

CERTIFICATE OF COVERAGE (COC)

External Web Page Screen
Captures

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Application Determination - 1 of 2



Social Security

Certificate of Coverage Request Form

Certificate Request Form Type

Select the Request Form Type

New

Correction

Duplicate

Amended



Select the Certificate Type

Performer Certificate

Employer Certificate

Self Employed Certificate

Submit

Application Determination - 2 of 2 (Non-Performer Only)



Social Security

Certificate of Coverage Request Form

Country Selection

Select Country

Australia



Next

Previous

Performer Application – 1 of 3



Social Security

Performer Certificate Request Form

If you are a performer going to perform work overseas for a very short stay, you can use this form to request abbreviated short form certificates. If you would like more information about the U.S. Social Security agreements, visit the home page of [Office of International Programs](#). For online help completing any of the country fields, click on the country you are requesting forms for.

Performers/Members of Touring Group

No of US Citizens

No of Resident Aliens:

No of Others

Forms by Country

[Austria](#) (1 year or less)

[Belgium](#) (90 days or less)

(If Self-employed must be a U.S. citizen. No form can be issued for third country national. If employee--must be U.S. citizen or U.S. resident.)

[The Czech Republic](#) (60 days or less)

[Finland](#) (90 days or less)

Forms will be sent to requestor unstamped. Requestor must fill out the forms and return to us to be stamped. We will then return to requestor.)

Performer Application – 2 of 3

France (90 days or less)

Will the Employees and any Accompanying Family Members be Covered under Health Insurance while in France?

Yes No

(Employee or Self-employed must have Health Insurance coverage. This can be private or employee sponsored.)

Germany (1 year or less)

Greece (90 days or less)

Ireland (1 year or less)

Italy (60 days or less, must be U.S. citizen)

Netherlands (1 year or less)

The Slovak Republic (90 days or less)

Spain (90 days or less)

U. Kingdom (1 year or less)

Performer Application – 3 of 3

Contact Information

Organization

Name

Addr1

Addr2:

City

State

Zip/Postal Code

Contact Name: (If it is different from Name)

Phone

Fax:

Email:

Fed Express Info:(If these forms are needed urgently, please provide your Fed Express account information here.)

Is there anything else we need to know?

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

Submit

Back

Australia – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-AUSTRALIAN SOCIAL SECURITY AGREEMENT

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.

INFORMATION ABOUT THE EMPLOYEE

Employee's Name

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

Australia – 2 of 5

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

Australia – 3 of 5

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

Australia – 4 of 5

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

Australia – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

Submit

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Austria – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-AUSTRIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Austria 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 Austria. 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.-Austrian 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

Employee's Name

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

Austria – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Austria**

Month

Day

Year

11) Expected ending date of assignment in Austria

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 Austria.

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

Austria – 3 of 5

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 AUSTRIA

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

Austria – 4 of 5

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

Austria – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

Submit

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Belgium – 1 of 6



Social Security

Certificate of Coverage Request Form

U.S.-BELGIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Belgium 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 Belgium. 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.-Belgian 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

Employee's Name

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

Belgium – 2 of 6

8) Country of Permanent Residence**9) Marital Status** Married Not Married**10) Date of Hire**

Month

Day

Year

11) Country of Hire**12) Beginning date of assignment in Belgium**

Month

Day

Year

13) Expected ending date of assignment in Belgium

Month

Day

Year

Belgium – 3 of 6

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 Belgium.
- 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

Belgium – 4 of 6

YOUR LOCATION IN BELGIUM

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

Block 1

Block 2

21) Street Address in Belgium (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)

Belgium – 5 of 6

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

Belgium – 6 of 6

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

Submit

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Canada – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-CANADIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Canada 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 Canada. 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.-Canadian 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

Employee's Name

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

Canada – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Canada**

Month

Day

Year

11) Expected ending date of assignment in Canada

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 Canada.

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

Canada – 3 of 5

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 CANADA

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Province

22) Postal Code

Canada – 4 of 5

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 28 thru 33. 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

Canada – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Social Security

Certificate of Coverage Request Form

U.S.-CHILEAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Chile 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 Chile. 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.-Chilean 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

Employee's Name

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

Chile – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Chile**

Month

Day

Year

11) Expected ending date of assignment in Chile

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 Chile.

