reason
5.44	Taking account of the replies to the above questions, and even assuming satisfactory working conditions, should one except prolonged or frequent absences due to physical or mental deficiencies?	☐					☐	

6

Date ..... Doctor's signature .....

7 Institution at whose request the examination was carried out

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country in which the form is completed: B = Belgium; DK = Denmark; D= Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 4

E 215 [ ] (1)

ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER

Reg. 574/72: Art. 40 and 51

1 Institution to which the form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

2 Pensioner

2.1 Surname (3) .....

2.2 Surname at birth (3) .....

2.3 Forenames (4) .....

2.4 Previous names (5) .....

2.5 Sex (6) .....

2.6 Father's surname and forenames (7) .....

2.7 Mother's surname and forenames (7) .....

2.8 Civil status

- [ ] single
- [ ] married
- [ ] divorced and remarried (8)
- [ ] divorced and not remarried (8)
- [ ] living in separation from spouse
- [ ] widower/widow

2.9 Insurance No at investigating institution .....

2.10 Insurance No at other institution concerned (9) .....

2.11 Type of pension .....

3 Nationality (10) .....

4 Details of birth

4.1 Date of birth (11) .....

4.2 Place of birth (12) .....

4.3 Province department, or county (13) .....

4.4 Country (14) .....

5 Address (2) (15)

.....

.....

6 Spouse

6.1 Surname ..... Forenames ..... Maiden name ..... Sex .....

6.2 Date of birth ..... Place of birth .....

6.3 Address (2) (16) .....

.....

6.4 Date of marriage .....

6.5 The spouse ☐ is ☐ is not pursuing a professional activity or trade

6.6 If in the affirmative, state amount of

☐ weekly earnings (17) ..... ☐ annual earnings (18) .....

6.7 The spouse ☐ receives ☐ does not receive a pension

If in the affirmative, indicate

6.8 Type of pension .....

6.9 Pension No .....

6.10 Institution responsible for pension payment .....

6.11 Amount ☐ monthly ☐ quarterly ☐ annually: .....

6.12 The spouse (19) ☐ receives other benefits namely for ☐ does not receive other benefits

☐ unemployment ☐ sickness ☐ invalidity ☐ other

6.13 Other known resources Type .....

Amount (20) .....

7 Children

7.1	Surname	Forenames	Date of birth	Relationship
	1.	.....	.....	.....
	2.	.....	.....	.....
	3.	.....	.....	.....
	4.	.....	.....	.....

7.2 Address (2) (21) .....

.....

7.3 Remarks (22) .....

8 Dependant ascendants (23)

8.1	Surname	Forenames	Date of birth	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

8.2 Address (2) (21) .....

.....

8.3 Remarks .....

.....

9 Benefits

		has applied for the following benefits	and/or receives the following benefits
9.1	The pensioner		
9.2	Continued wage or salary payments in case of illness	☐	☐
9.3	Sickness insurance cash benefits for incapacity for work	☐	☐
9.4	Rehabilitation allowance	☐	☐
9.5	Invalidity pension	☐	☐
9.6	Old-age pension	☐	☐
9.7	Survivor's pension	☐	☐
9.8	Pension for accident at work or occupational disease	☐	☐
9.9	Unemployment benefits	☐	☐

9.10 Institutions responsible for paying the benefits listed in 9.3–9.9 [name, address (2)]

9..... .....

9..... .....

9..... .....

9..... .....

9.11 Additional information on the benefits listed in 9.3–9.9

	Reference No	Period or date	Amount
9	.....	.....	☐ weekly ☐ monthly ☐ annual
9	.....	.....	☐ weekly ☐ monthly ☐ annual
9	.....	.....	☐ weekly ☐ monthly ☐ annual

10 Activity pursued, if any

10.1 The pensioner

☐ is unemployed

☐ is engaged in paid employment

☐ is engaged in self-employment

Type of work .....

10.2 Date of commencement of present work .....

10.3 No of hours worked per week.....

10.4 Amount of ☐ daily ☐ weekly ☐ monthly earnings: .....

10.5 Earnings ☐ daily ☐ weekly ☐ monthly

of a healthy person employed in the same activity with a normal working

of ..... hours

☐ daily ☐ weekly ☐ monthly: .....

10.6 Period in which the income mentioned in 10.4 was earned

.....

11 The pensioner died on .....

12 Remarks, if any .....

.....

13 Institution which drafted the Report

13.1 Name .....

13.2 Address (2) .....

.....

13.3 Stamp

13.4 Date .....

13.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.

— The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.

— Explanations such as 'called ...' or 'alias ...' and all prefixes to surnames must be written full in the order in which they appear on the birth certificate.

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

(5) Previous names should be stated particularly in the case of adoption or in the case of bynames in current use.

Explanations such as 'called ...' or 'alias ...' must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required for French nationals born outside metropolitan France.

(8) Complete, where possible, for German, French, Italian, Luxembourg and Netherlands institutions.

If this information is not available from the investigating institution, the competent institution should contact the person concerned.

(9) If the form is being sent to a Danish institution, indicate the CPR number and, where appropriate, the ATP number.

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

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

(12) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14).

(13) The territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should read: 'Nord 59').

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

(15) If the form is being sent to a Danish institution, give the claimant's last address in Denmark in the box below

Address (2) .....

.....

(16) Complete only if the form is being sent to a Danish institution.

(17) Complete only if the form is being sent to a United Kingdom institution.

(18) Complete if the form is being sent to a Danish, French, Italian or Luxembourg institution.

(19) Complete if the form is being sent to a Belgian, Danish, French, Irish, Italian or United Kingdom institution.

