



Certificate of Coverage Services

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Welcome to SSA's Online Certificate of Coverage Service. Employers who use this service can expect to receive Certificates several weeks faster than by mail. The online system eliminates delays due to data rekeying and provides automated error checking, resulting in fewer rejected applications.

This is one of several online processes SSA is making available as part of our efforts to provide World Class Service to the public. Let us have your FEEDBACK on this service (but please do NOT send confidential information, such as a Social Security number, through our Feedback form).

WHAT ARE CERTIFICATES OF COVERAGE?

- SSA issues Certificates of Coverage pursuant to bilateral Social Security agreements with foreign countries. These agreements are sometimes called "Totalization" agreements. They eliminate dual Social Security coverage, the situation that occurs when an employee from one country works in another country and is required—together with the employer—to pay Social Security taxes to both countries on the same earnings. A Totalization agreement assigns coverage to just one country and exempts the employer and employee from Social Security taxes in the other country.
- If an agreement assigns coverage of an employee's work to the United States, a Certificate of U.S. Coverage issued by SSA serves as proof that the employee and employer are exempt from Social Security taxes in the other country.
- You can request Certificates of Coverage under Totalization agreements with the following 25 countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, Korea (South), Luxembourg, the Netherlands, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, and the United Kingdom.

WHO SHOULD USE THE ONLINE CERTIFICATE REQUEST FORMS

If you are a U.S. employer sending an employee to work in an agreement country for 5 years or less, you can use the online form corresponding to that agreement to request a Certificate of U.S. Coverage. If you have an employee working in Italy, under certain conditions you can use the online form for that country even if the employee will be working there for more than 5 years.

CONFIDENTIALITY

SSA is taking all reasonable and appropriate measures, including encryption, to ensure that personal information you send us using the online forms is not disclosed to any third party. However, the Internet is an open system and we cannot absolutely guarantee that the information you are sending will not be intercepted by others and decrypted. Although this possibility is remote, it does exist.

If you are not comfortable with these risks, please see one of our [articles](#) on individual Totalization agreements to learn how to request a Certificate of Coverage by mail or fax.

WHERE WE WILL MAIL THE CERTIFICATE

If the employee qualifies for a Certificate, we will mail the Certificate to the U.S. address you furnish in the section of the form entitled YOUR U.S. LOCATION. If you would like the Certificate mailed to a different U.S. address, also complete the section entitled MAILING ADDRESS at the end of the form.

EMPLOYEES OF FOREIGN AFFILIATES

If you are a U.S. employer, and you are sending an employee to work for a foreign affiliate of your company (rather than directly for you), please read this [IMPORTANT NOTE](#).

HOW TO FILL OUT THE FORM

- Please complete the form as completely and accurately as possible or the processing of your request could be delayed. Most of the information requested is required under the terms of the Totalization agreements, and you will not be able to transmit your request to our server unless these required data fields are completed.
- Each data field is limited to a maximum number of characters. On most forms, we have designated the field's maximum size in parentheses. Please DO NOT exceed this size or your entry will be truncated.
- Online Help is available for filling out each item on the forms. Just click on the "hypertext" heading.

PERFORMER CERTIFICATE

Most countries do not try to collect social security contributions for workers who are in their territory for very short stays. Some agreement countries, however, require performers who work in their country to obtain a U.S. certificate of coverage to prove their exemption from foreign Social Security taxes, regardless of the length of time the individual will be in their country.

Because of the large number of requests involved, simplified procedures involving the issuance of abbreviated ("short-form") certificates for performers have been adopted under some of our agreements.

For purposes of the "short-form" certificate procedure, the term "performers" includes: musicians, dancers, actors, and support personnel who travel with the performers (e.g., managers and equipment handlers).

If you want to submit a performer certificate, please click [Online Performer Certificate](#)

HOW TO REACH US

If you have any questions or comments, you can reach us

- by e-mail at certificate@ssa.gov
- by writing to:

SOCIAL SECURITY ADMINISTRATION
Office of International Programs
P.O. Box 17741
Baltimore, MD 21235-7741
USA

- by telephone at (410) 965-7306 or by FAX at (410) 966-1861.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

The Privacy Act requires us to notify you that we are authorized to collect this information by section 233 of the Social Security Act. While it is not mandatory for you to furnish the information to the Social Security Administration (SSA), a certificate of coverage cannot be issued unless a request has been received. The information is needed to enable SSA to determine if current work should be covered only under the U.S. Social Security system in accordance with a Totalization agreement. Without the certificate, current work may continue to be subject to coverage and taxation under both the U.S. and the foreign Social Security systems.

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.

ONLINE REQUEST FORMS

After reading the above, if you are ready, we invite you to request a Certificate of Coverage for any of the countries listed below:

[Australia](#) | [Austria](#) | [Belgium](#) | [Canada](#) | [Chile](#) | [Czech Republic](#) | [Denmark](#) | [Finland](#) | [France](#)

[Germany](#) | [Greece](#) | [Ireland](#) | [Italy](#) | [Japan](#) | [Korea \(South\)](#) | [Luxembourg](#) | [Netherlands](#)

[Norway](#) | [Poland](#) | [Portugal](#) | [Slovak Republic](#) | [Spain](#) | [Sweden](#) | [Switzerland](#) | [United Kingdom](#)

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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

- 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 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 .

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

INFORMATION ABOUT THE CONTACT PERSON

22) Your Name

23) Your Title

24) Your Telephone Number () -

25) Extension (if any)

26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

27) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

30) City

31) State

32) ZIP -

Is there anything else we need to know?**(Comments are limited to 960 characters - about 16 lines of text)****Please do not fill the field below, it is for displaying submit status**

Status: not submitted.

Future Revised Editions

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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

- 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 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 .

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

INFORMATION ABOUT THE CONTACT PERSON

22) Your Name

23) Your Title

24) Your Telephone Number () -

25) Extension (if any)

26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

27) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

30) City

31) State

32) ZIP -

Is there anything else we need to know?**(Comments are limited to 960 characters - about 16 lines of text)****Please do not fill the field below, it is for displaying submit status**

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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

- 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) 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

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 -

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)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

29) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

32) City

33) State

34) ZIP -

Is there anything else we need to know?
(Comments are limited to 960 characters - about 16 lines of text)

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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

- 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 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(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

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

INFORMATION ABOUT THE CONTACT PERSON

23) Your Name

24) Your Title

25) Your Telephone Number () -

26) Extension (if any)

27) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

28) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

31) City

32) State

33) ZIP -

Is there anything else we need to know?

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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

- 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 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 .

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

INFORMATION ABOUT THE CONTACT PERSON

22) Your Name

23) Your Title

24) Your Telephone Number () -

25) Extension (if any)

26) Your E-Mail Address (required if you wish to be notified by e-mail when your request is approved)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

27) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

30) City

31) State

32) ZIP -

Is there anything else we need to know?

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

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