CERTIFICATE OF COVERAGE (COC)

External Web Page Screen Captures

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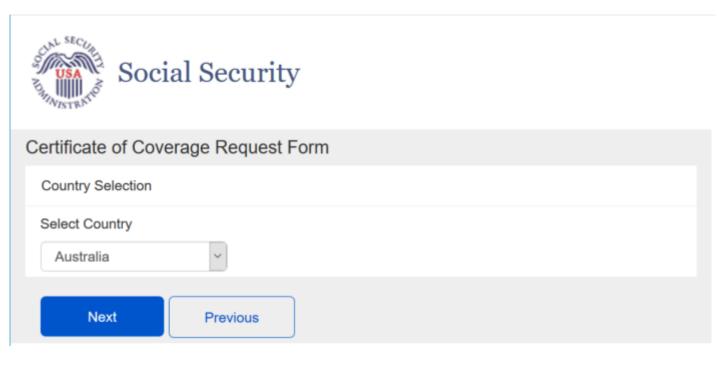
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ertificate Request Form Type	
elect the Request Form Type	
New	
Correction	
Duplicate	
Amended	
elect the Certificate Type	
Performer Certificate	
Employer Certificate	
Self Employed Certificate	

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



Performer Application – 1 of 3



Performer Certificate Request	Form	
certificates. If you would like more information	k overseas for a very short stay, you can use on about the U.S. Social Security agreement apleting any of the country fields, click on the	s, visit the home page of Office of
Performers/Members of Touring Grou	ир	
No of US Citizens	No of Resident Aliens:	No of Others
Forms by Country		
Austria (1 year or less) 0 Belgium (90 days or less) 0 (If Self-employed must be a LLS, citiz	en. No form can be issued for third co	untry national If omployee, must be
U.S. citizen or U.S. resident.) The Czech Republic (60 days or less:		anay nadonal. Il employee must be
0		
Finland (90 days or less)		
Forms will be sent to requestor unsta will then return to requestor.)	mped. Requestor must fill out the form	ns and return to us to be stamped. We

Performer Application – 2 of 3

France (90 days or less)	
0	
	panying Family Members be Covered under Health Insurance while in France?
○ Yes ○ No	
(Employee or Self-employed must I	have Health Insurance coverage. This can be private or employee sponsored.)
Germany (1 year or less)	
0	
Greece (90 days or less)	
0	
Ireland (1 year or less)	
0	
Italy (60 days or less, must be U.S.	citizen)
0	Guzeny
0	
Netherlands (1 year or less)	
0	
The Slovak Republic (90 days or le	ss)
0	
Spain (90 days or less)	
0	
U. Kingdom (1 year or less)	
0. Kingdom (1 year of less)	

Performer Application – 3 of 3

Organization			
Name			
valle			
Addr1			
tudi i			
Addr2:			
City	State	Zip/Postal Code	
		v)	
Contact Name: (If it is d	ifferent from Name)		
•	•		
Phone			
ax:		Email:	
ax.		Jiidii.	
ed Express Info:(If the	se forms are needed urgently, plea	ase provide your Fed Express account	information here.
s there anything else w			
Comments are limited	to 960 characters - about 16 lines	of text)	

Australia – 1 of 5



Certificate of Coverage Request Form

U.S.-AUSTRALIAN SOCIAL SECURITY AGREEMENT

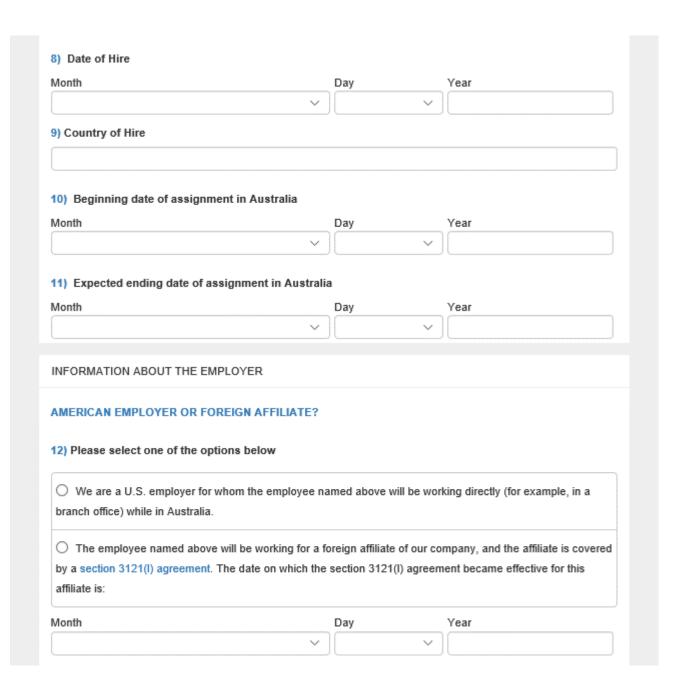
If you are a U.S. employer sending an employee to work in Australia for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Australia. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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