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

Chile – 3 of 5

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 CHILE

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

Chile – 4 of 5

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

Chile – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Czech Republic – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-CZECH SOCIAL SECURITY AGREEMENT

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

Employee's Name

1) First Name

Middle Initial

2) Last Name

3) U.S. Social Security Number

4) Czech Social Security Number (if known)

5) Date of Birth

Month

Day

Year

6) Country of Birth

7) Country of Citizenship

Czech Republic – 2 of 5

8) Country of Permanent Residence**9) Date of Hire**

Month

Day

Year

10) Country of Hire**11) Beginning date of assignment in the Czech Republic**

Month

Day

Year

12) Expected ending date of assignment in the Czech Republic

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 the Czech 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

Czech Republic – 3 of 5

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 THE CZECH REPUBLIC

19) Company Name in the Czech Republic (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

20) Street Address in the Czech Republic (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

21) City

22) Postal Code

Czech Republic – 4 of 5

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 28 thru 33. 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

Czech Republic – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

Submit

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Denmark – 1 of 8



Social Security

Certificate of Coverage Request Form

U.S.-DANISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Denmark 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 Denmark. 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.-Danish 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

Employee's Name

1) First Name

Middle Initial

2) Last Name

3) U.S. Social Security Number

4) Danish Social Security Number (if known)

5) Date of Birth

Month

Day

Year

6) Country of Birth

7) Country of Citizenship

Denmark – 2 of 8

8) Country of Permanent Residence**9) Date of Hire**

Month

Day

Year

10) Country of Hire**11) Beginning date of assignment in Denmark**

Month

Day

Year

12) Expected ending date of assignment in Denmark

Month

Day

Year

Denmark – 3 of 8

INFORMATION ABOUT THE EMPLOYEE'S FAMILY

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

Spouse Name

First Name

Last Name

Danish Social Security Number (if known)

Date of Birth

Month

Day

Year

First Child Name

First Name

Last Name

Danish Social Security Number (if known)

Date of Birth

Month

Day

Year

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Second Child Name

First Name

Last Name

Danish Social Security Number (if known)

Date of Birth

Month

Day

Year

Third Child Name

First Name

Last Name

Danish Social Security Number (if known)

Date of Birth

Month

Day

Year

Fourth Child Name

First Name

Last Name

Danish Social Security Number (if known)

Date of Birth

Month

Day

Year

Denmark – 5 of 8

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 Denmark.
- 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

Denmark – 6 of 8

YOUR LOCATION IN DENMARK

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

Block 1

Block 2

21) Street Address in Denmark (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)

Denmark – 7 of 8

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 29 thru 34. 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

Denmark – 8 of 8

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Finland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-FINNISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Finland 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 Finland. 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.-Finnish 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

Employee's Name

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

Finland – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Finland**

Month

Day

Year

11) Expected ending date of assignment in Finland

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 Finland.

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

Finland – 3 of 5

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 FINLAND

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

Finland – 4 of 5

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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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France – 1 of 6



Social Security

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

Employee's Name

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

France – 2 of 6

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

France – 3 of 6

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

France – 4 of 6

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)

France – 5 of 6

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 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Germany – 1 of 5



Social Security

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

Employee's Name

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

Germany – 2 of 5

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

Germany – 3 of 5

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

Germany – 4 of 5

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 28 thru 33. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

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

Employee's Name

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

Greece – 2 of 5

8) Date of Hire

Month

Day

Year

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------

9) Country of Hire**10) Beginning date of assignment in Greece**

Month

Day

Year

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------

11) Expected ending date of assignment in Greece

Month

Day

Year

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------

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

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
-------------------------------	-------------------------------	-------------------------------

Greece – 3 of 5

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

Greece – 4 of 5

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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Ireland – 1 of 5



Social Security

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

Employee's Name

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

Ireland – 2 of 5

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

Ireland – 3 of 5

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

Ireland – 4 of 5

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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Social Security

Certificate of Coverage Request Form

U.S.-ITALIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer with an employee working in Italy who is a U.S. citizen, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Italy. You can also use this form to request a Certificate of U.S. Coverage for a U.S. resident Italian national working for you in Italy if the employee elects to be covered by U.S. Social Security within 3 months after beginning assignment in Italy. 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.-Italian 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

