II

(Acts whose publication is not obligatory)

COMMISSION

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

DECISON No 144

of 9 April 1990

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 401—E 410 F)

(91/140/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, to self-employed persons and to the members of their families moving within the Community, under which it is the duty of the Administrative Commission to deal with all administrative matters or matters or interpretation arising from Regulation (EEC) No 1408/71 and subsequent regulations,

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

Having regard to Decision No 130 of 17 October 1985 laying down and adapting the model forms necessary for the application of the Regulations,

Having regard to Council Regulation (EEC) No 3427/89 of 30 October 1989 which introduces a uniform solution for all Member States to the problem of the payment of family benefits to members of the family not residing in the territory of the competent State and extends its provisions to self-employed persons,

Whereas some model forms should be adapted, some should be abolished having lost their original purpose, and some new ones should be created, in order to take account of the amendments made by Regulation (EEC) No 3427/89;

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

HAS DECIDED AS FOLLOWS:

1. The model forms E 401—E 410 F printed in Decision No 130 shall be replaced by the models appended hereto, with the following adjustments:
   (a) model forms E 401, E 402, E 403, E 404 and E 405 are amended;
   (b) model forms E 406 F, E 407 F, E 408 F, E 409 F and E 410 F are repealed;
   (c) new model forms E 406 F, E 407 F and E 408 F are introduced.
2. The competent authorities of the Member States shall make available to the persons concerned (rightful claimants, institutions, employers, etc.) the forms according to the attached models.
3. Each form shall be available in the official languages of the Community and laid out in such a manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.

This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

The Chairman of the Administrative Commission
E. Mc CUMISKEY

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' on page 3

E 401 ☐ (1)

CERTIFICATE CONCERNING THE COMPOSITION OF A FAMILY FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73; Art. 74; Art. 77; Art. 78
Reg. 574/72: Art. 86.2; Art. 88; Art. 90; Art. 91; Art. 92

To be attached to a claim sent to the institution competent as regards the granting of family benefits.

1

☐ Employed person
☐ Self-employed person
☐ Person supporting orphan
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)
☐ Orphan

1.1 Surname (1a)
.....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Civil status ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ separated

1.5 Address in the country of residence of the members of the family: Street ..... No .....
Post code ..... Town ..... Country .....

2

☐ Spouse ☐ Divorced or separated spouse of worker or pensioner ☐ Surviving parent (1d)

2.1 Surname (1a)
.....

2.2 Forenames ..... Maiden name ..... Place of birth (1b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

2.4 The person named in box 2.1 ☐ does ☐ does not pursue an occupation

2.5 Address (2): Street ..... No .....
Post code ..... Town ..... Country .....

3 Person or persons other than the spouse in whose household the members of the family are living

3.1 Name (1a)
.....

3.2 Forenames ..... Maiden name ..... Place of birth (1b) .....

3.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

3.4 Family relationship with the child or children .....

3.5 The person named in box 3.1 ☐ does ☐ does not pursue an occupation

3.6 Address: Street ..... No .....
Post code ..... Town ..... Country .....

E 401

4 Members of the family other than the spouse

Surname ([1a])	Forenames	Date of birth	Relation-ship ([3])	Place of residence ([4])	Occupation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

4.1 Remarks: .....

5 Information to be supplied only if the form is to be sent to a Danish institution

5.1 Person exercising the authority of father .....

5.2 The maintenance of the children ☐ is ☐ is not paid for from public funds

5.3 The mother or father of the children ☐ is ☐ is not dead
If he/she is, please indicate date of death .....

5.4 The mother or father of the children ☐ receives ☐ does not receive
an old-age invalidity pension

6 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

6.1 Name and address of the registration office, authority or administration ([2]): .....

6.2 Stamp

6.3 Date .....

6.4 Signature .....

7 Name and address of the institution competent as regards the granting of family benefits (to be completed by this institution)

7.1 Name: .....

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

7.3 File reference No .....

E 401

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the authority designated in box 6.

NOTES

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

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

(1d) Except if already specified in box 1.

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

(3) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child. In Spain child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial)
B = legitimized child
C = adopted child
D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognized)
E = child of a spouse belonging to the worker's household
F = grandchildren, brothers and sisters whom the person concerned has taken into his household. Also the nephews, nieces to the third degree where the competent institution is a Greek institution
G = other children belonging permanently to the household on the same footing as the worker's children (foster children).
Other relationships (e.g. grandfather) must be written in full. If a child is married, divorced, a widow or a widower, mention this in item 4.1. Also, if a child has no father or no mother, for the purposes of Greek institutions.