(20) Complete if the form is being sent to an Italian (monthly amount) or to a French (quarterly amount) institution.

(21) Indicate the common address. If one of the children or ascendants lives at a different address, indicate in the box below

Surname and forenames .....

Address (2) .....

.....

(22) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.

(23) Complete if the form is being sent to a Belgian, German or French institution.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

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 Worker

1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 The worker named above completed the following periods in the course of

2.1 ☐ the year (2) ☐ the two years (2) ☐ the three years (2)
preceding the end of his last employment

3 Periods of insurance and periods treated as such (3)

3.1 Periods of insurance

from	to

3.2 Periods treated as periods of insurance

from	to	Reason for treating as such (4)

4 Periods of employment and periods treated as such (3)

4.1 Periods of employment

from	to	Occupation (5)

4.2 Periods treated as periods of employment

from	to	Reason for treating as such (4)

5 Details of last employment

Field of activity	Nature of work carried out (6) (e.g. 'bricklayer' not 'building worker')	Approximate average weekly wage (7)

5.1 Reason for termination ☐ dismissal ☐ expiration of contract ☐ other ☐ resignation ☐ termination of contract by mutual consent .....

6 The person concerned

6.1 ☐ has received or has still to receive wages for the period following termination of work, up to .....

6.2 ☐ has received or has still to receive, on termination of work, compensation or other similar payment, amounting to .....

6.3 ☐ has received or has still to receive payment in lieu of annual leave, amounting to ..... for ..... days (8)

6.4 ☐ has waived the following rights which he enjoys under his contract of employment (9)

.....

Reason .....

7 Since the commencement of the first period shown above, the person concerned received unemployment benefits (10)

from	to

8 ☐ The person concerned is entitled to benefits under Art. 69 of Reg. 1408/71. (E 303 certificate from ..... to ..... drawn up on .....)

9 ☐ The person concerned is not entitled to receive benefits under Art. 69 of Reg. 1408/71

9.1 ☐ because there is no entitlement under the legislation administered by the institution issuing this certificate

9.2 ☐ because he has not remained available to the employment services of the competent country for a period of four weeks from the day on which he became unemployed and because he was not authorized to leave that country before the end of that period.

10 ☐ The person concerned is not entitled to benefits under Art. 71.1.a.i or Art. 71.1.b.i of Reg. 1408/71 from the institution issuing this certificate

11 Institution issuing the certificate

11.1 Name .....

11.2 Address (11) .....

.....

11.3 Stamp

11.4 Date .....

11.5 Signature

.....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country in which the institution completing the form is situated: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.

(2) One year if the certificate is to be sent to a French, Luxembourg or Netherlands institution; two years if it is to be sent to an Italian institution, which may also request information on the complete insurance history abroad of the person concerned; three years if it is to be sent to a Belgian, Danish, German, Irish or United Kingdom institution.

(3) If a breakdown of the details requested in items 3.1, 3.2, 4.1 and 4.2 is not available, state the total number of periods of insurance in item 3.1 or 4.1 as the case may be.

(4) E.g. sickness, maternity, accident at work, military service, vocational training recorded unemployment.

(5) To be completed if the certificate is to be sent to a Belgian, French, German or Italian institution.

(6) Specify whether it is a seasonal activity.

(7) To be completed, where possible, if the certificate is to be sent to a French, German or Netherlands institution.

(8) To be completed, where possible, if the certificate is to be sent to a Belgian, Danish, French, Italian or Netherlands institution.

(9) To be completed, where possible, if the certificate is to be sent to a Belgian, Danish, Italian or Netherlands institution.

(10) To be completed, where possible, if the certificate is to be sent to a German, French, or Italian institution.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 302 ☐ (1)

CERTIFICATE RELATING TO MEMBERS OF THE FAMILY OF AN UNEMPLOYED PERSON WHO MUST BE TAKEN INTO ACCOUNT FOR THE CALCULATION OF BENEFITS

Reg. 1408/71: Art. 68.2
Reg. 574/72: Art. 82

To be issued by the designated institution in the country of residence of the members of the family. To be handed over to the unemployed person or set to the competent institution.

1 Unemployed person

1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 Members of the family

Order No	Surname	Forenames	Date of birth	Relationship	Place of residence
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....
5	.....	.....	.....	.....	.....
6	.....	.....	.....	.....	.....
7	.....	.....	.....	.....	.....
8	.....	.....	.....	.....	.....

3 Where appropriate, income of members of the family (nature and monthly amount, including social benefits)

No (2)	Members of the family	Nature of income	Amount
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

4 Until he became unemployed, the unemployed person maintained the members of his family shown at the order Nos
.....

4.1 The member of the family mentioned under serial number
..... is unable, due to physical or mental disability, to work for his living (3)

4.2 The family supplements for the members of the family mentioned under serial Nos
.....
have been paid to another person at the same time as unemployment benefits for the period
from ..... to .....

4.3 *Information required only by United Kingdom institutions:*
with the exception of the period of employment in the United Kingdom, the unemployed person and his/her spouse
☐ have been living under the same roof ☐ have not been living under the same roof

4.4 This certificate is valid for 12 months from the date of issue

E 302

5	Institution issuing the certificate

5.1 Name .....

5.2 Address (4): .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

6	Statement from the unemployed person (5)

6.1 The unemployed person named in box 1 declares that the members of his family mentioned under serial Nos ..... of box 2

☐ are ☐ are not

taken into consideration for the calculation of unemployment benefits due to another person under United Kingdom legislation

6.2 Date .....

6.3 Signature of the unemployed person

.....

