## Supporting Statement for Certificate of Coverage Request 20 CFR 404.1913 OMB No. 0960-0554

Attached is a list of data elements used to collect information to issue a Certificate of Coverage for the various countries that have Totalization agreements with the United States. In addition, a typical SSA publication booklet (Agreement Between the U.S. and Austaralia) and online collection instrument (Certificate of Coverage Request Form—U.S.-Australian Social Security Agreement) are included for OMB review. All Information collection instruments are available upon request or through the following Internet links:

Agreement Between U.S and Australia: <a href="http://www.ssa.gov/international/Agreement">http://www.ssa.gov/international/Agreement</a> Pamphlets/austrlia.html

Certificate of Coverage Request Form—U.S. –Australian Social Security Agreement: <a href="https://s044a90.ssa.gov/apps6z/coc\_db/country\_form.jsp?">https://s044a90.ssa.gov/apps6z/coc\_db/country\_form.jsp?</a><a href="mailto:ctr\_code=AL&ctr=Australia&czn=Australiaa&tp=0">ctr\_code=AL&ctr=Australia&czn=Australiaa&tp=0</a>.

## INFORMATION ELEMENTS COLLECTED WHEN ISSUING CERTIFICATES OF COVERAGE

INFORMATION ELEMENT	COLLECTED UNDER AGREEMENTS WITH
Name of worker	All
Maiden name of worker, if married women	Belgium, France, Greece, Luxembourg, Netherlands
Social Security number of worker	All
Date and place of birth	All
Citizenship of worker	All
Country of permanent residence of worker	All
Name and address of U.S. employer or self-employment activity	All
Date and place of hire by U.S. employer	All, except Italy
Name and address of foreign employer or self-employment activity	All
If employer is a foreign affiliate of an American employer, is it covered by an agreement between the American parent company and the IRS under section 3121(l) of the Internal Revenue Code and, if yes, the effective date of that agreement	All
Date work in the other country began	All
Date work in the other country will end	All, except Italy

Address in other country (if known)

Name and relationship of family members

accompanying worker

Maiden name of wife accompanying worker

Date of birth of family members accompanying worker

Certification that worker and family members are covered by private health insurance while in other country

Sweden, Norway

Netherlands, Norway,

Sweden

Netherlands

Netherlands, Norway

France, Japan