Employee's Name

1) First Name

Middle Initial

2) Maiden Name

3) Last Name

4) U.S. Social Security Number

5) Italian Social Security Number (if known)

6) Date of Birth

Month

Day

Year

7) Country of Birth

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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 Italy**

Month

Day

Year

 13) Expected ending date of assignment in Italy

Month

Day

Year

Italy – 3 of 6

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 Italy.
- 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

Italy – 4 of 6

YOUR LOCATION IN ITALY

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

Block 1

Block 2

21) Street Address in Italy (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)

Italy – 5 of 6

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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Social Security

Certificate of Coverage Request Form

U.S.-JAPANESE SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Japan 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 Japan. 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.-Japanese 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

Employee's Name

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

Japan – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Japan**

Month

Day

Year

11) Expected ending date of assignment in Japan

Month

Day

Year

12) Will the Employee and any Accompanying Family Members be Covered under Private Health Insurance while in Japan? Yes No**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 Japan.

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

Japan – 3 of 5

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 JAPAN

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

Block 1

Block 2

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

Block 1

Block 2

21) City

22) Postal Code

Japan – 4 of 5

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 28 thru 33. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

Certificate of Coverage Request Form

U.S.-SOUTH KOREAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in the Republic of Korea 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 Korea. 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.-Korean 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

Employee's Name

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

South Korea – 2 of 5

8) Date of Hire

Month

Day

Year

9) Country of Hire**10) Beginning date of assignment in Korea**

Month

Day

Year

11) Expected ending date of assignment in Korea

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 Korea.

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

South Korea – 3 of 5

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 KOREA

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

Block 1

Block 2

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

Block 1

Block 2

20) City

21) Postal Code

South Korea – 4 of 5

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

South Korea – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

Submit

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Luxembourg – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-LUXEMBOURG SOCIAL SECURITY AGREEMENT

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

Employee's Name

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

Luxembourg – 2 of 5

8) Country of Permanent Residence**9) Date of Hire**

Month

Day

Year

10) Country of Hire**11) Beginning date of assignment in Luxembourg**

Month

Day

Year

12) Expected ending date of assignment in Luxembourg

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 Luxembourg.
- 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

Luxembourg – 3 of 5

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 LUXEMBOURG

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

Block 1

Block 2

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

Block 1

Block 2

21) City

22) Postal Code

Luxembourg – 4 of 5

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 28 thru 33. 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

Luxembourg – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Netherlands – 1 of 7



Social Security

Certificate of Coverage Request Form

U.S.- DUTCH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in the Netherlands 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 Netherlands. 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.- Dutch 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

Employee's Name

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

Netherlands – 2 of 7

8) Country of Permanent Residence

9) Date of Hire

Month

Day

Year

10) Country of Hire

11) Beginning date of assignment in the Netherlands

Month

Day

Year

12) Expected ending date of assignment in the Netherlands

Month

Day

Year

Netherlands – 3 of 7

INFORMATION ABOUT THE EMPLOYEE'S FAMILY

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

Spouse Name

First Name

Maiden Name

Last Name

Date of Birth

Month

Day

Year

First Child Name

First Name

Last Name

Date of Birth

Month

Day

Year

Second Child Name

First Name

Last Name

Date of Birth

Month

Day

Year

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Third Child Name

First Name

Last Name

Date of Birth

Month

Day

Year

Fourth Child Name

First Name

Last Name

Date of Birth

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 the Netherlands.
- 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

Netherlands – 5 of 7

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 THE NETHERLANDS

20) Company Name in the Netherlands (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

21) Street Address in the Netherlands (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

22) City

23) Postal Code

Netherlands – 6 of 7

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 29 thru 34. 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

Netherlands – 7 of 7

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

Certificate of Coverage Request Form

U.S.-NORWEGIAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Norway 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 Norway. 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.-Norwegian 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

Employee's Name

1) First Name

Middle Initial

2) Last Name

3) U.S. Social Security Number

4) Norwegian Social Security Number (if known)

5) Date of Birth

Month

Day

Year

6) Country of Birth

7) Country of Citizenship

Norway – 2 of 8

8) Country of Permanent Residence**9) Address in Norway (if known; start with Block 1 and use Block 2, if necessary):**