INSTRUCTIONS

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

NOTES

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

(2) For each member of the family mentioned in this box, retain the order number shown in box 2.

(3) Complete if the form is to be sent to a Belgian, French or United Kingdom institution.

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

(5) To be completed by the unemployed person only where the certificate is issued by a United Kingdom institution.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/0 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

1	Unemployed person		Insurance No .....
1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment

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

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

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.(e) and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in Item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in vocational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	
6.3	Stamp	6.4 Date .....
		6.5 Signature
		.....

E 303/0

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

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

NOTES

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

(2) In Italy and the Netherlands, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(3) Under Italian legislation, permanent employment is any employment of more than five days, under Belgian, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/1 [ ] (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy should be sent to the unemployment insurance institution of the place where the unemployed person is seeking employment. It must be used as the basis for payment of unemployment benefits (Reg. 574/72: Art. 83.1).

1	Unemployed person		Insurance No .....
1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment

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

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

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.(e) and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in Item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in vocational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	
6.3	Stamp	
		6.4 Date .....
		6.5 Signature
		.....

E 303/1

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

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

NOTES

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

(2) In Italy and the Netherlands, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(3) Under Italian legislation, permanent employment is any employment of more than five days, under Belgian, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/2 [ ] (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy must be returned to the competent institution as evidence of the registration of the unemployed person and of the commencement of payment of benefits (Reg. 574/72: Art. 83.3).

1	Unemployed person		Insurance No .....
1.1	Surname	Forenames	Maiden name .....
1.2	Date of birth	Place of birth	Nationality .....

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment

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

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

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.(e) and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in Item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in vocational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	

E 303/2

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

7 We certify

7.1 that the unemployed person named above registered as seeking employment on

..... (date)

7.2 and has been receiving unemployment benefits since

..... (date)

8	Institution of the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms: it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

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

NOTES

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

(2) In Italy and the Netherlands, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(3) Under Italian legislation, permanent employment is any employment of more than five days, under Belgian, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution.

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/3 [ ] (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3; Art. 97

This copy must be returned to the competent institution as evidence of the registration of the unemployed person and of the commencement of payment of benefits (Reg. 574/72: Art. 83.3).

1	Unemployed person		Insurance No .....
1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment

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

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

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.(e) and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in Item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in vocational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	

E 303/3

To be completed by the institution in the country where the unemployed person is seeking employment and to be attached to form E 119

7 We certify

7.1 that the unemployed person named above registered as seeking employment on

..... (date)

7.2 and has been receiving unemployment benefits since

..... (date)

8	Institution of the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of E 303/0 to E 303/4 forms; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution in the place where the unemployed person is seeking employment.

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

NOTES

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

(2) In Italy and the Netherlands, the unemployed person must also submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(3) Under Italian legislation, permanent employment is any employment of more than five days, under Belgian, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day.

(4) This situation does not entail suspension of benefits where the certificate is issued by a Danish institution,

(5) Or when the unemployed person receives an old-age or invalidity pension, where the certificate is drawn up by a German or Luxembourg institution.

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 303/4 ☐ (1)

CERTIFICATE CONCERNING RETENTION OF THE RIGHT TO UNEMPLOYMENT BENEFITS

Reg. 1408/71: Art. 69
Reg. 574/72: Art. 26.2; Art. 83.1, 2 and 3); Art. 97

This copy must be returned to the competent institution, to serve as the basis for refund of unemployment benefits paid on behalf of that institution (Reg. 574/72: Art. 97).

1	Unemployed person		Insurance No .....
1.1	Surname	Forenames	Maiden name
	.....	.....	.....
1.2	Date of birth	Place of birth	Nationality
	.....	.....	.....

2 Under the provisions of Art. 69 of Reg. 1408/71, the unemployed person named above is entitled to unemployment benefits from the time he/she registers with the employment services of the country where he/she is seeking employment

3 The unemployed person may receive benefits, however, from (date) ..... , provided that he/she has registered as a person seeking employment at the latest by ..... with the employment services (2) of the country where he/she is seeking employment

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

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

5 The payment of benefits must be suspended in the following circumstances (Reg. 574/72, Art. 83.1.(e) and Art. 83.3)

5.1 — where the unemployed person has taken up 'permanent' gainful employment (3) or becomes self-employed;

5.2 — where the unemployed person receives occasional earnings from an activity other than those mentioned in Item 5.1 above (in this case, the payment of benefits must be suspended for the number of days during which the person concerned receives these occasional earnings);

5.3 — where the unemployed person refuses an offer of employment or refuses to go for an interview with the employment services;

5.4 — where the unemployed person refuses to participate in vocational rehabilitation (4);

5.5 — where the unemployed person does not submit or no longer submits to control procedures;

5.6 — where the unemployed person is suffering from permanent incapacity for work (5);

5.7 — where the unemployed person is suffering from temporary incapacity for work (in this case, the payment of benefits is suspended until re-registration);

5.8 — where the unemployed person is not available to the employment services;

5.9 — where there is a decrease in the number of members of the family qualifying for an increase, or when one of these members receives an income referred to on the E 302 form (in this case, the family increase is deducted from the benefit).

6	Institution completing the form	
6.1	Name	.....
6.2	Address (6)	.....
	.....	

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

7 The following sums have been paid to the unemployed person on the basis of the above certificate

Periods to which the payments relate		No of days for which benefits are provided	Date of payment	Rate of exchange	*Per diem* amount in .... (7)	*Per diem* amount in .... (8)	Total payments in .... (8)
from	to						
1	2	3	4	5	6	7	8
						Total	

Reason for suspension or stoppage of payments

.....