(4) If the child resides at an address other than that indicated in items 1.5, 2.5 or 3.6 please indicate here in the box below:

Surname and forenames: .....
Address (2): .....
.....

(5) In Spain, the 'Dirección Provincial del Instituto Nacional de la Seguridad Social' (Provincial Directorate of the National Social Security Institution) of the place of residence, or the 'Autoridad Municipal' (Municipal Authority) where appropriate;
in France, the 'mairie' (registrar's office) or the 'caisse d'allocations familiales' (fund for family allowances);
in Ireland, the Department of Social Welfare, Dublin;
in Portugal, the 'Junta de Freguesia' (Parish Council) of the place of residence of the members of the family;
in the United Kingdom, the Department of Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Departement 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; Art. 74; Art. 77; Art. 78
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits. If the form is addressed to a Belgian institution, an 'E 402 Annex' form should be attached.

1 Applicant for family benefits

- ☐ Employed person
- ☐ Self-employed peson
- ☐ Persons other than the aforementioned
- ☐ Pensioner (scheme for employed persons)
- ☐ Pensioner (scheme for self-employed persons)
- ☐ Orphan

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Address (2): .....

.....

2 Pupil or student

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2): .....

.....

3 Institution competent as regards the granting of family benefits

3.1 Name: .....

3.2 Address (2): .....

.....

3.3 File reference No .....

3.4 Stamp

3.5 Date .....

3.6 Signature

.....

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 6 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 Information to be provided only for the institutions in France and Luxembourg

5.1 The person named in box 2 has been attending the establishment shown in box 6 where he has been following education of the following nature:

- ☐ general education
- ☐ technical or vocational traning
- ☐ higher or university education
- ☐ other (please specify)

5.2 Special cases (please specify):

- ☐ correspondence course
- ☐ evening courses
- ☐ courses involving less than 20 hours a week
- ☐ education of less than one school year, from ..... to .....
- ☐ other: .....

6 School, university or establishment of higher education

6.1 Name: .....

6.2 Address (2): .....

.....

6.3 Stamp

6.4 Date .....

6.5 Signature

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It should be completed in the language of the establishment named in box 6.

NOTES

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

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

(3) Please indicate whether it is a publicly maintained school, 'public school', or State-controlled school. To be completed only if the institution shown in box 3 is an institution in the United Kingdom or in the Federal Republic of Germany.

(4) To be completed if the form is to be sent to a Belgian institution, the number of half-days is to be indicated in the case of primary and secondary schools.

For instructions and notes see page 2 of an E 402 form

E 402 Annex ☐ (1)

To be completed if the claim for family benefits has to be made to a Belgian institution.

1 Education given at the establishment (other than establishments of higher or university education)

1.1 Over how many half-days and how many hours a week are the lessons spread?
half-days ..... hours .....

1.2 The lessons ☐ are ☐ are not given before 7 p.m.

1.3 The pupil ☐ does ☐ does not attend lessons regularly
If he does not, show the number of days of absence and the reason
.....

1.4 The lessons mentioned in 1.1 above

a) ☐ include ☐ do not include
hours of practical training outside the establishment, required for obtaining an official diploma.
If they do, show the net wage or salary paid or net allowances granted .....

b) ☐ include ☐ do not include
hours of practical lessons which take place in the establishment.
If they do, show the number of hours a week .....

c) ☐ include ☐ do not include
hours devoted to study in the establishment.
If they do, show the number of hours a week .....

1.5 Type of education provided
☐ general education ☐ technical or vocational training ☐ art education

1.6 The curriculum
☐ is ☐ is not approved by the State
☐ corresponds ☐ does not correspond to a curriculum approved by the State

1.7 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

2 Higher education or university education

2.1 ☐ It covers ☐ It does not cover a full-time curriculum
☐ It covers ☐ It does not cover a curriculum of at least 13 hours of lessons a week chosen by the student with the approval of the higher education authorities or university authorities.

2.2 The lessons ☐ are given ☐ are not given before 7 p.m.

2.3 The course referred to in 2.1
☐ includes ☐ does not include
a training period required for a university degree or diploma.
If it does, show the net wage or salary paid or net allowances granted .....

2.4 The student ☐ has been preparing ☐ has not been preparing a thesis
If he/she has, indicate
— since when? .....
— when must he/she submit the thesis? .....

