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►**B**

DECISION No 164

of 27 November 1996

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 101 and E 102)

(Text with EEA relevance)

(97/533/EC)

(OJ L 216, 8.8.1997, p. 85)

Amended by:

	Official Journal		
	No	page	date
►**M1** Decision 1999/371/EC No 172 of 9 December 1998	L 143	13	8.6.1999

Corrected by:

►**C1** Corrigendum, OJ L 159, 25.6.1999, p. 67 (1999/371/EC)

▼B

DECISION No 164

of 27 November 1996

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 101 and E 102)

(Text with EEA relevance)

(97/533/EC)

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

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community [1], under which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972 fixing the procedure for implementing Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons and their families moving within the Community [2], 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,

Whereas, the model forms should be adapted for the purpose of taking account of Decision No 162;

Whereas, these model forms should be adapted with a view to their utilization in the Community as enlarged through the accession of Austria, Finland and Sweden;

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

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

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

Whereas 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 101 and E 102 printed in Decision No 130 of 17 October 1985 shall be replaced by the models appended hereto.

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

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

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[1] OJ No L 149, 5. 7. 1971, p. 2.
[2] OJ No L 74, 27. 3. 1972, p. 1.

▼B

4. This Decision which replaces Decision No 130 of 17 October 1985 shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

Denis CROWLEY

The Chairman of the Administrative Commission

▼M1

EUROPEAN COMMUNITIES
Social Security Regulations
EEA (*)

See 'Instructions' on page 3

E 101 ☐ (1)

CERTIFICATE CONCERNING THE LEGISLATION APPLICABLE

Regulation (EEC) No 1408/71: Article 13.2.d; Article 14.1.a; Article 14.2.b; Article 14 a.*1.(a), 2 and 4; Article 14*b.*1, 2 and 4; Article 14* c *(a); Article 14*e; Article 17
Regulation (EEC) No 574/72: Article 11.1; Article 11a.*1; Article 12*a.*2(a), 5.(c) and 7(a); Article 12*b

1. ☐ Employed person ☐ Self-employed person

1.1. Surname (2)
.....

1.2. Forename(s) Previous names (2)
....

1.3. Date of birth (3) Nationality DNI (4)
....

1.4. Permanent address
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....

1.5. Insurance No (5) .....

2. ☐ Employer ☐ Activity as a self-employed person

2.1. Name of employer or firm
.....

2.2. Identification No (6)
.....

2.3. The employer is a recruitment agency Yes ☐ No ☐

2.4. Address
Telephone ..... Fax ..... E-mail .....
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....

3. The abovementioned insured person

3.1. ☐ has been employed by the employer mentioned above since .....
☐ has been pursuing an activity as a self-employed person since .....
in .....

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

3.3. ☐ to the firm(s) mentioned below ☐ on the ship mentioned below

3.4. Name(s) of firm or ship
.....

3.5. Address(es)
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....
Street ..... No ..... PO box .....
Town ..... Code postal ..... Country .....

3.6. Identification No (6) .....

▼M1

E 101

4. Who pays the wage of the employed posted person? Who pays the social security contributions of the posted employee?

4.1. The employer referred to in point 2 ☐

4.2. The firm referred to in point 3.4 ☐

4.3. Other ☐ if so, give the

Name ..... and

Address:

Street ..... No ..... PO box .....

Town ..... Postal code ..... Country .....

5. The insured person remains subject to the legislation of the country ☐ (1)

►(1) 5.1. in accordance with Article

☐ 13.2.d

☐ 14.1.a ☐ 14.2.b ☐ 14a.1.a ☐ 14a.2 ☐ 14a. 4

☐ 14b.1 ☐ 14b.2 ☐ 14b.4 ☐ 14c.a ☐ 14e ☐ 17

of Regulation (EEC) No 1408/71 ◄

5.2. ☐ from ..... to .....

5.3. ☐ for the duration of the activity (see the letter from the competent authority or designated body in the country of employment which entitles the insured person to remain subject to the legislation of the sending State

of ..... reference .....)

6. Competent institution whose legislation will be applicable

6.1. Name ..... Code number (7) .....

6.2. Address

Phone ..... Fax ..... E-mail .....

Street ..... No ..... PO box .....

Town ..... Postal code ..... Country .....

6.3. Stamp

6.4. Date

.....

6.5. Signature

.....