.....

8	Institution in the country where the unemployed person is seeking employment

8.1 Name .....

8.2 Address (6) .....

.....

8.3 Stamp

8.4 Date .....

8.5 Signature

.....

INSTRUCTIONS

The competent institution of the last country of employment should complete the relevant sections of the series of forms E 303/0 to E 303/4; it should keep E 303/0 and send the rest of the series to the unemployed person, including E 303/5, or, if appropriate, send it to the competent unemployment institution of the place where the unemployed person is seeking employment.

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

NOTES

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

(2) In Italy and the Netherlands, the unemployed person must in addition submit a claim for benefits to the competent unemployment insurance institution through the placement office.

(3) Under Italian legislation, permanent employment is any employment of more than five days; under Belgian, Netherlands and United Kingdom legislation, permanent employment is any employment of at least one normal working day.

(4) This situation does not entail suspension of benefits if the certificate was issued by a Danish institution.

(5) The same applies in the case of an old-age or invalidity pension where the certificate is drawn up by a German or Luxembourg institution.

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

(7) Currency of the state issuing the E 303 form.

(8) Currency of the state where the unemployed person is seeking employment.

INFORMATION

for unemployed persons who intend to go to another member State to seek employment

Before leaving,

complete all the necessary formalities to ensure that where necessary you will receive sickness and maternity insurance benefits for yourself and for the members of your family, even while you are seeking employment.

Accordingly, you should go to the sickness fund with which you are or were last insured. On presentation 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 (1); in Italy and the Netherlands, you must also go to the unemployment insurance office (1). You should hand in all the copies of the E 303 that are in your possession, except for E 303/5 which you should keep.

Please note the ultimate 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 that country which you sought employment. Before you return to the country in which you were last employed, the unemployment insurance institution should issue you with the certificate on page 2 of this form stating the periods during which you received benefits in the country, in which you sought employment. If you received only a part of these benefits, or none at all, you can appoint a trustworthy person to collect the money owed to you. This is not possible in the United Kingdom or for United Kingdom benefits.

If, however, you return after the deadline set in Item 4 of the E 303 form, you may lose all entitlement to unemployment benefits.

If your failure to return in time is due to exceptional circumstances, the institution which issued you with an E 303 form may decide to pay you benefits on your return.

---

(1) These offices are the following:
in Belgium: *the local offices of the 'Office national de l'emploi' (national employment office);*
in Denmark: *the local 'Arbejdsformidlingskontor' (labour exchange office);*
in Germany: *the 'Arbeitsamt' (employment office);*
in France: *the 'Agence locale de l'emploi' (local employment office);*
in Ireland: *the nearest local office of the Department of Social Welfare;*
in Italy: *the 'Ufficio provinciale del lavoro' (provincial employment office), and the provincial office of the 'Istituto nazionale della previdenza sociale' (INPS, national social welfare institute);*
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 the United Kingdom: *the local employment exchange.*

E 303/5

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

1 The unemployed person

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 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

.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 401 ☐ (1)

CERTIFICATE CONCERNING THE COMPOSITION OF A FAMILY FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1; Art. 74.1
Reg. 574/72: Art. 86.2; Art. 88

To be attached to a claim sent to the institution competent as regards the granting of family benefits.

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Civil status ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ separated

1.4 Address in the country of residence of the members of the family (2) .....

.....

2 Spouse

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Occupation .....

2.4 Address (2) .....

.....

3 Members of the family other than the spouse

Surname	Forenames	Date of birth	Relationship (3)	Place of residence (4)	Occupation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3.1 Remarks .....

4 Information to be supplied only if the form is to be sent to a Danish institution

4.1 Person exercising the authority of father

.....

4.2 The maitenance of the children ☐ is ☐ is not paid for from public funds

4.3 The mother of the children ☐ is ☐ is not dead
If she is, please indicate date of death: .....

4.4 The mother or father of the children ☐ receives ☐ does not receive
an old-age or invalidity pension

E 401

5	Certificate of the population registration office or the authority or administration competent in matters of civil status (5)

The accuracy of the information given above has been verified from the official documents in our possession

5.1 Name and address of the registration office, authority or administration (2) .....

.....

5.2 Stamp

5.3 Date .....

5.4 Signature

.....

6	Name and address of the institution competent as regards the granting of family benefits

6.1 Name .....

6.2 Address (2) .....

.....

6.3 File reference No .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It should be completed in the language of the authority designated in box 5.

NOTES

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

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

(3) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child
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
G = other children belonging permanently to the household on the same footing as the worker's children (foster children). Other relationships (e.g. grandfather) must be written in full. If a child is married, mention this in Item 3.1.

(4) If the child resides at an address other than that indicated in Item 2.4, please indicate here

Surname and forenames .....

Address (2) .....

.....

(5) In France, the 'mairie' (registrar's office) or the 'caisse d'allocations familiales' (fund for family allowances);
in Ireland, the Department of Social Welfare, Dublin;
in the United Kingdom, the Department of Health and Social Security. Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 402 [ ] (1)

CERTIFICATE OF CONTINUATION OF STUDIES FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1 and Art. 74.1
Reg. 574/72: Art. 86 and Art. 88

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits. If the form is addressed to a Belgian institution, an 'E 402 Annex' form should be attached.

1 Worker applying for family benefits or person claiming them on other grounds

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address (2) .....
.....

2 Pupil or student

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex .....

2.3 Address (2) .....
.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....

3.2 Address (2): .....
.....

3.3 File reference No .....

3.4 Stamp

3.5 Date .....

3.6 Signature
.....

B. Certificate

To be completed by the establishment (school, university or establishment of higher education) and sent to the institution named in box 3.

