

Form Approved: OMB No. 0960-0554
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# Certificate of Coverage Service for Employers

Save Social Security Taxes for Your Employees Abroad

[Go To Online Request Forms](#)

Welcome to SSA's Online Certificate of Coverage Service. Employers who use this service can expect to receive Certificates several weeks faster than by mail. The online system eliminates delays due to data rekeying and provides automated error checking, resulting in fewer rejected applications.

This is one of several online processes SSA is making available as part of our efforts to provide World Class Service to the public. Let us have your **FEEDBACK** on this service (but please do NOT send confidential information, such as a Social Security number, through our Feedback form).

## WHAT ARE CERTIFICATES OF COVERAGE?

- SSA issues Certificates of Coverage pursuant to **bilateral Social Security agreements** with foreign countries. These agreements are sometimes called "Totalization" agreements. They eliminate dual Social Security coverage, the situation that occurs when an employee from one country works in another country and is required--together with the employer--to pay Social Security taxes to both countries on the same earnings. A Totalization agreement assigns coverage to just one country and exempts the employer and employee from Social Security taxes in the other country.
- If an agreement assigns coverage of an employee's work to the United States, a Certificate of U.S. Coverage issued by SSA serves as proof that the employee and employer are exempt from Social Security taxes in the other country.
- You can request Certificates of Coverage under Totalization agreements with the following 21 countries: Australia, Austria, Belgium, Canada, Chile, Finland, France, Germany, Greece, Ireland, Italy, Japan, Korea (South), Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom.

## WHO SHOULD USE THE ONLINE CERTIFICATE REQUEST FORMS

If you are a **U.S. employer** sending an employee to work in an agreement country for 5 years or less, you can use the online form corresponding to that agreement to request a Certificate of U.S. Coverage. If you have an employee working in Italy, under certain conditions you can use the online form for that country even if the employee will be working there for more than 5 years.

## CONFIDENTIALITY

SSA is taking all reasonable and appropriate measures, including encryption, to ensure that personal information you send us using the online forms is not disclosed to any third party. However, the Internet is an open system and we cannot absolutely guarantee that the information you are sending will not be intercepted by others and decrypted. Although this possibility is remote, it does exist.

If you are not comfortable with these risks, please see one of our [articles](#) on individual Totalization agreements to learn how to request a Certificate of Coverage by mail or fax.

## WHERE WE WILL MAIL THE CERTIFICATE

If the employee qualifies for a Certificate, we will mail the Certificate to the U.S. address you furnish in the section of the form entitled YOUR U.S. LOCATION. If you would like the Certificate mailed to a different U.S. address, also complete the section entitled MAILING ADDRESS at the end of the form.

## EMPLOYEES OF FOREIGN AFFILIATES

If you are a U.S. employer, and you are sending an employee to work for a foreign affiliate of your company (rather than directly for you), please read this [IMPORTANT NOTE](#).

## HOW TO FILL OUT THE FORM

- Please complete the form as completely and accurately as possible or the processing of your request could be delayed. Most of the information requested is required under the terms of the Totalization agreements, and you will not be able to transmit your request to our server unless these required data fields are completed.
- Each data field is limited to a maximum number of characters. On most forms, we have designated the field's maximum size in parentheses. Please DO NOT exceed this size or your entry will be truncated.
- [Online Help](#) is available for filling out each item on the forms. Just click on the "hypertext" heading.

## HOW TO REACH US

If you have any questions or comments, you can reach us

- by e-mail at: [certificate@ssa.gov](mailto:certificate@ssa.gov)
- by writing to:

**SOCIAL SECURITY ADMINISTRATION**  
**Office of International Programs**  
**P.O. Box 17741**  
**Baltimore, MD 21235-7741**

## USA

- by telephone at **(410) 965-7306** or by FAX at **(410) 966-1861**.

### **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

The **Privacy Act** requires us to notify you that we are authorized to collect this information by section 233 of the Social Security Act. While it is not mandatory for you to furnish the information to the Social Security Administration (SSA), a certificate of coverage cannot be issued unless a request has been received. The information is needed to enable SSA to determine if current work should be covered only under the U.S. Social Security system in accordance with a Totalization agreement. Without the certificate, current work may continue to be subject to coverage and taxation under both the U.S. and the foreign Social Security systems.

See below for revised PRA and PA statements.

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.

