

# Certificate of Coverage

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## Certificate of Coverage Request Form--

## U.S.-PORTUGUESE SOCIAL SECURITY AGREEMENT

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

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

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

1) First Name Middle Initial
2) Last Name
3) U.S. Social Security Number
4) Date of Birth: Month
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 Portugal:
Month Day Year
11) Expected ending date of assignment in Portugal:
Month
INFORMATION ABOUT THE EMPLOYER
AMERICAN EMPLOYER OR FOREIGN AFFILIATE?
12) Please select one of the options below:
<ul> <li>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.</li> <li>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:</li> </ul>
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 Portugal
18) Company Name in Portugal (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
19) Street Address in Portugal (Start with Block 1 and use Block 2 if necessary):

Block 1
Block 2
20) City
21) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
22) Your Name
23) Your Title
24) Your Telephone Number ( ) -
25) Extension (if any)
26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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.
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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Comments are	imited to 900 characte	ers - about 10 lines o	i text)	
SEND Form	CLEAR All Fields	]		
Please do not fil	the field below, it is f	or displaying submit	t status	,
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# Certificate of Coverage Services

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# Certificate of Coverage Request Form--

## U.S.-SLOVAKIAN SOCIAL SECURITY AGREEMENT

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

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

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

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

10) Beginning date of assignment in the Slovak Republic:
Month Day Year
11) Expected ending date of assignment in the Slovak Republic:
Month Day Year
INFORMATION ABOUT THE EMPLOYER
AMERICAN EMPLOYER OR FOREIGN AFFILIATE?
12) Please select one of the options below:
<ul> <li>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.</li> <li>The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a <u>section 3121(1) agreement</u>. The date on which the section 3121(1) agreement became effective for this affiliate</li> </ul>
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 the Slovak Republic
18) Company Name in the Slovak Republic (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
19) Street Address in the Slovak Republic (Start with Block 1 and use Block 2 if necessary):

Block 1
Block 2
20) City
21) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
22) Your Name
23) Your Title
24) Your Telephone Number ( ) -
25) Extension (if any)
26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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.
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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SEND Form CLE	AR All Fields			
Please do not fill the fie	ld below, it is for disp	playing submit status	<b>;</b>	
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# Certificate of Coverage Request Form--

## U.S.-SPANISH SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Spain for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Spain. Before completing the form, however, PLEASE READ THE <u>IMPORTANT INTRODUCTORY MESSAGE</u> 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.

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  Year Year
7) Country of Birth
8) Country of Citizenship
9) Country of Permanent Residence

10) Date of Hire: Month  Year 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:
<ul> <li>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.</li> <li>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:</li> </ul>
Month Day Year.
YOUR U.S. LOCATION
15) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
16) U.S. Street Address (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
17) City
18) State ~
19) ZIP
YOUR LOCATION IN Spain
20) Company Name in Spain (Start with Block 1 and use Block 2 if necessary):
Block 1

Block 2
21) Street Address in Spain (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
22) City
23) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
24) Your Name
25) Your Title
26) Your Telephone Number ( ) -
27) Extension (if any)
28) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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.
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
<u>ls there anything else we need to know?</u> (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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## 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 <u>IMPORTANT INTRODUCTORY MESSAGE</u> 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.

1) First Name Middle Initial
2) Last Name
3) U.S. Social Security Number
4) Date of Birth: Month
5) Country of Birth
6) Country of Citizenship
7) Country of Permanent Residence
8) Address in Sweden (if known; start with Block 1 and use Block 2, if necessary):
Block 1

Block 2
City
9) Date of Hire: Month
10) Country of Hire
11) Beginning date of assignment in Sweden:
Month Day Year
12) Expected ending date of assignment in Sweden:
Month Day Year
13) Information about employee's family members (include only if accompanying the employee to the Sweden):
Spouse:
First Name Last Name
Children (if more space is needed, include in the comment box at the end of this form):
First Name Last Name
First NameLast Name
First Name Last Name
First Name Last Name
INFORMATION ABOUT THE EMPLOYER  AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

## 14) Please select one of the options below:

O 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.

O The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered

by a <u>section 3121(1)</u> agreement. The date on which the section 3121(1) agreement became effective for this affiliatis:
Month
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 V
19) ZIP
YOUR LOCATION IN Sweden
20) Company Name in Sweden (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
21) Street Address in Sweden (Start with Block 1 and use Block 2 if necessary):
Block 1
Block 2
22) City
23) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
24) Your Name
25) Your Title

26) Your Telephone Number ( ) -
27) Extension (if any)
28) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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.
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 V
34) ZIP
Is there anything else we need to know?  (Comments are limited to 960 characters - about 16 lines of text)
(Comments are minted to 900 characters - about 10 miles of text)

**SEND Form CLEAR All Fields** Please do not fill the field below, it is for displaying submit status

#### **Future Revised Editions**

Status: not submitted.

SSA forms are subject to periodic revisions. You can be assured that this SSA Internet Server Page will always have the latest edition. Please check this Page to make certain that you have the latest edition.

Revision Date: September 1, 2002

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## Certificate of Coverage Request Form--

### U.S.-SWISS SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Switzerland for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Switzerland. Before completing the form, however, PLEASE READ THE <u>IMPORTANT INTRODUCTORY MESSAGE</u> 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.

1) First Name	Middle Initial
2) Last Name	
3) U.S. Social Security Num	ber
4) Date of Birth: Month	✓ Day ✓ Year
5) Country of Birth	
6) Country of Citizenship	
7) Country of Permanent Ro	esidence
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:
<ul> <li>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.</li> <li>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:</li> </ul>
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 I
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
10) Street Address in Switzerland (Start with Block 1 and use Block 2 if necessary):

Block 1
Block 2
20) City
21) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
22) Your Name
23) Your Title
24) Your Telephone Number ( ) -
25) Extension (if any)
26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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.
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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Comments are li	mited to 960 characte	ers - about 16 lines	of text)	٦
SEND Form	CLEAR All Fields	]		
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Status: not submitte	90.			
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# Certificate of Coverage Services



# 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.

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

10) Beginning date of assignment in UNITED KINGDOM:
Month Day Year
11) Expected ending date of assignment in UNITED KINGDOM:
Month Day Year
INFORMATION ABOUT THE EMPLOYER
AMERICAN EMPLOYER OR FOREIGN AFFILIATE?
12) Please select one of the options below:
<ul> <li>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.</li> <li>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:</li> </ul>
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 V
<u>17)</u> 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 I
Block 2
20) City
21) Country \(
22) Postal Code
INFORMATION ABOUT THE CONTACT PERSON
23) Your Name
24) Your Title
25) Your Telephone Number ( ) -
26) Extension (if any)
27) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)
MAILING ADDRESS
If you would like the Certificate or other correspondence mailed to a U.S. address <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 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
s there anything else we need to know?  Comments are limited to 960 characters - about 16 lines of text)
Comments are number to 700 characters was as 1 miles 25 miles
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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