4

4.1 The person named in box 2 has been attending the establishment shown in box 5 since .....

4.2 Type of school (3) .....

4.3 His/her education in this establishment will probably last until .....

4.4 The number of hours of the course is ..... a week

These hours are spread over ..... half-days (4)

5 School, university or establishment of higher education

5.1 Name .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It should be completed in the language of the establishment named in box 5.

NOTES

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

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

(3) Please indicate whether it is a publicly maintained school, 'public school', or state-controlled school. To be completed only if the institution shown in box 3 is a United Kingdom institution.

(4) To be completed if the form is to be sent to a Belgian institution; the number of half-days is to be indicated in the case of primary and secondary schools.

For instructions and notes see page 2 of an E 402 form

E 402 Annex ☐ (1)

To be completed if the claim for family benefits has to be made to a Belgian institution.

1 Education given at the establishment (other than establishments of higher or university education)

1.1 Over how many half-days and how many hours a week are the lessons spread?
half-days ..... hours .....

1.2 The lessons ☐ are ☐ are not given before 7 p.m.

1.3 The pupil ☐ does ☐ does not attend lessons regularly
If he does not, show the number of days of absence and the reason
.....

1.4 The lessons mentioned in 1 above
(a) ☐ include ☐ do not include
hours of practical training outside the establishment, required for obtaining an official diploma.
If they do, show the net wage or salary paid or net allowances granted: .....
(b) ☐ include ☐ do not include
hours of practical lessons which take place in the establishment.
If they do, show the number of hours a week: .....
(c) ☐ include ☐ do not include
hours devoted to study in the establishment.
If they do, show the number of hours a week: .....

1.5 Type of education provided
☐ general education ☐ technical or vocational training ☐ art education

1.6 The curriculum
☐ is ☐ is not approved by the State
☐ corresponds ☐ does not correspond to a curriculum approved by the State

1.7 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

2 Education given in the establishment of higher or university education

2.1 ☐ It involves ☐ It does not involve a full-time curriculum

2.2 The course followed ☐ leads ☐ does not lead to a university degree or a diploma

2.3 The course referred to in 2.2.
☐ includes ☐ does not include
a training period required for a university degree or diploma
If it does, show the net wage or salary paid or net allowances granted: .....

2.4 The student ☐ has been preparing ☐ has not been preparing a thesis
If he/she has,
indicate
— since when? .....
— when must he/she submit the thesis? .....

2.5 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

3 School, university or establishment of higher education

3.1 Name .....
.....

3.2 Address (2) .....
.....

3.3 Stamp

3.4 Date .....

3.5 Signature
.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 403 [ ] (1)

CERTIFICATE OF APPRENTICESHIP FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1 and Art. 74.1
Reg. 574/72: Art. 86 and Art. 88

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits.

1 Worker applying for family benefits or person claiming them on other grounds

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address in the apprentice's country of residence (2) .....
.....

2 Apprentice

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex .....

2.3 Address (2): .....
.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....

3.2 Address (2) .....
.....

3.3 Stamp

3.4 Date .....

3.5 Signature
.....

E 403

B. Certificate

To be completed by the person, undertaking or institution responsible for the apprenticeship and sent to the body responsible for supervision of the apprenticeship, which must forward the completed form to the institution mentioned in box 3.

4 Information concerning the apprenticeship

4.1 The person named in box 2 has been apprenticed to us
from .....
to receive training in the following trade: .....

4.2 The apprenticeship is provided ☐ ..... days per week ☐ ..... hours per week
and will last until .....

4.3 The apprentice

☐ is receiving

☐ an apprenticeship allowance or wage ☐ net ☐ gross
☐ weekly ☐ monthly amounting to .....

☐ other benefits (3), namely

☐ accommodation ☐ full board ☐ partial board
☐ tips ☐ ..... meals a day ☐ other (4)

from ..... to ..... amounting to .....

☐ is not receiving

☐ an apprenticeship allowance or wage ☐ other benefits

4.4 Place of work .....

4.5 Name of the person, undertaking or institution responsible for the apprenticeship
.....

4.6 Address (2) .....
.....

4.7 Stamp

4.8 Date .....

4.9 Signature
.....

5 Endorsement of the body responsible for supervision of the apprenticeship (5)

5.1 Name .....

5.2 Address (2) .....
.....

5.3 Stamp

5.4 Date .....

5.5 Signature
.....

E 403

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the institution indicated in box 5.

NOTES

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

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

(3) When the form is being sent to a United Kingdom institution, give details of the amount of these benefits in the box below.

accommodation	.....	other benefits	.....
full board	.....		
partial board	.....		
tips	.....		
meals	.....		

(4) If applicable, give details of these other benefits in the box below.

.....

.....

.....

.....

(5) This box should be completed by the following institutions:
in Ireland, the Department of Social Welfare, Dublin, in the case of apprenticeships that are not supervised by the Industrial Training Authority;
in the United Kingdom, the Department of Health and Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Ministry of Health and Social Services, Overseas Branch, Belfast, as appropriate.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 404 [ ] (1)

MEDICAL CERTIFICATE FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73.1 and 3; Art. 74.1
Reg. 574/72: Art. 86; Art. 88

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits

1 Worker applying for family benefits or person claiming them on other grounds

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address (2): .....

.....

2 Person to whom the medical certificate relates

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex .....

2.3 Address (2) .....

.....

3 Institution competent as regards the granting of family benefits

3.1 Name .....

3.2 Address (2) .....

.....

