

Certificate of Coverage Services

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Certificate of Coverage Request Form--

U.S.-FRENCH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in France for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and France. Before completing the form, however, PLEASE READ THE <u>IMPORTANT INTRODUCTORY MESSAGE</u> if you have not already done so.

If you would like more information about the U.S.-French agreement, visit the home page of SSA's Office of International Programs.

For online help completing any of the following fields, click on the number immediately preceding the field.

INFORMATION ABOUT THE EMPLOYEE

1) First Name Middle Initial
2) Maiden Name
3) Last Name
4) U.S. Social Security Number
5) Date of Birth: Month Day Year
6) Country of Birth
7) Country of Citizenship
8) Country of Permanent Residence
9) Date of Hire: Month

10) Country of Hire
11) Beginning date of assignment in France:
Month Day Year
12) Expected ending date of assignment in France:
Month Day Year
13) Will the Employee and any Accompanying Family Members be Covered under Private Health Insurance while in France?
○ Yes ○ No
INFORMATION ABOUT THE EMPLOYER
AMERICAN EMPLOYER OR FOREIGN AFFILIATE?
14) Please select one of the options below:
 We are a U.S. employer for whom the employee named above will be working directly (for example, in a branch office) while in France. The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a section 3121(1) agreement. The date on which the section 3121(1) 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 \(\square \)
19) ZIP
YOUR LOCATION IN France

20) Company Name in France (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
21) Street Address in France (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
22) City
23) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
24) Your Name
25) Your Title
26) Your Telephone Number () -
27) Extension (if any)
28) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <i>other than</i> the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 3. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receive Correspondence
30) Company Name (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
31) Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1

Block 2
32) City
33) State
34) ZIP
Is there anything else we need to know?
(Comments are limited to 960 characters - about 16 lines of text)
SEND Form CLEAR All Fields
Please do not fill the field below, it is for displaying submit status
Status: not submitted.
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Certificate of Coverage Services

GO TO
BOTTOM
OF PAGE
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Certificate of Coverage Request Form--

U.S.-GERMAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Germany for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Germany. Before completing the form, however, PLEASE READ THE <u>IMPORTANT INTRODUCTORY</u> <u>MESSAGE</u> if you have not already done so.

If you would like more information about the U.S.-German agreement, visit the home page of SSA's Office of International Programs.

For online help completing any of the following fields, click on the number immediately preceding the field.

INFORMATION ABOUT THE EMPLOYEE

1) First Name Middle Initial
2) Last Name
3) U.S. Social Security Number
4) German Social Security Number (if known)
5) Date of Birth: Month
6) Country of Birth
7) Country of Citizenship
8) Country of Permanent Residence
9) Date of Hire: Month

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(1) agreement. The date on which the section 3121(1) agreement became effective for this affiliate is:
Month V Day Vear .
YOUR U.S. LOCATION
14) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
15) U.S. Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
16) City
17) State
18) ZIP
YOUR LOCATION IN Germany
19) Company Name in Germany (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2

20) Street Address in Germany (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
21) City
22) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
23) Your Name
24) Your Title
25) Your Telephone Number () -
26) Extension (if any)
27) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <i>other than</i> the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.
28) Name of Person to Receive Correspondence
29) Company Name (Start with Block 1 and use Block 2 if necessary):
Block I
Block 2
30) Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
31) City
32) State

33) ZIP					
Is there anything else we	need to know?				
(Comments are limited to	o 960 characters - ab	out 16 lines of te	ext)		
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Feedback (please, no confidential information)



Certificate of Coverage Services

GO TO
BOTTOM
OF PAGE

Certificate of Coverage Request Form--

U.S.-GREEK SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Greece for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Greece. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE if you have not already done so.

If you would like more information about the U.S.-Greek agreement, visit the home page of SSA's Office of International Programs.

For online help completing any of the following fields, click on the number immediately preceding the field.

INFORMATION ABOUT THE EMPLOYEE

1) First Name Middle Initial
2) Last Name
3) U.S. Social Security Number
4) Date of Birth: Month Day Year
5) Country of Birth
6) Country of Citizenship
7) Country of Permanent Residence
8) Date of Hire: Month Day Year
9) Country of Hire

10) Beginning date of assignment in Greece:
Month Day Year
11) Expected ending date of assignment in Greece:
Month Day Year
INFORMATION ABOUT THE EMPLOYER
AMERICAN EMPLOYER OR FOREIGN AFFILIATE?
12) Please select one of the options below:
 We are a U.S. employer for whom the employee named above will be working directly (for example, in a branch office) while in Greece. The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a section 3121(1) agreement. The date on which the section 3121(1) agreement became effective for this affiliate is:
Month Day Year.
YOUR U.S. LOCATION
13) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
14) U.S. Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
15) City
16) State
<u>17)</u> ZIP
YOUR LOCATION IN Greece
18) Company Name in Greece (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
19) Street Address in Greece (Start with Block 1 and use Block 2 if necessary):

Block 1	
Block 2	
20) City	
21) Postal Code	
INFORMATION ABOUT THE CONT	CACT PERSON
22) Your Name	
23) Your Title	
24) Your Telephone Number ()	
25) Extension (if any)	
26) Your E-Mail Address (required if you wis	sh to be notified by e-mail when your request is approved)
MAILING ADDRESS	
If you would like the Certificate or other con address you provided in the section entitled Otherwise, we will use the address provided	rrespondence mailed to a U.S. address <i>other than</i> the employer "YOUR U.S. LOCATION", please complete blocks 27 thru 32. In the YOUR U.S. LOCATION section.
27) Name of Person to Receive Corresponde	ence
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 u	use Block 2 if necessary):
Block 1	
Block 2	
30) City	
31) State	
32) ZIP -	

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		International I	Page	
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Certificate of Coverage Services

GO TO BOTTOM OF PAGE
Certificate of Coverage Request Form
U.SIRISH 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 <u>IMPORTANT INTRODUCTORY MESSAGE</u> is you have not already done so.
If you would like more information about the U.SIrish agreement, visit the home page of SSA's Office of International Programs.
For online help completing any of the following fields, click on the number immediately preceding the field.
INFORMATION ABOUT THE EMPLOYEE
1) First Name Middle Initial
2) Last Name
3) U.S. Social Security Number
1) Date of Birth: Month V Day Year
5) Country of Birth
6) Country of Citizenship
7) Country of Permanent Residence
8) Date of Hire: Month
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(I) agreement. The date on which the section 3121(I) agreement became effective for this affiliate is:
Month Day Year.
YOUR U.S. LOCATION
13) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
14) U.S. Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
15) City
16) State \(\square \)
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
10) Street Address in Ireland (Start with Block 1 and use Block 2 if necessary):

Block 1
Block 2
20) City
21) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
22) Your Name
23) Your Title
24) Your Telephone Number () -
25) Extension (if any)
26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <i>other than</i> the employed address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 3. 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 I
Block 2
30) City
31) State
32) ZIP -

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