

Form Approved:
OMB No. 0960-0554



Certificate of Coverage Services

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

If you are a U.S. employer sending an employee to work in France 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 France. 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.-French 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
- 4) U.S. Social Security Number
- 5) Date of Birth: Month Day Year
- 6) Country of Birth
- 7) Country of Citizenship
- 8) Country of Permanent Residence
- 9) Date of Hire: Month Day Year

10) Country of Hire

11) Beginning date of assignment in France:

Month Day Year

12) Expected ending date of assignment in France:

Month Day Year

13) Will the Employee and any Accompanying Family Members be Covered under Private Health Insurance while in France?

Yes No

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 France.
- 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 France

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

Block 1

Block 2

21) Street Address in France (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

Status: not submitted.

Future Revised Editions

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

If you are a U.S. employer sending an employee to work in Germany 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 Germany. 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.-German 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) German Social Security Number (if known)
- 5) Date of Birth: Month Day Year
- 6) Country of Birth
- 7) Country of Citizenship
- 8) Country of Permanent Residence
- 9) Date of Hire: Month Day Year

10) Country of Hire

11) Beginning date of assignment in Germany:

Month Day Year

12) Expected ending date of assignment in Germany:

Month Day Year

INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

13) 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 Germany.
- 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

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

Block 1

Block 2

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

Block 1

Block 2

16) City

17) State

18) ZIP -

YOUR LOCATION IN Germany

19) Company Name in Germany (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

20) Street Address in Germany (Start with Block 1 and use Block 2 if necessary):

Block 1

Block 2

21) City

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

If you are a U.S. employer sending an employee to work in Greece 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 Greece. 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.-Greek 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 Greece:

Month Day Year

11) Expected ending date of assignment in Greece:

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 Greece.
- 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 Greece

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

Block 1

Block 2

19) Street Address in Greece (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)

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

If you are a U.S. employer sending an employee to work in Ireland 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 Ireland. 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.-Irish 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 Ireland:

Month Day Year

11) Expected ending date of assignment in Ireland:

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 Ireland.
- 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 Ireland

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

Block 1

Block 2

19) Street Address in Ireland (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)

SEND Form

CLEAR All Fields

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

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