3.3 Stamp

3.4 Date: .....

3.5 Signature

.....

B. Certificate

To be completed by the doctor designated by the liaison body (3) in the country of residence of the person examined and to be sent to the institution mentioned in box 3.

4

4.1 (a) The physical or mental faculties of the person examined

☐ are diminished ☐ are not diminished

If they are, indicate percentage of diminishment ..... %

(b) The person examined ☐ is capable of earning his/her living

☐ is incapable of earning his/her living owing to physical or mental deficiency

(c) The person examined ☐ is ☐ is not a housewife

If she is, indicate whether ☐ she is ☐ she is not in a fit condition to look after her home

(d) Observations

.....

.....

.....

(e) Description of the condition of the person examined

.....

.....

.....

4.2 Date of commencement of disablement or illness (as precise as possible):

.....

4.3 Probable duration .....

4.4 (a) A further examination ☐ is necessary ☐ is not necessary

(b) If it is, indicate date of the examination .....

5

5.1 Surname and forenames of the doctor .....

5.2 Address (2) .....

.....

5.3 Date: .....

5.4 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It should be completed in the language of the doctor issuing the certificate.

NOTES

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

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

(3) Or the doctor of the fund designated by the liaison body.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 405 [ ] (1)

PAYMENT OF FAMILY BENEFITS OR FAMILY ALLOWANCES IN THE CASE OF SUCCESSIVE EMPLOYMENT IN SEVERAL MEMBER STATES, BETWEEN THE DATES ON WHICH PAYMENT IS DUE ACCORDING TO THE LEGISLATION OF THESE STATES

Reg. 1408/71: Art. 12; Art. 72
Reg. 574/72: Art. 10.2; Art. 85.2 and 3

This certificate should be issued to the person concerned at his request. Where necessary, the competent institution should request it from the institution with which the worker was previously registered.

A. To be completed by the institution competent as regards the granting of family benefits or family allowances with which the worker is registered.

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Civil status [ ] single [ ] married [ ] widow/widower [ ] divorced [ ] separated

1.4 Address (2) .....

2 Person who should receive the family benefits or family allowances

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Address (2) .....

3 Institution with which the worker was previously registered

3.1 Name .....

3.2 Address (2) .....

4 Institution of the place of residence of the members of the family

4.1 Name .....

4.2 Address (2) .....

5 Institution with which the worker is currently registered

5.1 Name .....

5.2 Address (2) .....

5.3 File reference No .....

5.4 Stamp

5.5 Date .....

5.6 Signature .....

B. To be completed by the institution competent as regards the granting of family benefits or family allowances with which the worker was previously registered.

6

6.1 We certify that the worker named in box 1

6.2 completed ..... days of work from ..... to .....

6.3 in (3) .....

6.4 ☐ He is entitled ☐ He is not entitled to family benefits or family allowances

6.5 Family benefits or family allowances were paid to him

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

7 Institution with which the worker was previously registered

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

(3) Country in which the employment under consideration was carried out.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' page 3

E 406 **F** (1)

CLAIM FOR FAMILY ALLOWANCES TO BE SUBMITTED BY A WORKER WHO IS SUBJECT TO FRENCH LEGISLATION AND WHOSE FAMILY RESIDES IN A MEMBER STATE OTHER THAN FRANCE

Reg. 1408/71: Art. 73.2; Art. 75.2.b; Art. 76
Reg. 574/72: Art. 87.1

This claim form, drawn up in duplicate (in triplicate if the members of the family reside in Italy) (2), should be sent by the worker direct to the French family allowances institution with which he is registered by virtue of his employment.

1 Worker

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address in France (3) .....

.....

1.4 Occupation (4) .....

1.5 Date of entry into France .....

2 Person who should receive the family allowances

I declare that the person named below maintains the members of my family and I request that the family allowances be paid to him/her

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Relationship to the worker .....

2.4 Name if it is a legal person .....

2.5 Address (3) .....

.....

2.6 Date .....

2.7 Signature

.....

2.8 Name and address of the institution which has to pay the family allowances to the members of the family in their place of residence (3)

.....

.....

E 406 F

3 Dependent members of the family

3.1	Surname	3.2 Forenames	3.3 Date of birth
	1	.....	.....
	2	.....	.....
	3	.....	.....
	4	.....	.....
	5	.....	.....
	6	.....	.....
	7	.....	.....
	8	.....	.....
	9	.....	.....

3.4	Relationship	3.5 Place of residence	3.6 Remarks
	1 ([5])	.....	.....
	2	.....	.....
	3	.....	.....
	4	.....	.....
	5	.....	.....
	6	.....	.....
	7	.....	.....
	8	.....	.....
	9	.....	.....

3.7 I declare that there is no entitlement to family allowances on the basis of an occupation pursued under the legislation of the country of residence of the members of my family

3.8 Date .....

3.9 Signature

.....

4 ([6]) Income of members of the family, if any (nature and monthly amount, including social benefits)

No ([5])	Members of the family	Nature of income	Amount
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			

5

5.1 If you were in gainful employment in another Member State during the month in which you arrived in France and if an E 405 form has not yet been drawn up, indicate

5.2 the period of employment .....

5.3 the name and address ([3]) of the institution competent as regards family allowances with which you are registered

.....

.....

5.4 your insurance number with this institution .....

5.5 Date .....

5.6 Signature

.....

6	Statement of employer	
6.1	Name of employer or firm	.....
6.2	Field of activity (7)	.....
6.3	Address (3)	.....
		.....
6.4	Date when employment commenced	.....
6.5	The worker ☐ does	☐ does not hold a contract for seasonal work
6.6	If he does, state duration of the contract	.....
	6.7 Date	.....
	6.8 Signature	.....

