

INFORMATION ELEMENTS COLLECTED WHEN
ISSUING CERTIFICATES OF COVERAGE

<u>INFORMATION ELEMENT</u>	<u>COLLECTED UNDER AGREEMENTS WITH</u>
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, it is 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)	Sweden, Norway
Name and relationship of family members accompanying worker	Netherlands, Norway, Sweden, Denmark
Maiden name of wife accompanying worker	Netherlands
Date of birth of family members accompanying worker	Netherlands, Norway, Denmark
Certification that worker and family members are covered by private health insurance while in other country	France, Japan