②

►(1) C1

▼M1

E 101

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 they do not contain any relevant information.

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 his employer and return it to the person involved. Where the worker is posted to Belgium, the Netherlands, Finland, Sweden or Iceland, the institution should also send a copy to, in Belgium: in the case of employed persons to the 'Office national de sécurité sociale/ Rijksdienst voor Sociale Zekerheid' (National Social Security Office), Brussels; in the case of self-employed persons to the 'Institut national d'assurances sociales pour travailleurs indépendants/Rijksinstituut voor de Sociale Verzekering der Selfstandigen' (National Social Insurance Institute for the Self-Employed), Brussels; in the case of seamen to the 'Caisse de secours et de prévoyance en faveur des marins/Hulp- en Voorzorgskas voor Zeevarenden' (Relief and Welfare Fund for Mariners), Antwerp; or in the case of civil servants to the 'Service des Relations internationales du Ministère des Affaires sociales/Dienst Internationale Betrekkingen van het Ministerie van Sociale Zaken' (International Relations Department, Social Affairs Ministry); in the Netherlands, to the 'Sociale Verzekeringsbank' (Social Security Bank), Amstelveen; in Finland, to the 'Eläketurvakeskus' (Central Pension Security Institute), Helsinki; in Sweden, to the 'Riksförsäkringsverket' (National Social Insurance Board), Stockholm; in Iceland, to the 'Tryggingastofnun Rikisins' (National Social Security Institute), Reykjavik.

Information for the insured person

Before you leave the country where you are insured to go to another Member State to work, you should ask your sickness and maternity insurance institution for an E 128 form or E 106 form, as appropriate. 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, your should follow the instructions given on the appropriate form. If you have an E 106 form you should submit it as soon as possible to the sickness and maternity insurance institution of the place where you go in order to work. If you have an E 128 form, you should keep it until you require medical treatment. If you are not in possession of the said form, the latter institution should request it from the institution with which you are insured.

Information for employers

A Member State which receives a request for the application of the aforementioned Article 14(1), Article 14b(1) or Article 17 of Regulation (EEC) No 1408/71 shall duly inform the employer and the worker concerned of the conditions under which the posted worker may continue to be subject to its legislation.

The employer shall be informed of the possibility of checks throughout the period of posting so as to ascertain that this period has not come to an end. Such checks may relate, in particular, to the payment of contributions and the maintenance of the direct relationship. Moreover, the employer of the posted worker shall inform the competent institution of the sending State of any change that has occurred during the period of posting, in particular:

— if the posting applied for has not taken place or if the extension of the posting applied for has not taken place,

— if the posting has been interrupted, unless this interruption of the worker's activities on behalf of the undertaking in the country of employment is of a purely temporary nature,

— if the posted worker has been assigned by his employer to another undertaking in the State of employment.

In the first two cases, he/she shall return this form to the competent institution of the sending State.

Information for the institution of the place of stay

If the person involved produces the proper certificate (E 128 or E 106), the insurance institution in the country of stay will also provide him provisionally with benefits in the event 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**, for employed persons and as regards an occupational disease, to the 'Fonds des maladies professionnelles/Fonds voor Beroepsziekten' (Occupational Diseases Fund), Brussels, and as regards accidents at work to the insurance company designated by the employer

in **Denmark**, to the 'Arbejdsskadestyrelsen' (National Office for Accidents at Work and Occupational Diseases), Copenhagen

in **Germany**, to the competent 'Berufsgenossenschaft' (institution for accident insurance)

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

in **Ireland**, to the Department of Health and Children, Planning Unit, Hawkins House, Dublin 2

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 the **Netherlands**, to the 'Sociale Verzekeringsbank' (Social Security Bank), Amstelveen

in **Austria**, to the competent institution for accident insurance

in **Portugal**, to the 'Centro Nacional de Protecção contra os Riscos Profissionais' (National Centre for Protection against Occupational Risks), Lisbon

in **Finland**, to the 'Tapaturmavakuutuslaitosten Liitto' (Federation of Accident Insurance Institutions), Bulevardi 28, 00120 Helsinki

in **Sweden**, to the 'Försäkringskassan' (Social Insurance Office)

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

in **Iceland**, to the 'Tryggingastofnun Rikisins' (State Social Security Institute), Reykjavik

iu **Liechtenstein**, to the 'Amt für Volkswirtschaft' (Office of National Economy), Vaduz

in **Norway**, to the 'Folketrygdkontoret for Utenlandssaker' (National Office for Social Insurance Abroad), Oslo.

