

**Addendum to the Supporting Statement for
Certificate of Coverage Request
20 CFR 404.1913
OMB No. 0960-0554**

Revision to the Collection Instrument

When we last cleared this information collection in 2013, we used WEBCOC, the online information collection tool used for receiving certificate requests. We are replacing this tool with an enhanced data collection system (Office of International Programs Processing and Tracking System (OPTS)). The information we collect in the OPTS mirrors the information we collect in the WEBCOC tool, with slight variations.

The most significant difference between the WEBCOC and OPTS data collection tools is that the OPTS is Section 508 compliant. Additionally, the OPTS streamlines and simplifies our current business process by making the system “user friendly” on both the public facing page (Internet page) as well as the intranet page. It also reduces the user’s processing time. Below is a justification of each change.

- **Change 1:** Requestor can now attach documents when they submit their requests.

Justification 1: Reduces processing time and eliminates unnecessary phone calls or emails to request the additional documents.

- **Change 2:** Requestor can specify whether request new, amended, duplicate, corrected or self-employment.

Justification 2: Reduces processing time and simplifies the process for users to submit requests. Eliminates phone calls or emails to request additional information for clarification purposes.

- **Change 3:** Polish Internet request now includes a request field to obtain the Pesel number.

Justification 3: Polish authorities require this field on the certificate of coverage when applicable.

We will begin using OPTS immediately upon OMB approval. The WEBCOC application is tentatively scheduled to sunset 60 days after the authority to operate date.

The OPTS will contain questions that individuals must complete to receive a U.S. certificate of coverage. Currently, the United States has agreements with the following named 26 countries.

Australia
Austria

Belgium
Canada

Chile
Czech Republic

Denmark
Finland
France
Germany
Greece
Hungary
Ireland

Italy
Japan
South Korea Luxembourg
Netherlands
Norway
Poland
Portugal

Slovak Republic
Spain
Sweden
Switzerland
United Kingdom

Each form provides unvarying questions for the online application.

Questions on all forms include the following information:

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 [COUNTRY]:
Month Day Year
- 11) Expected ending date of assignment in [COUNTRY]:
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 [COUNTRY].

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 [COUNTRY]

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

Block 1

Block 2

19) Street Address in [COUNTRY] (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)

Differences in Questionnaires

Four countries have additional questions on the forms because of the terms of the negotiated agreements. The forms for Denmark, Netherlands, Norway, and Sweden require:

- The foreign country social insurance number of the worker and of the family members
- The family member's names and their dates of birth
- The worker's maiden name as applicable

For the self-employment questionnaire, we have the systems capability to request the respondents' permanent residence address and the nature of their self-employment activity up front rather than having the respondent submit the information separately via phone, email, or fax. **EXCEPTION:** For the Italy self-employment questionnaire, we only ask respondents to provide the nature of their self-employment activity.

Additional Agreement

Since the last time we renewed OMB approval for this collection, we submitted a change request to include the Hungarian agreement, which will go into force September 1, 2016.