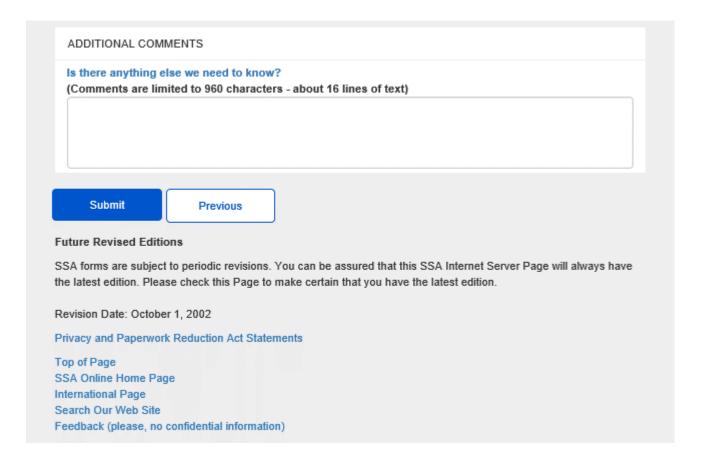
Australia – 3 of 5

14) U.S. Street Address (Start with Block	1 and use Block 2 if necessary)	
14) U.S. Street Address (Start with Block	1 and use Block 2 if necessary)	
Block 1	Block 2	
45) 67-	400 0444	7. 7:-
15) City	16) State 17	7) Zip
YOUR LOCATION IN AUSTRALIA		
18) Company Name in Australia (Start wi	th Block 1 and use Block 2 if necessary)	
18) Company Name in Australia (Start wi Block 1	th Block 1 and use Block 2 if necessary) Block 2	
	Block 2	

Australia – 4 of 5

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 noti	ied by e-mail when your request is approve	ed)
MAILING ADDRESS		
If you would like the Certificate or address you provided in the secti	other correspondence mailed to a U.S. addres on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION secti	omplete blocks 27 thru 32.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION secti	omplete blocks 27 thru 32.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION secti	omplete blocks 27 thru 32.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive 28) Company Name (Start with	on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION secti	omplete blocks 27 thru 32.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive 28) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION section Correspondence Block 1 and use Block 2 if necessary)	omplete blocks 27 thru 32.
address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive 28) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please or s provided in the YOUR U.S. LOCATION section Correspondence Block 1 and use Block 2 if necessary) Block 2	omplete blocks 27 thru 32.