Where the worker is covered by the French social security scheme, the fund which is competent to recognise entitlement to benefits is his insurance fund, which may not be the one appearing on form E 101. It will be necessary, where appropriate, to request forms E 128 or E 123 from the fund of the worker's place of habitual residence.

Where a self-employed person is covered by a Finnish or Icelandic social security scheme it will always be necessary to request form E 123.

Where a worker covered by an Icelandic social security scheme suffers an accident at work or contracts an occupational disease, the employer must always duly notify the competent institution.

▼M1

E 101

NOTES

(*) EEA = Agreement on the European Economic Area, Annex VI, Social Security. For the purpose of this agreement, this form shall also apply to Iceland, Liechtenstein and Norway.

(1) Symbol of the Member State to whose legislation the worker is subject: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

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

(3) The day and the month should be shown by two digits each and the year by four digits (for example: 1 August 1921 = 01.08.1921).

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

(5) For workers subject to Belgian law, indicate the national social security number (NISS).
For workers subject to Danish law, indicate the CPR-number.
For workers subject to Dutch law, indicate the SOFI-number.

(6) Please give as much information as possible to facilitate identification of the employer or the firm of the self-employed person:
In the case of a ship, indicate its name and its registration number.
For Belgium, indicate in the case of employed persons the employer's ONSS/RSZ registration number and in the case of self-employed persons the TVA/BTW-number.
For Denmark, indicate the SE-number.
For Germany, indicate the 'Betriebsnummer des Arbeitgebers'.
For France, indicate the SIRET-number.
For Spain, indicate the 'Código de Cuenta De Cotización Del Empresario CCC' (Employer's Contribution Account Number).
For workers subject to Finnish work accident legislation, please indicate the name of the competent accident insurance institution.
For Norway, indicate the organisation number.

(7) To be filled in where available.

▼B

EUROPEAN COMMUNITIES
Social Security Regulations
EEA (*)

See 'Instructions' on page 3

E 102 (1)

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

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

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

1. Institution to which the form is addressed (2)

1.1. Name
.....

1.2. Address .....
Tel. ..... Fax .....
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....

2. ☐ Employed person ☐ Self-employed person

2.1. Surname (3)
.....

2.2. Forename(s) ..... Previous names (3) ....

2.3. Date of birth (4) ..... Nationality ..... DNI (5) .....

2.4. Permanent address
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....

2.5. Insurance No (6) .....

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

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

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

3.3. ☐ to the undertaking(s) mentioned below ☐ on the ship mentioned below

3.4. Name of firm or ship
.....

3.5. Address .....
Tel. ..... Fax .....
Street ..... No ..... PO box .....
Town ..... Postal code ..... Country .....

3.6. Identification No (7) .....

▼B

E 102

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

4.1. issued by the following institution

Name .....

Street ..... No ..... PO box .....

Town ..... Postal code ..... Country .....

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

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

5.1. for the period from ..... to ..... (8)

6. ☐ Employer ☐ Activity as self-employed person

6.1. Name of employer or firm

.....

6.2. Identification No (7)

.....

6.3. Address

Tel. ..... Fax .....

Street ..... No ..... PO box .....

Town ..... Postal code ..... Country .....

6.4. Stamp

6.5. Date

.....

6.6. Signature

.....

B. **To be completed by the competent authority or the designated body of the country of employment** (9)

7. We declare that

7.1. ☐ it is agreed ☐ it is not agreed

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

☐ (1)

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

▼B

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8. Competent authority or designated body in the country of employment

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

8.2. Address

Tel. ..... Fax .....

Street ..... No ..... PO box .....

Town ..... Postal code ..... Country .....

8.3. Stamp

8.4. Date

.....

8.5. Signature

.....