Block 1

Block 2

City

10) Date of Hire

Month

Day

Year

11) Country of Hire**12) Beginning date of assignment in Norway**

Month

Day

Year

13) Expected ending date of assignment in Norway

Month

Day

Year

Norway – 3 of 8

INFORMATION ABOUT THE EMPLOYEE'S FAMILY

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

Spouse Name

First Name

Last Name

Norwegian Social Security Number (if known)

Date of Birth

Month

Day

Year

First Child Name

First Name

Last Name

Norwegian Social Security Number (if known)

Date of Birth

Month

Day

Year

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Second Child Name

First Name

Last Name

Norwegian Social Security Number (if known)

Date of Birth

Month

Day

Year

Third Child Name

First Name

Last Name

Norwegian Social Security Number (if known)

Date of Birth

Month

Day

Year

Fourth Child Name

First Name

Last Name

Norwegian Social Security Number (if known)

Date of Birth

Month

Day

Year

Norway – 5 of 8

INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

15) 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 Norway.
- 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

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

Block 1

Block 2

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

Block 1

Block 2

18) City

19) State

20) Zip

Norway – 6 of 8

YOUR LOCATION IN NORWAY

21) Company Name in Norway (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

22) Street Address in Norway (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

23) City

24) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

25) Your Name

26) Your Title

27) Your Telephone Number

28) Extension (if any)

29) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

Norway – 7 of 8

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 30 thru 35. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

30) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

33) City

34) State

35) Zip

Norway – 8 of 8

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Poland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-POLISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Poland 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 Poland. 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.-Polish 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

Employee's Name

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

Poland – 2 of 5

8) Address in Poland (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 Poland**

Month

Day

Year

12) Expected ending date of assignment in Poland

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 Poland.
- 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

Poland – 3 of 5

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 POLAND

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

Block 1

Block 2

NIP#/REGON#/PESEL#



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

Block 1

Block 2

21) City

22) Postal Code

Poland – 4 of 5

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 28 thru 33. 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

Poland – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Portugal – 1 of 5



Social Security

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

Employee's Name

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

Portugal – 2 of 5

8) Date of Hire

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

9) Country of Hire**10) Beginning date of assignment in Portugal**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

11) Expected ending date of assignment in Portugal

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Portugal – 3 of 5

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

Portugal – 4 of 5

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

Portugal – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Slovak Republic – 1 of 5



Social Security

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

Employee's Name

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

Slovak Republic – 2 of 5

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

Slovak Republic – 3 of 5

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

Slovak Republic – 4 of 5

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

Slovak Republic – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Social Security

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

Employee's Name

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

Spain – 2 of 5

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

Spain – 3 of 5

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

Spain – 4 of 5

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 29 thru 34. 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

Spain – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Sweden – 1 of 7



Social Security

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

Employee's Name

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

Sweden – 2 of 7

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

Sweden – 3 of 7

INFORMATION ABOUT THE EMPLOYEE'S FAMILY

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

Spouse Name

First Name

Last Name

First Child Name

First Name

Last Name

Second Child Name

First Name

Last Name

Third Child Name

First Name

Last Name

Fourth Child Name

First Name

Last Name

Sweden – 4 of 7

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

Sweden – 5 of 7

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)

Sweden – 6 of 7

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 29 thru 34. 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

Sweden – 7 of 7

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Switzerland – 1 of 5



Social Security

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

Employee's Name

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

Switzerland – 2 of 5

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

Switzerland – 3 of 5

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

Switzerland – 4 of 5

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

Switzerland – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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United Kingdom – 1 of 5



Social Security

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

Employee's Name

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

United Kingdom – 2 of 5

8) Date of Hire

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

9) Country of Hire**10) Beginning date of assignment in United Kingdom**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

11) Expected ending date of assignment in United Kingdom

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

United Kingdom – 3 of 5

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) UK Country

22) Postal Code

United Kingdom – 4 of 5

INFORMATION ABOUT THE CONTACT PERSON

23) Your Name

24) Your Title

25) 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 29 thru 33. 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

United Kingdom – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Australia – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-AUSTRALIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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.