INSTRUCTIONS

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

Information for the insured person

A worker subject to French legislation and an unemployed person who receives unemployment benefits from France are entitled, for the member of their family who reside in a Member State other than France, to family allowances under the legislation of the country of residence of the members of the family. The allowances are paid by the institution in the place of residence of the members of the family on presentation of ar E 407 certificate issued by the French Family Allowances Institution.

Notes

(1) Symbol of the country to whose legislation the worker is subject: (F = France.)

(2) To meet the requirements of Italian institutions, a copy of an E 406 form must be attached to an E 407 form.

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

(4) To meet the requirements of Italian institutions, specify whether manual or clerical worker.

(5) Indicate after each number the information concerning the person named after the same number in Item 3.1.

(6) To be completed only if the members of the family reside in Italy.

(7) Persons employed in trade and industry, the professions (supervisory staff, clerical staff, manual workers), professional journalists, persons employed by insurance companies or credit institutions, in the crafts or in agriculture.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 407 **F** (1)

CERTIFICATE OF PERIODS OF EMPLOYMENT IN FRANCE, OR PERIODS OF UNEMPLOYMENT IN FRANCE FOR WHICH BENEFITS WERE PAID, FOR THE PURPOSE OF GRANTING FAMILY ALLOWNACES TO MEMBERS OF THE FAMILY OF A WORKER OR UNEMPLOYED PERSON WHO RESIDE IN A MEMBER STATE OTHER THAN FRANCE

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.1 to 5; Art. 89.1

This certificate is issued to a worker, an unemployed person or, where approriate, the institution in the place of residence by the French institution competent in family allowances. The worker or unemployed person should forward it to the members of his family, who should send it to the institution in their place of residence. If the members of the family are resident in Ireland or in the United Kingdom, this certificate should be sent directly to the competent institution of that Member State where the place of residence of the members of the family is situated. Subject to the conditions set out below and unless it is subsequently cancelled, the certificate is valid for three months in the case of persons in permanent employment and for the duration of the contract in the case of seasonal workers.

1 ☐ Worker ☐ Seasonal worker ☐ Unemployed person Insurance No .....

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address (2) .....

2 Natural or legal person who is to receive the family allowances

2.1 Surname and forenames or name of institution ..... Sex ..... Maiden name .....

2.2 Address (2) .....

3 Institution in the place of residence of the members of the family Insurance No .....

3.1 Name .....

3.2 Address (2) .....

4 Certificate of entitlement

The person mentioned in box 1

4.1 ☐ has satisfied the conditions of employment in France entitling him/her to receive the full amount of monthly family allowances, except in case of subsequent cancellation, for the following months
....

4.2 ☐ has carried out an occupation in France entitling him/her, except in case of subsequent cancellation, to ..... (fraction) of the monthly family allowances for the months of ..... and ..... and to the full amount for the months from ..... to ..... inclusive, and entitling him/her to payment of family allowances on this basis

4.3 ☐ holds a contract of seasonal work in France, valid from ..... to ..... which entitles him/her to receive the full amount of family allowances for the months from ..... to ..... inclusive, and on a *pro rata* basis for the months of ..... and .....

4.4 ☐ received unemployment benefits under French legislation in the period from ..... to ..... for ..... days

5 French institution competent as regards family allowances

5.1 Name .....

5.2 Address (2) .....

5.3 Stamp

5.4 Date .....

5.5 Signature .....

E 407 | F

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. To meet the requirements of Italian institutions a copy of an E 406 form must be attached.

NOTES

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overeaf

E 408 ☐ (1)

REQUEST FOR INFORMATION

Reg. 1408/71: Art. 73.2
Reg. 574/72: Art. 87.1; Art. 87.7, second subparagraph; Art. 89.2

This request for information may be sent at any time by the institution in the place of residence of the members of the family to the French institution with which the worker is registered.

A. To be completed by the institution in the place of residence of the members of the family

1 ☐ Worker ☐ Seasonal worker ☐ Unemployed person

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address (2) .....
.....

2 Employer

2.1 Name of employer or firm .....

2.2 Address (2) .....
.....

3 Person who is to receive the family allowances in the country of residence

3.1 Surname ..... Forenames ..... Sex .....

3.2 Address (2) .....
.....

4 Request for information

4.1 Certificate of periods of employment (Art. 87.1 of Reg. 574/72)
completed between ..... and .....
.....
.....

4.2 Other information relating to the worker's entitlement to allowances (Art. 87.7 of Reg. 574/72)
.....
.....

5 Institution in the place of residence of the members of the family

5.1 Name .....

5.2 Address (2) .....
.....

5.3 Stamp

5.4 Date .....

5.5 Signature
.....

B. To be completed by the competent French institution

6	Information requested

6.1 ☐ Reply to Item 4.1: see the E 407 form attached

6.2 ☐ Reply to Item 4.2 .....

.....

.....

.....

7	Competent French institution

7.1 Name .....

7.2 Address (2) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

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

NOTES

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 409 **F** (1)

VERIFICATION OF THE DECLARATION OF LACK OF ENTITLEMENT TO FAMILY ALLOWANCES BY VIRTUE OF AN OCCUPATION PURSUED IN THE COUNTRY OF RESIDENCE OF THE FAMILY

Reg. 1408/71: Art. 73.2
Reg. 574/72: Art. 87.1; Art. 87.7, third subparagraph

This request for information should be used by the competent French institution to verify, if necessary, the declaration of the head of the household that there is no entitlement to family allowances by virtue of the pursuit of an occupation in the country of residence of the members of the family. A copy of an E 406 form should be attached.

