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OMB No. 0960-0554



Certificate of Coverage Services

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Certificate of Coverage Request Form-- U.S.-PORTUGUESE SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Portugal 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 Portugal. 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.-Portuguese 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.

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 Portugal:

Month Day Year

11) Expected ending date of assignment in Portugal:

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 Portugal.
- 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 Portugal

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

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

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Certificate of Coverage Request Form-- U.S.-SLOVAKIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in the Slovak Republic 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 the Slovak Republic. 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.-Slovakian 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.

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 the Slovak Republic:

Month Day Year

11) Expected ending date of assignment in the Slovak Republic:

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 the Slovak Republic.
- 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 the Slovak Republic

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

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

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Certificate of Coverage Request Form-- U.S.-SPANISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Spain 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 Spain. 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.-Spanish 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.

INFORMATION ABOUT THE EMPLOYEE

- 1) First Name Middle Initial
- 2) Maiden Name
- 3) Last Name (Some Spanish nationals may have two surnames. Include both.)
- 4) U.S. Social Security Number
- 5) Spanish Social Security Number (if known)
- 6) Date of Birth: Month Day Year
- 7) Country of Birth
- 8) Country of Citizenship
- 9) Country of Permanent Residence

10) Date of Hire: Month Day Year

11) Country of Hire

12) Beginning date of assignment in Spain:

Month Day Year

13) Expected ending date of assignment in Spain:

Month Day Year

INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

14) 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 Spain.
- 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

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

Block 1

Block 2

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

Block 1

Block 2

17) City

18) State

19) ZIP -

YOUR LOCATION IN Spain

20) Company Name in Spain (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

21) Street Address in Spain (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

22) City

23) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

24) Your Name

25) Your Title

26) Your Telephone Number () -

27) Extension (if any)

28) 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.

29) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

32) City

33) State

34) 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

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Certificate of Coverage Request Form-- U.S.-SWEDISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Sweden 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 Sweden. 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.-Swedish 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.

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) Address in Sweden (if known; start with Block 1 and use Block 2, if necessary):
Block 1

Block 2

City

9) Date of Hire: Month Day Year

10) Country of Hire

11) Beginning date of assignment in Sweden:

Month Day Year

12) Expected ending date of assignment in Sweden:

Month Day Year

13) Information about employee's family members (include only if accompanying the employee to the Sweden):

Spouse:

First Name Last Name

Children (if more space is needed, include in the comment box at the end of this form):

First Name Last Name

First Name Last Name

First Name Last Name

First Name Last Name

INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

14) 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 Sweden.
- 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

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

Block 1

Block 2

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

Block 1

Block 2

17) City

18) State

19) ZIP -

YOUR LOCATION IN Sweden

20) Company Name in Sweden (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

21) Street Address in Sweden (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

22) City

23) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

24) Your Name

25) Your Title

26) Your Telephone Number () -

27) Extension (if any)

28) 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.

29) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

32) City

33) State

34) 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

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Certificate of Coverage Request Form-- U.S.-SWISS SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Switzerland 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 Switzerland. 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.-Swiss 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.

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 Switzerland:

Month Day Year

11) Expected ending date of assignment in Switzerland:

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 Switzerland.
- 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 Switzerland

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

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**

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Future Revised Editions

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Certificate of Coverage Request Form-- U.S.-UNITED KINGDOM SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in UNITED KINGDOM 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 UNITED KINGDOM. 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.-U.K. 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.

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 UNITED KINGDOM:

Month Day Year

11) Expected ending date of assignment in UNITED KINGDOM:

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 UNITED KINGDOM.
- 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 UNITED KINGDOM

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Country

22) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

23) Your Name

24) Your Title

25) Your Telephone Number () -

26) Extension (if any)

27) 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.

28) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

31) City

32) State

33) 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**

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