INFORMATION ABOUT THE SELF-EMPLOYED

SELF-EMPLOYEE Name

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

Australia – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Australia

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Australia

Month

Day

Year

Australia – 3 of 5

INFORMATION ABOUT THE COMPANY

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 AUSTRALIA

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

Block 1

Block 2

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

Block 1

Block 2

22) City

23) Postal Code

Australia – 4 of 5

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 company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Australia – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

Certificate of Coverage Request Form

U.S.-AUSTRIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Austria 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 Austria. 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.-Austrian 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 SELF-EMPLOYED

Self-Employee Name

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

Austria – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Austria

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Austria

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Austria – 3 of 5

YOUR LOCATION IN AUSTRIA

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

Block 1

Block 2

21) Street Address in Austria (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)

Austria – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

Certificate of Coverage Request Form

U.S.-BELGIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Belgium 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 Belgium. 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.-Belgian 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 SELF-EMPLOYED

Self-Employee Name

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

Belgium – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Belgium

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Belgium

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Belgium – 3 of 5

YOUR LOCATION IN BELGIUM

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

Block 1

Block 2

21) Street Address in Belgium (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)

Belgium – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Social Security

Certificate of Coverage Request Form

U.S.-CANADIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Canada 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 Canada. 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.-Canadian 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 SELF-EMPLOYED

Self-Employee Name

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

Canada – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Canada

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Canada

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Canada – 3 of 5

YOUR LOCATION IN CANADA

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

Block 1

Block 2

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

Block 1

Block 2

22) City

23) Province

24) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

25) Your Name

26) Your Title

27) Your Telephone Number

28) Extension (if any)

29) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

Canada – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

30) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

33) City

34) State

35) Zip

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Certificate of Coverage Request Form

U.S.-CHILEAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Chile 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 Chile. 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.-Chilean 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 SELF-EMPLOYED

Self-Employee Name

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

Chile – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Chile

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Chile

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Chile – 3 of 5

YOUR LOCATION IN CHILE

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

Block 1

Block 2

21) Street Address in Chile (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)

Chile – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Chile – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Czech Republic – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-CZECH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in the Czech 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 Czech 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.-Czech 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 SELF-EMPLOYED

Self-Employee Name

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

Czech Republic – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

8) Nature of Activity (e.g. accountant)

9) Beginning date of Self-Employment assignment in the Czech Republic

Month

Day

Year

10) Expected ending date of Self-Employment assignment in the Czech Republic

Month

Day

Year

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

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

Block 1

Block 2

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

Block 1

Block 2

13) City

14) State

15) Zip

Czech Republic – 3 of 5

YOUR LOCATION IN THE CZECH REPUBLIC

16) Company Name in the Czech Republic (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

17) Street Address in the Czech Republic (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

18) City

19) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

20) Your Name

21) Your Title

22) Your Telephone Number

23) Extension (if any)

24) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

Czech Republic – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 25 thru 30. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

25) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

28) City

29) State

30) Zip

Czech Republic – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Denmark – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-DANISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Denmark 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 Denmark. 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.-Danish 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 SELF-EMPLOYED

Self-Employee Name

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

Denmark – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Denmark

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Denmark

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Denmark – 3 of 5

YOUR LOCATION IN DENMARK

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

Block 1

Block 2

21) Street Address in Denmark (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)

Denmark – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Denmark – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Finland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-FINNISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Finland 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 Finland. 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.-Finnish 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 SELF-EMPLOYED

Self-Employee Name

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

Finland – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Finland

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Finland

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Finland – 3 of 5

YOUR LOCATION IN FINLAND

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

Block 1

Block 2

21) Street Address in Finland (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)

Finland – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Finland – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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France – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-FRENCH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in France for 2 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 SELF-EMPLOYED

Self-Employee Name

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

France – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

8) Nature of Activity (e.g. accountant)

9) Beginning date of Self-Employment assignment in France

Month

Day

Year

10) Expected ending date of Self-Employment assignment in France

Month

Day

Year

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

Yes

No

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

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

Block 1

Block 2

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

Block 1

Block 2

14) City

15) State

16) Zip

France – 3 of 5

YOUR LOCATION IN FRANCE

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

Block 1

Block 2

18) Street Address in France (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