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## ONLINE REQUEST FORMS

After reading the above, if you are ready, we invite you to request a Certificate of Coverage for any of the countries listed below:

[Australia](#) | [Austria](#) | [Belgium](#) | [Canada](#) | [Chile](#) | [Finland](#) | [France](#) | [Germany](#)

[Greece](#) | [Ireland](#) | [Italy](#) | [Japan](#) | [Korea \(South\)](#) | [Luxembourg](#) | [Netherlands](#)

[Norway](#) | [Portugal](#) | [Spain](#) | [Sweden](#) | [Switzerland](#) | [United Kingdom](#)

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### Future Revised Editions

SSA forms are subject to periodic revisions. You can be assured that this SSA Internet Server Page will always have the latest edition. Please check this Page to make certain that you have the latest edition.

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*Revision Date: September 1st, 2005*

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## Certificate of Coverage Request Form-- U.S.-**AUSTRALIAN** SOCIAL SECURITY AGREEMENT

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If you are a U.S. employer sending an employee to work in Australia for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Australia. Before completing the form, however, PLEASE READ THE [IMPORTANT INTRODUCTORY MESSAGE](#) if you have not already done so.

If you would like more information about the U.S.-Australian agreement, visit the home page of SSA's [Office of International Programs](#).

For online help completing any of the following fields, click on the number immediately preceding the field.

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### INFORMATION ABOUT THE EMPLOYEE

- 1) First Name**  **Middle Initial**
- 2) Last Name**
- 3) U.S. Social Security Number**
- 4) Date of Birth:** Month  Day  Year
- 5) Country of Birth**
- 6) Country of Citizenship**

**7) Country of Permanent Residence** \_\_\_\_\_

**8) Date of Hire:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**9) Country of Hire** \_\_\_\_\_

**10) Beginning date of assignment in Australia:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**11) Expected ending date of assignment in Australia:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**INFORMATION ABOUT THE EMPLOYER**

**AMERICAN EMPLOYER OR FOREIGN AFFILIATE?**

**12). Please select one of the options below:**

- We are a U.S. employer for whom the employee named above will be working directly (for example, in a branch office) while in Australia.
- The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a [section 3121\(l\) agreement](#). The date on which the section 3121(l) agreement became effective for this affiliate is:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

**YOUR U.S. LOCATION**

**13) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary):**

Block 1 \_\_\_\_\_

Block 2 \_\_\_\_\_

**14) U.S. Street Address (Start with Block 1 and use Block 2 if necessary):**

Block 1 \_\_\_\_\_

Block 2 \_\_\_\_\_

**15) City** \_\_\_\_\_

**16) State** \_\_\_\_\_

17) ZIP \_\_\_\_\_ - \_\_\_\_\_

**YOUR LOCATION IN AUSTRALIA**

18) Company Name in Australia (Start with Block 1 and use Block 2 if necessary):

Block 1 \_\_\_\_\_

Block 2 \_\_\_\_\_

19) Street Address in Australia (Start with Block 1 and use Block 2 if necessary):

Block 1 \_\_\_\_\_

Block 2 \_\_\_\_\_

20) City \_\_\_\_\_

21) Postal Code \_\_\_\_\_

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**INFORMATION ABOUT THE CONTACT PERSON**

22) Your Name \_\_\_\_\_

23) Your Title \_\_\_\_\_

24) Your Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

25) Extension (if any) \_\_\_\_\_

26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)

\_\_\_\_\_

**MAILING ADDRESS**

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

27) Name of Person to Receive Correspondence \_\_\_\_\_

**28) Company Name (Start with Block 1 and use Block 2 if necessary):**

Block 1

Block 2

**29) Street Address (Start with Block 1 and use Block 2 if necessary):**

Block 1

Block 2

**30) City**

**31) State**

**32) ZIP**  -

**[Is there anything else we need to know?](#)**

**(Comments are limited to 960 characters - about 16 lines of text)**

**Please do not fill the field below, it is for displaying submit status**

Status: not submitted.

**Future Revised Editions**

SSA forms are subject to periodic revisions. You can be assured that this SSA Internet Server Page will always have the latest edition. Please check this Page to make certain that you have the latest edition.

Revision Date: October 1, 2002



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**Privacy and Paperwork Reduction Act Statements**

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***SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:***

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401, USA.***

Certificate of Coverage Service for Employers, OMB Form No. 0960-0554; and  
SSA Publication No. 05-10176  
Privacy Act Statement  
Collection and Use of Personal Information

Section 233 of the Social Security Act as amended, [42 U.S.C. 433] authorizes us to collect this information. We will use the information you provide to determine if your current work should be covered only under the U.S. Social Security system in accordance with a Totalization agreement. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may prevent us from making an accurate and timely decision on your request for a certificate of coverage. Without the certificate, current work may continue to be subject to coverage and taxation under both the U.S. and the foreign Social Security systems.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Earnings Records and Self-Employment Income System, 60-0059. This notice, additional information regarding this form, and information regarding our

programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any Social Security office.