Australia – 5 of 5



Austria – 1 of 5



Certificate of Coverage Request Form

U.S.-AUSTRIAN SOCIAL SECURITY AGREEMENT

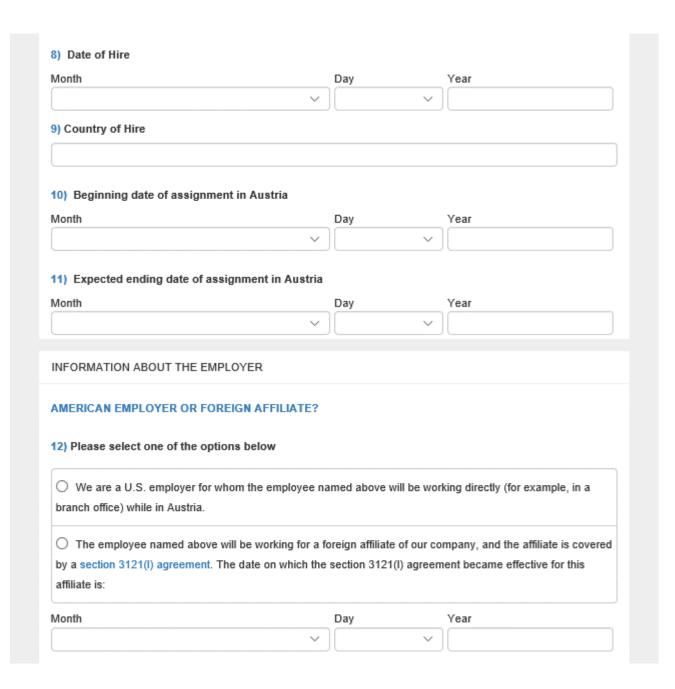
If you are a U.S. employer sending an employee to work in Austria for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Austria. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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



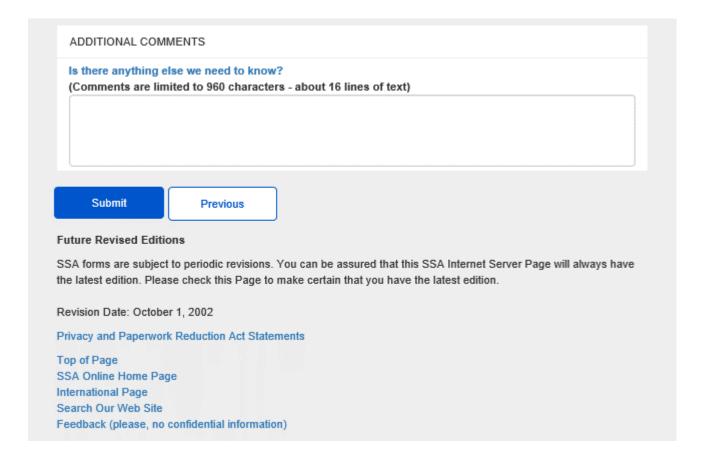
Austria -3 of 5

lock 2 if necessary)
Block 2
16) State 17) Zip
use Block 2 if necessary)
Block 2
30011 2
use Block 2 if necessary)

Austria – 4 of 5

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 notif	ed by e-mail when your request is approved)	
MAILING ADDRESS		
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	other correspondence mailed to a U.S. address other the nentitled "YOUR U.S. LOCATION", please complete blood provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	n entitled "YOUR U.S. LOCATION", please complete ble provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 27) Name of Person to Receive	n entitled "YOUR U.S. LOCATION", please complete ble provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 27) Name of Person to Receive	n entitled "YOUR U.S. LOCATION", please complete ble provided in the YOUR U.S. LOCATION section. Correspondence	
If you would like the Certificate or address you provided in the section of the s	n entitled "YOUR U.S. LOCATION", please complete ble provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 27) Name of Person to Receive 28) Company Name (Start with Block 1	n entitled "YOUR U.S. LOCATION", please complete ble provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	

Austria – 5 of 5



Belgium – 1 of 6



Certificate of Coverage Request Form

U.S.-BELGIAN SOCIAL SECURITY AGREEMENT

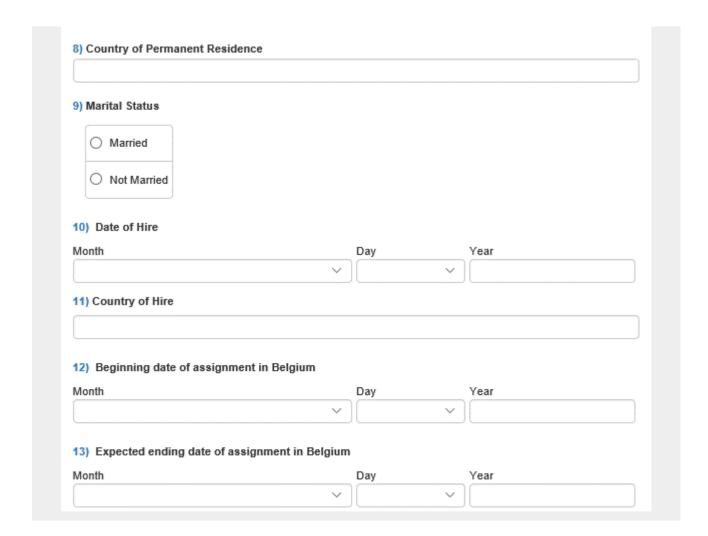
If you are a U.S. employer sending an employee to work in Belgium for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Belgium. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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