19) City

20) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

21) Your Name

22) Your Title

23) Your Telephone Number

24) Extension (if any)

25) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

France – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 26 thru 31. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

26) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

29) City

30) State

31) Zip

France – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Germany – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-GERMAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Germany – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Germany

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Germany

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Germany – 3 of 5

YOUR LOCATION IN GERMANY

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

Block 1

Block 2

21) Street Address in Germany (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)

Germany – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Germany – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Greece – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-GREEK SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Greece – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Greece

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Greece

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Greece – 3 of 5

YOUR LOCATION IN GREECE

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

Block 1

Block 2

21) Street Address in Greece (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)

Greece – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Ireland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-IRISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Ireland – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Ireland

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Ireland

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Ireland – 3 of 5

YOUR LOCATION IN IRELAND

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

Block 1

Block 2

21) Street Address in Ireland (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)

Ireland – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Italy – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-ITALIAN SOCIAL SECURITY AGREEMENT

If you are a self-employed U.S. citizen going to work in Italy, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Italy. You can also use this form to request a Certificate of U.S. Coverage if you are a U.S. resident Italian national working in Italy and elects to be covered by U.S. Social Security within 3 months after beginning assignment in Italy. 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.-Italian 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 SELF-EMPLOYED

Self-Employee Name

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

Italy – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

8) Nature of Activity (e.g. accountant)

9) Beginning date of Self-Employment assignment in Italy

Month

Day

Year

10) Expected ending date of Self-Employment assignment in Italy

Month

Day

Year

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

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

Block 1

Block 2

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

Block 1

Block 2

13) City

14) State

15) Zip

Italy – 3 of 5

YOUR LOCATION IN ITALY

16) Company Name in Italy (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

17) Street Address in Italy (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

18) City

19) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

20) Your Name

21) Your Title

22) Your Telephone Number

23) Extension (if any)

24) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

Italy – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 25 thru 30. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

25) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

28) City

29) State

30) Zip

Italy – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Japan – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-JAPANESE SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Japan 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 Japan. 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.-Japanese 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 SELF-EMPLOYED

Self-Employee Name

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

Japan – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Japan

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Japan

Month

Day

Year

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

 Yes No

Japan – 3 of 5

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

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

Block 1

Block 2

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

Block 1

Block 2

18) City

19) State

20) Zip

YOUR LOCATION IN JAPAN

21) Company Name in Japan (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

22) Street Address in Japan (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

23) City

24) Postal Code

Japan – 4 of 5

INFORMATION ABOUT THE CONTACT PERSON

25) Your Name

26) Your Title

27) Your Telephone Number

28) Extension (if any)

29) 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 company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

30) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

33) City

34) State

35) Zip

Japan – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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South Korea – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-KOREAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Korea 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 Korea. 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.-Korean 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 SELF-EMPLOYED

Self-Employee Name

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

South Korea – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Korea

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Korea

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

South Korea – 3 of 5

YOUR LOCATION IN KOREA

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

Block 1

Block 2

21) Street Address in Korea (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)

South Korea – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Luxembourg – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-LUXEMBOURGIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Luxembourg 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 Luxembourg. 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.-Luxembourgian 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 SELF-EMPLOYED

Self-Employee Name

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

Luxembourg – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Luxembourg

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Luxembourg

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Luxembourg – 3 of 5

YOUR LOCATION IN LUXEMBOURG

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

Block 1

Block 2

21) Street Address in Luxembourg (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)

Luxembourg – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Luxembourg – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Netherlands – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-DUTCH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in the Netherlands 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 Netherlands. 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.-Dutch 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 SELF-EMPLOYED

Self-Employee Name

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

Netherlands – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in the Netherlands

Month

Day

Year

14) Expected ending date of Self-Employment assignment in the Netherlands

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Netherlands – 3 of 5

YOUR LOCATION IN THE NETHERLANDS

20) Company Name in the Netherlands (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

21) Street Address in the Netherlands (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)

Netherlands – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Netherlands – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Norway – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-NORWEGIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Norway 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 Norway. 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.-Norwegian 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 SELF-EMPLOYED

Self-Employee Name

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

Norway – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Norway

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Norway

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Norway – 3 of 5

YOUR LOCATION IN NORWAY

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

Block 1

Block 2

21) Street Address in Norway (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)