2.5 The study programme
☐ is ☐ is not recognized by the State
☐ corresponds to ☐ does not correspond to a study programme recognized by the State

2.6 Show the periods of holidays
— Christmas holidays from ..... to .....
— Easter holidays from ..... to .....
— Summer holidays from ..... to .....

E 402 Annex

3 School, university or establishment of higher education

3.1 Name: .....

.....

3.2 Address (2): .....

.....

3.3 Stamp

3.4 Date .....

3.5 Signature

.....

EUROPEAN COMMUNITIES
Social Security Regulation

See 'Instructions' page 3

E 403 ☐ (1)

CERTIFICATE OF APPRENTICESHIP AND/OR VOCATIONAL TRAINING FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73; Art. 74; Art. 77; Art. 78
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits. If the form is to be sent to a French institution, please enclose a form E 403 Annex if the person concerned attends vocational training.

1 Applicant for family benefits

☐ Employed person
☐ Self-employed person
☐ Persons other than the aforementioned
☐ Pensioner (scheme for employed persons)
☐ Pensioner (scheme for self-employed persons)
☐ Orphan

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Address in the apprentice's country of residence (2): .....

.....

2 ☐ Apprentice ☐ Vocational trainee (2a)

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2): .....

.....

3 Institution competent as regards the granting of family benefits

3.1 Name: .....

3.2 Address (2): .....

3.3 File reference No .....

3.4 Stamp

3.5 Date .....

3.6 Signature

.....

E 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 insitution mentioned in box 3.

4 Information concerning the apprenticeship

4.1 The person named in box 2 has been apprenticed to us
from .....
to receive training in the following trade: .....

4.2 The apprenticeship is provided ☐ ..... days per week ☐ ..... hours per week
and will last until .....

4.3 The apprentice

☐ is receiving

☐ an apprenticeship allowance or wage ☐ net ☐ gross amounting to
☐ weekly ☐ monthly .....

☐ other benefits (3), namely

☐ accommodation ☐ full board ☐ part board

☐ tips ☐ ..... meals a day ☐ other (4)

from ..... to ..... amouting to .....

☐ is not receiving

☐ an apprenticeship allowance or wage ☐ other benefits

4.4 Place of work .....

4.5 Name of the person, undertaking or institution responsible for the apprenticeship
.....

4.6 Address (2): .....
.....

4.7 Stamp

4.8 Date .....

4.9 Signature
.....

5 Endorsement of the body responsible for supervision of the apprenticeship (5)

5.1 Name: .....

5.2 Address (2): .....
.....

5.3 Stamp

5.4 Date .....

5.5 Signature
.....

E 403

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the institution indicated in box 5.

NOTES

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

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

(2a) For the French institutions form E 403 Annex should be completed if the person concerned follows practical vocational training.

(3) When the form is being sent to a United Kingdom institution, give details of the amount of these benefits in the box below.

accommodation	.....	other benefits	.....
full board	.....		
part board	.....		
tips	.....		
meals	.....		

(4) If applicable, give details of these other benefits in the box below:

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

(5) This box should be completed by the following institutions:
in Ireland, the Department of Social Welfare, Dublin, in the case of apprenticeships that are not supervised by the Industrial Training Authority;
in Italy by the 'Ufficio provinciale del lavoro e della massima occupazione' (Provincial Office of Labour and Employment);
in the United Kingdom, the Department of Social Security, Overseas Branch, Newcastle-upon-Tyne, or the Department of Health and Social Services, Overseas Branch, Belfast, as appropriate.

(6) In relation to French legislation, in the preliminary training and training for a professional career, aimed at allowing those without professional qualifications and without a work contract to reach a level necessary to follow a formal professional training course or to enter professional employment directly.

(7) Indicate the amount received in the currency of the member State in the territory in which the professional training is followed.

(8) Complete if such an organization exists in the territory in which the professional training is followed.

See 'Instructions' and 'Notes' on page 3 of form E 403

E 403 Annex ☐ (1)

To be completed if the claim for family benefits must be submitted to a French institution and if it concerns a person undergoing pratical vocational training (6).

1 Information concerning the vocational training (6)

1.1 The person named in box 2 of form E 403
- ☐ has been attending vocational training since .....
- ☐ attended vocational training from ..... to .....