Belgium – 3 of 6

14) Please select one of	the options below			
O We are a U.S. employ branch office) while in Bel	yer for whom the employee na Igium.	med above wil	ll be working dire	ctly (for example, in a
	d above will be working for a	-		
Month		Day	Year	
Month	~	Day	Year	
YOUR U.S. LOCATION 15) Company Name use	d in the U.S. (Start with Bloc		× (ary)
YOUR U.S. LOCATION		k 1 and use B	× (ary)
YOUR U.S. LOCATION 15) Company Name used Block 1		k 1 and use B	Slock 2 if necess	ary)

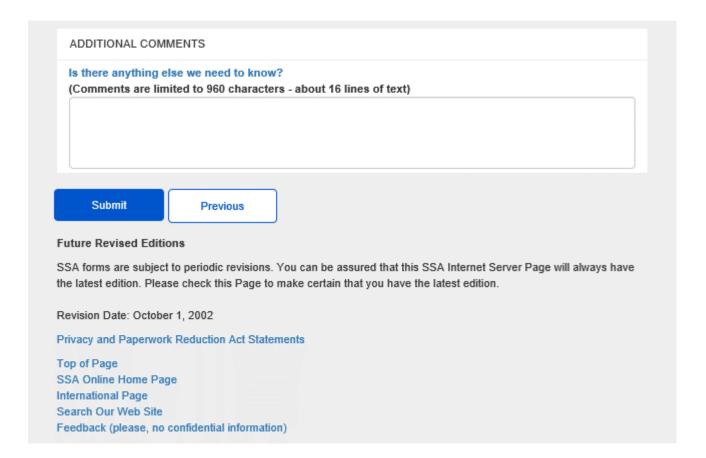
Belgium – 4 of 6

Block 1	Block 2
21) Street Address in Belgiu	n (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
INFORMATION AROUT THE	ONTACT DEDSON
INFORMATION ABOUT THE (24) Your Name	ONTACT PERSON
	ONTACT PERSON
24) Your Name	ONTACT PERSON

Belgium – 5 of 6

	tion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	e Correspondence
30) Company Name (Start with	h 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 2
Block 1	
Block 1	

Belgium – 6 of 6



Canada – 1 of 5



Certificate of Coverage Request Form

U.S.-CANADIAN SOCIAL SECURITY AGREEMENT

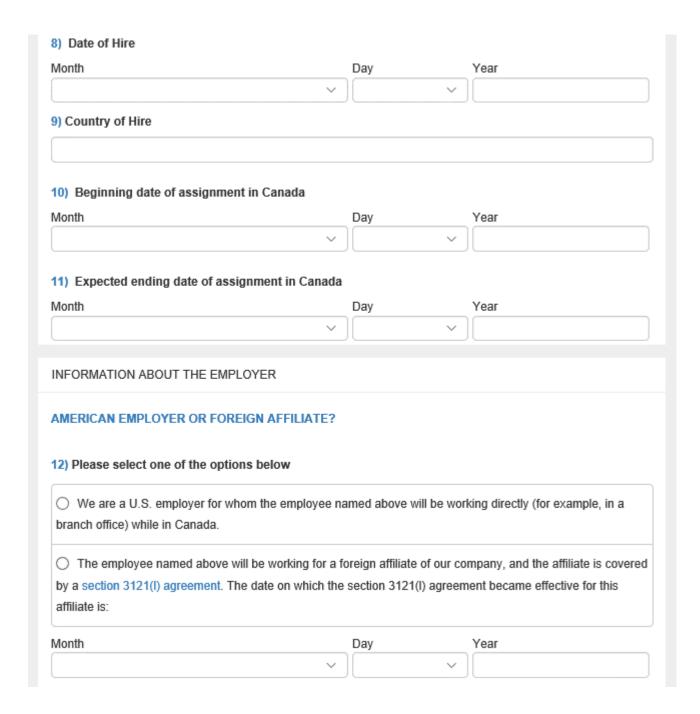
If you are a U.S. employer sending an employee to work in Canada for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Canada. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE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