Norway – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Norway – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Poland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-POLISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in Poland 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 Poland. 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.-Polish 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 SELF-EMPLOYED

Self-Employee Name

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

Poland – 2 of 5

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

Block 1

Block 2

City

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

10) City

11) State

12) Zip

13) Nature of Activity (e.g. accountant)

14) Beginning date of Self-Employment assignment in Poland

Month

Day

Year

15) Expected ending date of Self-Employment assignment in Poland

Month

Day

Year

Poland – 3 of 5

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

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

Block 1

Block 2

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

Block 1

Block 2

18) City

19) State

20) Zip

YOUR LOCATION IN POLAND

21) Company Name in Poland (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

NIP#/REGON#/PESEL#

22) Street Address in Poland (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

23) City

24) Postal Code

Poland – 4 of 5

INFORMATION ABOUT THE CONTACT PERSON

25) Your Name

26) Your Title

27) Your Telephone Number

28) Extension (if any)

29) 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 company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

30) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

33) City

34) State

35) Zip

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ADDITIONAL COMMENTS

Is there anything else we need to know?

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Portugal – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-PORTUGUESE SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Portugal – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Portugal

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Portugal

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Portugal – 3 of 5

YOUR LOCATION IN PORTUGAL

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

Block 1

Block 2

21) Street Address in Portugal (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)

Portugal – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Portugal – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Slovak Republic – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-SLOVAKIAN SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Slovak Republic – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in the Slovak Republic

Month

Day

Year

14) Expected ending date of Self-Employment assignment in the Slovak Republic

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Slovak Republic – 3 of 5

YOUR LOCATION IN THE SLOVAK REPUBLIC

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

Block 1

Block 2

21) Street Address in the Slovak Republic (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)

Slovak Republic – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Slovak Republic – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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Spain – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-SPANISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Spain – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Spain

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Spain

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Spain – 3 of 5

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)

Spain – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Spain – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Sweden – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-SWEDISH SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Sweden – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Sweden

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Sweden

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Sweden – 3 of 5

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)

Sweden – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Sweden – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Switzerland – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.-SWISS SOCIAL SECURITY AGREEMENT

If you are self-employed and going 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 SELF-EMPLOYED

Self-Employee Name

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

Switzerland – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in Switzerland

Month

Day

Year

14) Expected ending date of Self-Employment assignment in Switzerland

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

Switzerland – 3 of 5

YOUR LOCATION IN SWITZERLAND

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

Block 1

Block 2

21) Street Address in Switzerland (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)

Switzerland – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. 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

Switzerland – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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United Kingdom – 1 of 5



Social Security

Certificate of Coverage Request Form

U.S.- BRITAIN SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in the 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 the 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.- Britain 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 SELF-EMPLOYED

Self-Employee Name

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

United Kingdom – 2 of 5

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

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

Block 1

Block 2

9) City

10) State

11) Zip

12) Nature of Activity (e.g. accountant)

13) Beginning date of Self-Employment assignment in the United Kingdom

Month

Day

Year

14) Expected ending date of Self-Employment assignment in the United Kingdom

Month

Day

Year

INFORMATION ABOUT THE COMPANY

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

United Kingdom – 3 of 5

YOUR LOCATION IN UNITED KINGDOM

20) Company Name in United Kingdom (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

21) Street Address in United Kingdom (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

22) City

23) UK Country

24) Postal Code

INFORMATION ABOUT THE CONTACT PERSON

25) Your Name

26) Your Title

27) Your Telephone Number

28) Extension (if any)

29) Your E-Mail Address

(required if you wish to be notified by e-mail when your request is approved)

United Kingdom – 4 of 5

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

30) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

33) City

34) State

35) Zip

United Kingdom – 5 of 5

ADDITIONAL COMMENTS

Is there anything else we need to know?

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Submission Confirmation – 1 of 1



Social Security

Certificate of Coverage Request Form

✔ **You have successfully submitted your Certificate of Coverage Form.**
Your Control Number is 20161100401
Please use this control number for all future correspondence.

Add Attachments

Upload supporting documents to your Certificate of Coverage Form.

Upload Attachments

 Browse...

Upload

✔ **File Uploaded Successfully.**

I am Done