1.2. Does the person concerned have an employment contract for this training? ☐ Yes ☐ No

1.3 Nature of the training provided .....
.....

1.4 Total duration of training ..... (months, weeks)

1.5. Number of hours of training
- theoretical part ☐ ..... per week ☐ ..... per month
- practical training ☐ ..... per week ☐ ..... per month

1.6 Does the person concerned receive pay during training? ☐ Yes ☐ No
If yes, please specify nature ..... Net amount per month (7) .....

1.7 Place of training .....

1.8 Name of the person, undertaking or institution responsible for providing training
.....

1.9 Address (2): .....
.....

1.10 Stamp

1.11 Date .....

1.12 Signature
.....

2 Endorsement of the body responsible for supervision of training (8)

2.1 Name .....

2.2 Address (2) .....
.....

2.3 Stamp

2.4 Date .....

2.5 Signature
.....

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' page 3

E 404 [ ] (1)

MEDICAL CERTIFICATE FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS

Reg. 1408/71: Art. 73; and 3; Art. 74; Art. 77; Art. 78
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

A. Request for certificate

To be completed by the institution competent as regards the granting of family benefits

1 Applicant for family benefits

- [ ] Employed person
- [ ] Self-employed person
- [ ] Person other than the aforementioned
- [ ] Pensioner (scheme for employed persons)
- [ ] Pensioner (scheme for self-employed persons)
- [ ] Orphan

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Address (2) .....

2 Person to whom the medical certificate relates

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2) .....

3 Institution competent as regards the granting of family benefits

3.1 Name: .....

3.2 Address (2): .....

3.3 File reference No .....

3.4 Stamp

3.5 Date .....

3.6 Signature .....

B. Certificate

To be completed by the doctor designated by the liaison body (3) in the country of residence of the person examined and to be sent to the institution mentioned in box 3.

4

4.1 a) The physical or mental faculties of the person examined
☐ have diminished ☐ have not diminished
If they have, indicate percentage of diminution ..... %

b) The person examined ☐ is capable of earning his/her living
☐ is incapable of earning his/her living owing to physical or mental deficiency

c) The person examined ☐ is ☐ is not a housewife
If she is, indicate whether ☐ she is ☐ she is not in a fit condition to look after her home

d) Observations
.....
.....
.....

e) Description of the condition of the person examined
.....
.....
.....

4.2 Date of commencement of disability or illness (as precise as possible)
.....

4.3 Probable duration .....

4.4 a) A further examination ☐ is necessary ☐ is not necessary

b) If it is, indicate date of the examination .....

5

5.1 Surname and forenames of the doctor: .....

5.2 Address (2): .....
.....

5.3 Date .....

5.4 Signature
.....

E 404

INSTRUCTIONS

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

NOTES

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

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

(3) Or the doctor of the fund designated by the liaison body.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 405 ☐ (1)

CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE, EMPLOYMENT OR SELF-EMPLOYMENT OR CONCERNING SUCCESSIVE EMPLOYMENT IN SEVERAL MEMBER STATES, BETWEEN THE DATES ON WHICH PAYMENT IS DUE ACCORDING TO THE LEGISLATION OF THESES STATES

Reg. 1408/71: Art. 12; Art. 72
Reg. 574/72: Art. 10a; Art. 85.2 and 3

This certificate should be issued to the insured person at his request. Where necessary, the competent institution should request it from the institution with which the insured person was last registered.

A. To be completed by the institution competent as regards the granting of family benefits with which the insured person is registered.

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

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Civil status ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ separated

1.5 Address (2): .....

2 Person who should receive the family benefits

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name ..... Place of birth (1b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

2.4 Address (2): .....

3 Period for which the information is requested

3.1 From ..... to .....

3.2 Name and adress of employer (2a): .....

3.3 Nature of self-employment (2a): .....

4 Institution with which the insured person was last registered as an employed or self-employed person

4.1 Name: .....

4.2 Address (2): .....

5 Institution of the place of residence of the members of the family

5.1 Name: .....

5.2 Address (2): .....

6 Institution with which the insured person is currently registered

6.1 Name: .....

6.2 Address (2): .....

.....

6.3 File reference No .....

6.4 Stamp

6.5 Date .....

6.6 Signature

.....

B. To be completed by the institution competent as regards the granting of family benefits with which the person is registered.

7

7.1 We certify that the insured person named in box 1

7.2 was insured from ..... to ..... (3) .....

7.3 in (4) .....