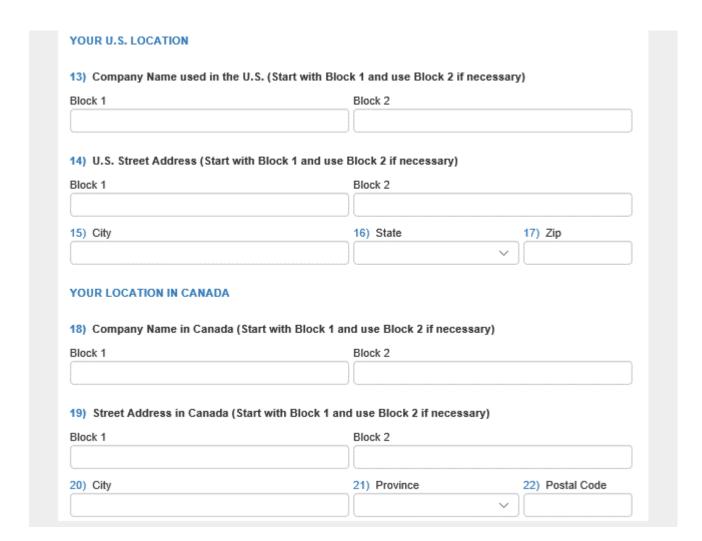
For online help completing any of the following fields, click on the number immediately preceding the field.

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	
		<u> </u>	
5) Country of Birth			
6) Country of Citizenship			
7) Country of Permanent Residence			

Canada – 2 of 5



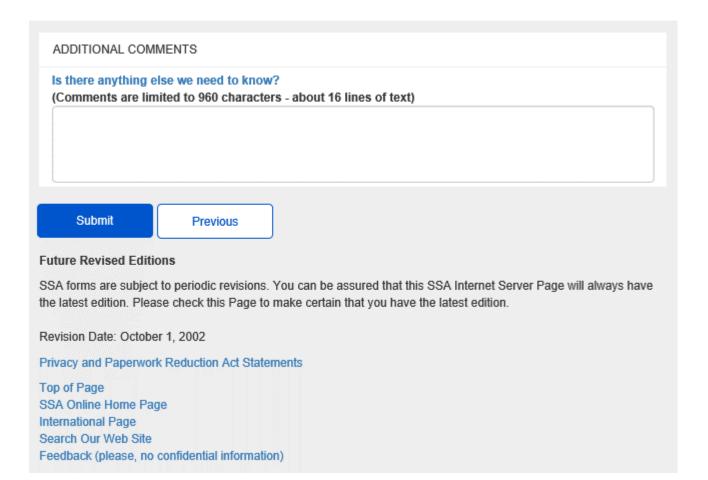
Canada – 3 of 5



Canada – 4 of 5

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 noti	ed by e-mail when your request is approved)	
MAILING ADDRESS		
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	ther correspondence mailed to a U.S. address other than the emp n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive	n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with	n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with Block 1	n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section. correspondence lock 1 and use Block 2 if necessary) Block 2	
address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with Block 1	n entitled "YOUR U.S. LOCATION", please complete blocks 28 thr provided in the YOUR U.S. LOCATION section. Correspondence lock 1 and use Block 2 if necessary)	