A. To be completed by the French institution competent as regards family allowances

1 ☐ Worker ☐ Seasonal worker ☐ Unemployed person

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Date of birth ..... Place of birth ..... Sex ..... Nationality .....

1.3 Address in France (2) .....

.....

1.4 Reference E 406 of (date) .....

2 Request for information

2.1 ☐ Please verify the declaration in Item 3.7 of the E 406 form concerning the person named after No ..... in box 3 of that form

2.2 ☐ Please verify the E 406 form of (date) .....
concerning .....

.....

3 French institution

3.1 Name .....

3.2 Address (2) .....

.....

3.3 Stamp

3.4 Date .....

3.5 Signature

.....

B. To be completed by the family allowances institution in the place of residence of the members of the family

4 Information requested

4.1 ☐ There is entitlement ☐ There is no entitlement
as a result of the pursuit of an occupation in the country of residence of the members of the family

4.2 The following members of the family are entitled to family allowances

.....

.....

5 Institution in the place of residence of the members of the family

5.1 Name .....

5.2 Address (2) .....

.....

5.3 Stamp

5.4 Date .....

5.5 Signature

.....

E 409 F

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: (F = France).
(2) Street, number, post code, town, country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 410 **F** (1)

NOTIFICATION OF CANCELLATION OF ENTITLEMENT TO FAMILY ALLOWANCES

Reg. 1408/71: Art. 73.2; Art. 74.2
Reg. 574/72: Art. 87.3 and 7; Art. 98.2

The French institution competent as regards family allowances should complete this form and send it to the institution in the place of residence of the members of the family.

1 Family allowances institution to which form is addressed

1.1 Name .....

1.2 Address (2) .....

.....

1.3 Reference: E 407 of (date) .....

2 ☐ Worker ☐ Seasonal worker ☐ Unemployed person

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

2.3 Address in France (2) .....

.....

3

3.1 The person named above

3.2 ☐ has not satisfied the condition of pursuing an occupation as is required in order to receive family allowances

during the month of ..... (Art. 87.7 of Reg. 574/72)

3.3 ☐ ceased to pursue a professional activity or trade on ..... (3)

3.4 ☐ interrupted his contract of seasonal work

from (date) ..... (Art. 87.3 of Reg. 574/72)

3.5 ☐ transferred his residence to (4) .....

from (date) ..... (Art. 87.7 of Reg. 574/72)

4 Competent French institution

4.1 Name .....

4.2 Address (2) .....

.....

4.3 Stamp

4.4 Date .....

4.5 Signature

.....

E 410 F

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing the form belongs: (F = France).
(2) Street, number, post code, town, country.
(3) Complete only if the form is to be sent to a United Kingdom institution.
(4) Indicate the country.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 411 [ ] (1)

REQUEST FOR INFORMATION ON ENTITLEMENT TO FAMILY BENEFITS (FAMILY ALLOWANCES) IN THE MEMBER STATE OF RESIDENCE OF THE MEMBERS OF THE FAMILY

Reg. 1408/71: Art. 76
Reg. 574/72: Art. 10.1

A. Request for certificate

The institution competent in the granting of family benefits in the Member State of employment of the worker which wishes to know whether entitlement to family benefits exists in the Member State of residence of the members of the family should complete two copies of Part A and forward them to the family benefits liaison body of the Member State in which the members of the family are resident.

1 Worker (Reference No (2) .....)

1.1 Surname ..... Forenames ..... Maiden name .....

1.2 Place of birth ..... Date of birth ..... Sex ..... Nationality .....

1.3 Address in the country of residence of the members of the family (3)
.....
.....

2 Spouse or other person whose entitlement to benefits in the country of residence of the members of the family must be verified

2.1 Surname ..... Forenames ..... Maiden name .....

2.2 Address (3) .....
.....

2.3 Relationship with the members of the family mentioned in box 3
.....

2.4 Period for which the information is requested .....

3 Members of the family

	Surname	Forenames	Date of birth	Relationship (4)	Place of residence (5)
3.1	.....	.....	.....	.....	.....
3.2	.....	.....	.....	.....	.....
3.3	.....	.....	.....	.....	.....

4

4.1 Employer .....
4.2 Address (3) .....
.....
4.3 Self-employed activity .....

5 Competent institution

5.1 Name .....
5.2 Address (3) .....
5.3 Stamp

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

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B. Certificate

To be completed by the competent institution in the place of residence of the members of the family

6	Certificate issued by the family benefits institution competent as regards the place of residence of the members of the family

6.1 The person designated in box 2 is, for the period from ..... to .....

☐ entitled to family benefits for the following members of the family (forename and date of birth)

.....

.....

.....

☐ not entitled to family benefits for the following reasons

.....

6.2 The person designated in box 2, for the period from ..... to .....

☐ pursued an occupation from ..... to .....

☐ did not pursue an occupation

7	Institution in the place of residence of the members of the family

7.1 Name .....

7.2 Address (3) .....

.....

7.3 Stamp

7.4 Date .....

7.5 Signature

.....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing Part A of the form is situated: B = Belgium; DK = Denmark; D = Germany; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; GB = United Kingdom.

(2) For use by the sending institution.

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

(4) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child
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
G = Other children belonging permanently to the household on the same footing as the worker's children (foster children). Other relationships (e.g. grandfather) must be written in full. If a child is married, mention in Item 3.1.

(5) If the member of the family resides at an address other than that indicated at 2.2, please indicate here

Surname and forenames.....

.....

Address (3) .....

.....