7.4 ☐ He is entitled ☐ He is not entitled to family benefits

7.5 Family benefits were paid to him

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

8 Institution with which the insured person was last registered either as an employed or self-employed person

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

NOTES

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

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

(2a) For the period preceding the worker's transfer to the Member State to whose legislation he is currently subject.

(3) (a) For Greek institutions, state the number of days completed in the calendar year preceding the year in which the family benefits are applied for.
(b) For Belgian institutions, state below the number of days as an employed or self-employed person:

number of days as an employed person:	.....
number of days as a self-employed person:	.....

(c) For French institutions, state below the number of days and hours of employment and the gross wage/salary received:

	No of days in employment	No of hours in employment	Gross wage/ salary received
During the last month			
During the last three months			
During the last six months			

(4) Country in which the employment in question was pursued.

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' overleaf

E 406 **F** (1)

CERTIFICATE OF POST-NATAL MEDICAL EXAMINATIONS

Reg. 1408/71: Art. 73; Art. 74
Reg. 574/72: Art. 86; Art. 88

Information for the insured person

In order to qualify for French family benefits in accordance with Article 73 or 74, the child must undergo post-natal medical examinations: one examination during the ninth or 10th month from birth and the other during the 24th or 25th month. Failure to comply with this obligation and these deadlines will lead to loss of part of entitlement.

A. Request for certificate

To be completed by the insitution responsible for the granting of family benefits

1 ☐ Employed person ☐ Sel-employed person

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Address (2): .....

.....

2 Child for whom the certificate is requested

2.1 Surname (1a) .....

2.2 Forenames .....

2.3 Place of birth (1b) ..... Date of birt ..... Sex .....

2.4 Address (2): .....

.....

3 Institution responsible for 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 doctor treating the child or by the doctor chosen by the person looking after the child

4

4.1 The child named in box 2 above underwent on: .....

4.2 ☐ a medical examination during the ninth or 10th month from birth

4.3 ☐ a medical examination during the 24th or 25th month

5

5.1 Doctor's surname and forename: .....

5.2 Address (2): .....

.....

5.3 Date .....

5.4 Signature

.....

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to whose legislation the worker is subject: F = France.

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' page 3

E 407 **F** (1)

MEDICAL CERTIFICATE FOR THE GRANT OF THE SPECIAL EDUCATION ALLOWANCE

Reg. 1408/71: Art. 73; Art. 74
Reg. 574/72: Art. 86; Art. 88

A. Request for certificate

To be completed by the institution responsible for the granting of family benefits

1 ☐ Employed person ☐ Self-employed person

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Address (2) .....

.....

2 Child for whom the certificate is requested

2.1 Surname (1a) .....

2.2 Forenames .....

2.3 Place of birth (1b) ..... Date of birth ..... Sex .....

2.4 Address (2) .....

.....

3 Institution responsible for 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

The doctor designated by the institution of the place of residence of the examined child should complete this page and the next page and send it to the institution mentioned in box 3 above, enclosing all recent supporting medical documents (photographs, X-rays, results of medical examinations, etc.).

4

4.1 Child's age on date of examination: ..... years ..... months
Child's weight:..... kilograms ..... grammes; height: ..... centimetres

4.2 Psychomotor retardation
Retardation taking account of normal level for the child's age: ☐ Yes ☐ No
If yes, please specify: .....

4.3 Independence
Can the child sit up unaided ☐ Yes ☐ No Can he/she walk? ☐ Yes ☐ No
Can he/she talk? ☐ Yes ☐ No Can he/she dress unaided? ☐ Yes ☐ No
Can he/she eat unaided? ☐ Yes ☐ No

4.4 Assustance
Does the child's condition necessitate attendance by another person? ☐ Yes ☐ No
Constant attendance? ☐ Yes ☐ No Daily attendance though not continuous? ☐ Yes ☐ No
or other measures .....
(please specify):

4.5 Nature of the principal disability
Is the child's disability
sensory? visual? .....
auditory? .....
motor .....
mental: mental level .....
behaviour .....
other .....

4.6 Associated disabilities
Which ones? .....
Other deficiencies .....

4.7 Additional observations
Disabilities in the family: .....
Supplementary examinations already carried out: .....
(Copies of reports of examinations should be enclosed, where appropriate)

4.8 Treatment, including rehabilitation and remedial therapy. What forms of treatment are being provided?
.....
Since when? .....
What forms of treatment are recommended? .....

4.9 Educational and training measures
What forms of education and training are being provided? .....
.....
Since when? .....
What education and training is recommended? .....
.....