Canada – 5 of 5



Chile – 1 of 5



Certificate of Coverage Request Form

U.S.-CHILEAN SOCIAL SECURITY AGREEMENT

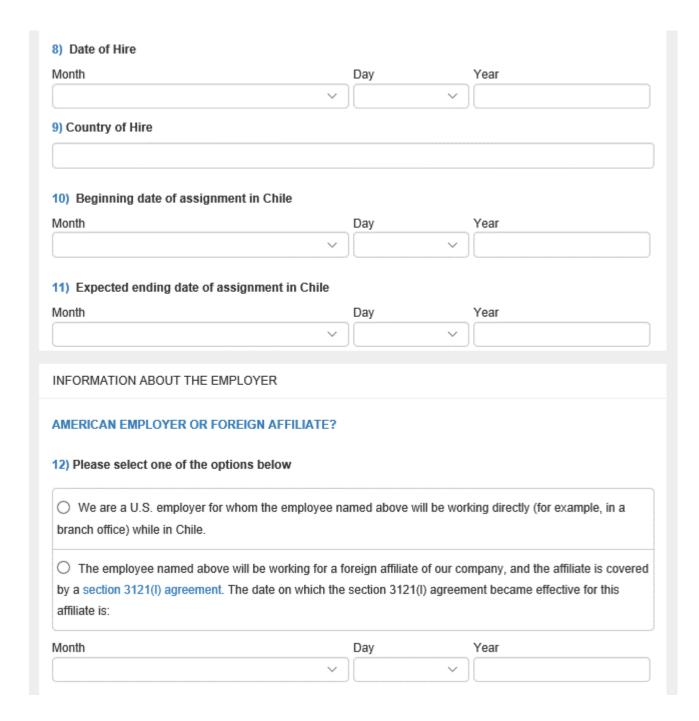
If you are a U.S. employer sending an employee to work in Chile for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Chile. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE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



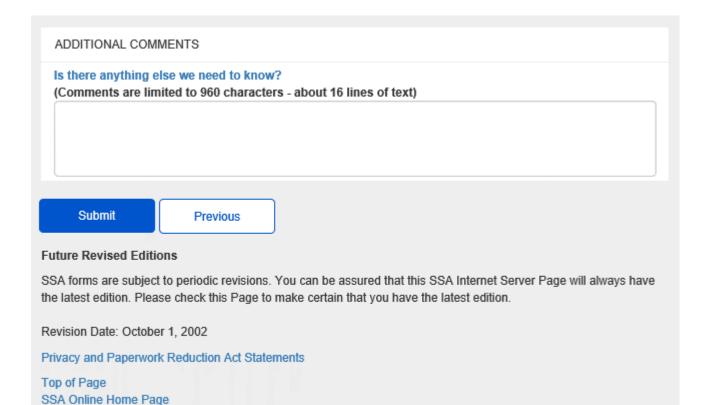
Chile -3 of 5

Block 1	Block 2
DIOCK I	Block 2
14) U.S. Street Address (Sta	t with Block 1 and use Block 2 if necessary)
Block 1	Block 2
15) City	16) State 17) Zip
	(Start with Block 1 and use Block 2 if necessary)
	(Start with Block 1 and use Block 2 if necessary) Block 2
18) Company Name in Chile	
Block 1	
18) Company Name in Chile Block 1	Block 2
18) Company Name in Chile Block 1 19) Street Address in Chile (Block 2 Start with Block 1 and use Block 2 if necessary)

Chile – 4 of 5

INFORMATION ABOUT THE CO	TACT PERSON	
22) Your Name		
23) Your Title		
23) Tour True		
24) Your Telephone Number		
25) Extension (if any)		
26) Your E-Mail Address (required if you wish to be notif	d by e-mail when your request is appro	oved)
MAILING ADDRESS		
address you provided in the section	ther correspondence mailed to a U.S. addi entitled "YOUR U.S. LOCATION", please provided in the YOUR U.S. LOCATION se	complete blocks 27 thru 32.
27) Name of Person to Receive	orrespondence	
28) Company Name (Start with I	ock 1 and use Block 2 if necessary)	
Block 1	Block 2	
29) Street Address (Start with B	ock 1 and use Block 2 if necessary)	
Block 1	Block 2	
30) City	31) State	32) Zip

Chile – 5 of 5



International Page Search Our Web Site

Feedback (please, no confidential information)