INSTRUCTIONS

Please provide four copies of 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 they do not contain any relevant information
Information for the employer or the self-employed person

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

in **Belgium**, in the case of employed persons the *Office national de sécurité sociale/Rijksdienst voor sociale zekerheid*, Brussels (national office of social security); in the case of self-employed the *Caisse d'assurance sociales pour les travailleurs indépendants/ Rijsinstituut voor sociale verzekering der selfstandigen*, Brussels; in the case of seamen the *Caisse de Secours et de Prévoyance des marins/de Hulp-en Voorzorgskas voor Zeevarenden*, Antwerpen;

in **Denmark**, the *Direktoratet for Social Sikring og Bistand* (national directorate for social security and assistance) Copenhagen;

in **Germany**, the *Deutsche Verbindungsstelle Krankenversicherung — Ausland*, Bonn;

in **Greece**, for employed persons, the regional or local branch of the Social Insurance Institute (IKA); for mariners, the Seamen's Pension Fund (NAT); for self-employed, the institution designated for each professional category under Annex 10 — F. GREECE, Regulation (EEC) No 574/72;

in **Spain**, the *Tesorería General de la Seguridad Social — Ministerio de Trabajo y Asuntos Sociales* (central treasury for social security — Ministry of Labour and Social Affairs), Madrid;

in **France**, the *Direction régionale des Affaires sanitaires et sociales* (regional directorate for health and welfare) and for employed agricultural workers the *Direction régionale de l'Agriculture et de la Forêt — Service régional de l'inspection du Travail, de l'Emploi et de la Politique sociale* (regional directorate for agriculture and forestry — regional department for the inspection of labour, employment and social policy);

in **Ireland**, the Department of Social Welfare, PRSI Special Collection Section, Dublin 2;

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 *Sociale Verzekeringsbank* (social insurance bank), Amstelveen;

in **Austria**, the *Bundesminsterium für Arbeit, Gesundheit und Soziales* (Federal Ministry for Labour, Health and Social Affairs), Vienna;

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

in **Finland**, the *Eläketurvakeskus* (central pension security institute) Helsinki;

in **Sweden**, the *Riksförsäkringsverket* (national social insurance board) Stockholm;

in **the United Kingdom**, the Contributions Agency DSS, International Services, Newcastle-Upon-Tyne, or the Northern Ireland Social Security Agency, Overseas Branch, Belfast as appropriate;

in **Iceland**, the *Tryggingastofnun rikisins* (state social security institute) Reykjavik;

in **Liechtenstein**, the Office of National Economy, Vaduz;

in **Norway**, the *Folketrygdkontoret for utenlandssaker* (the national insurance office for social insurance abroad) Oslo.

▼B

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

(c) A Member State which receives a request for an application of the aforementioned Articles 14 (1) or 14b (1) of Regulation (EEC) No 1408/71 shall duly inform the employer and the worker concerned of the conditions under which the worker may continue to be subject to its legislation.

The employer shall thus be informed of the possibility of checks throughout the period of posting so as to ascertain that this period has not come to an end. Such checks may relate, in particular, to the payment of contributions and the maintenance of the direct relationship.

Moreover, the employer of the posted worker shall inform the competent institution of the sending State of any change that has occurred during the period of posting, in particular:

— if the posting applied for has not taken place or if the extension of posting applied for has not taken place,

— if this posting has been interrupted, unless this interruption of the worker's activities for the undertaking in the State of employment is of a purely temporary nature,

— if the posted worker has been assigned by his employer to another undertaking in the State of employment.

In the first two cases, he shall return this form to the competent institution of the sending State.

NOTES

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

(1) Symbol of the country in which the undertaking has its registered office:
B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands, A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

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

(3) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surnames, previous names) in the order of civil status in which they appear on the identity card or passport.

(4) The day and the month should be shown by two digits each and the year by four digits (e.g. 1 August 1921 = 01.08.1921).

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

(6) For workers subject to Belgian law, indicate the national social security number (NISS).
For workers subject to Danish law, indicate CPR number.
For workers subject to Dutch law, indicate the SOFI number.

(7) Please state as much information as possible which may be used in order to identify the employer or the firm of the self-employed person:
In the case of a ship indicate the name of the ship and the ship registration number.
For Belgium indicate in case of employed persons the employer's ONSS/R.S.Z. registration number and in the case of self-employed persons the 'T.V.A./B.T.W. number'.
For Denmark indicate the SE number.
For Germany the *Betriebsnummer des Arbeitgebers.*
For France the SIRET number.
For Spain indicate the *Codigo de Cuenta de Cotización del Empresario CCC* (employer's contribution account number).
For workers subject to Finnish work accident legislation, please indicate the name of the competent accident insurance institution.
For Norway indicate the Organization Number.

(8) This period must not be more than 24 months from the date of the commencement of posting or of the self-employed activity.

(9) 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.

(10) To be completed where this exists.