4.10 Prognosis
Please specify: .....
.....

5

5.1 Doctor's surname and forenames: .....
5.2 Address (2): .....
.....
5.3 Date .....
5.4 Signature
.....

E 407 F

INSTRUCTIONS

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

NOTES

(1) Symbol of the country to whose legislation the worker is subject: F = France.

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

EUROPEAN COMMUNITIES
Social Security Regulations

See 'Instructions' page 4

E 408 **F** (1)

CERTIFICATE OF PAYMENT OF FAMILY ALLOWANCES IN ACCORDANCE WITH FORMER ARTICLES 73 (2) AND 74 (2)

Reg. 1408/71: Art. 73; Art. 74
Reg. 574/72: Art. 86; Art. 88

A. Request for certificate

To be completed by the French institution responsible for the granting of family benefits

1 Employed person claiming French family benefits

1.1 Surname (1a) .....

1.2 Forenames ..... Maiden name (1a) ..... Place of birth (1b) .....

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

1.4 Civil status ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ separated

1.5 Address (2): .....

2 Spouse

2.1 Surname (1a) .....

2.2 Forenames ..... Maiden name ..... Place of birth (1b) .....

2.3 Date of birth ..... Sex ..... Nationality ..... D.N.I. (1c) .....

2.4 Current occupation: .....

2.5 Address (2): .....

3 Successive addresses of the members of the family during the period covered by the certificate

3.1 Period from ..... to .....
Address: .....

3.2 Period from ..... to .....
Address: .....

3.3 Period from ..... to .....
Address: .....

3.4 Period from ..... to .....
Address: .....

4 Institution or institutions of the place of residence of the members of the family

4.1 Name: .....
Address: .....

4.2 Name: .....
Address: .....

4.3 Name: .....
Address: .....

E 408 F

5 Request for certificate

5.1 Certificate of family allowances provided in accordance with former Articles 73 (2) and 74 (2) for the worker named in box 1 above for the following periods:

5.2 ☐ 1986 5.3 ☐ 1987 5.4 ☐ 1988

5.5 ☐ 1989 5.6 ☐ 1990 (January to March)

6 French institution responsible for the granting of family benefits

6.1 Name: .....

6.2 Address (2): .....

6.3 File reference No .....

6.4 Stamp

6.5 Date .....

6.6 Signature

.....

B. Certificate of payment of family allowances in accordance with former Articles 73 (2) and 74 (2)

To be completed by the institution of the place of residence of the members of the family that provided family allowances during the period covered by the certificate.

7 Members of the family for whom family allowances were paid in the country of residence

Surname ([1a])	Forenames	Date of birth	Relationship ([3])	Place of residence ([4])	Occupation
1.					
2.					
3.					
4.					
5.					

8 Certificate

8.1 The following family allowances were provided for the worker named in box 1 above for the following periods and amounts ([5]):

8.2 ☐ 1986: .....

8.3 ☐ 1987: .....

8.4 ☐ 1988: .....

8.5 ☐ 1989: .....

8.6 ☐ 1990 (January to March): .....

8.7 Remarks: .....

.....

9 Institution of the place of residence of the members of the family

9.1 Name: .....

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

.....

9.3 Stamp

9.4 Date .....

9.5 Signature

.....

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INSTRUCTIONS

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

NOTES

(1) Symbol of the country to which the institution completing part A of the form belongs: F = France.

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

(1b) In the case of Portuguese districts, state also the parish and the local authority.

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

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

(3) Show the relationship of each member of the family to the worker, using the following symbols:
A = legitimate child. In Spain child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial).
B = legitimized child.
C = adopted child.
D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognized).
E = child of a spouse belonging to the worker's household.
F = grandchildren, brothers and sisters whom the person concerned has taken into this household. Also the nephews, nieces to the third degree where the competent institution is a Greek institution.
G = other children belonging permanently to the household on the same footing as the worker's children (foster children).
Other relationships (e.g. grandfather) must be written in full. If a child is married, divorced, a widow or a widower, mention this in item 7.1. Also, if a child has no father or no mother, for the purposes of Greek institutions.

(4) If the child resides at an address other than that indicated in item 2.5 please indicate here.

Surname and forenames: .....

.....

Address (2): .....

.....

(5) For each period please indicate the total amount of allowances paid in the currency of the State of residence of the members of the family. If the period covered is less than one year, please specify the exact dates.