Czech Republic – 1 of 5



Certificate of Coverage Request Form

U.S.-CZECH SOCIAL SECURITY AGREEMENT

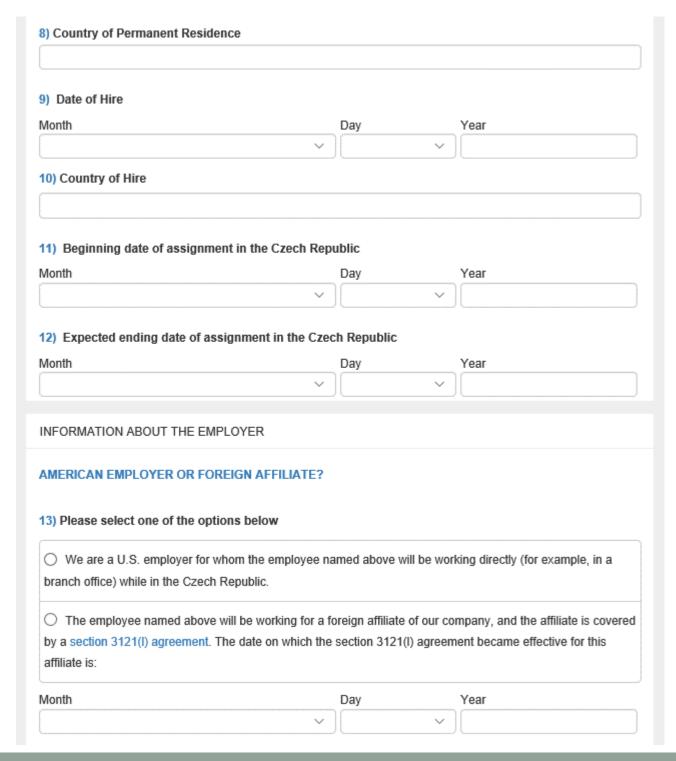
If you are a U.S. employer sending an employee to work in the Czech Republic for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and the Czech Republic. Before completing the form, however, PLEASE READ THE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

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



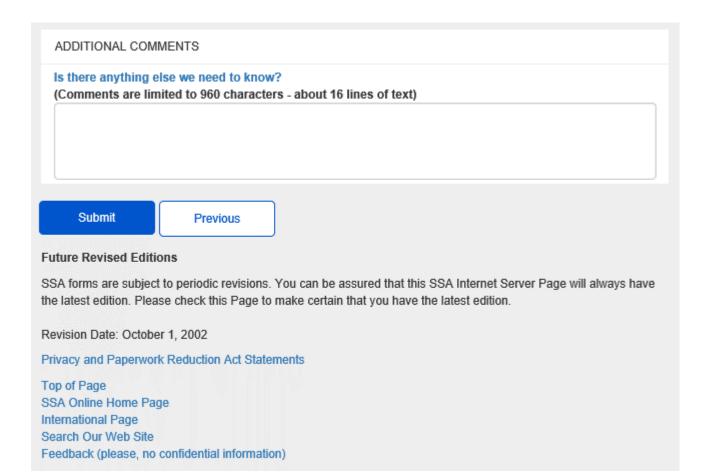
Czech Republic – 3 of 5

(Block 2	
15) U.S. Street Address (Star	t with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
16) City	17) State	18) Zip
YOUR LOCATION IN THE CZE	ECH REPUBLIC	
19) Company Name in the Cz	ech Republic (Start with Block 1 and use Blo	ock 2 if necessary)
Block 1	Block 2	
	ach Danublia / Start with Plack 4 and use Place	ck 2 if necessary)
20) Street Address in the Cze	chi kepublic (start with block i and use bloc	

Czech Republic – 4 of 5

23) Your Name		
24) Your Title		
25) Your Telephone Number		
26) Extension (if any)		
27) Your E-Mail Address		40
(required if you wish to be notified by	y e-mail when your request is approv	/ed)
MAILING ADDRESS		
If you would like the Certificate or other address you provided in the section ent Otherwise, we will use the address prov	titled "YOUR U.S. LOCATION", please vided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
address you provided in the section ent Otherwise, we will use the address prov	titled "YOUR U.S. LOCATION", please vided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
If you would like the Certificate or other address you provided in the section ent Otherwise, we will use the address prov 28) Name of Person to Receive Corre	titled "YOUR U.S. LOCATION", please vided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
If you would like the Certificate or other address you provided in the section ent Otherwise, we will use the address prov 28) Name of Person to Receive Corre 29) Company Name (Start with Block	titled "YOUR U.S. LOCATION", please vided in the YOUR U.S. LOCATION sectors and the YOUR U.S. LOCATION sectors are sectors.	complete blocks 28 thru 33.
If you would like the Certificate or other address you provided in the section ent Otherwise, we will use the address prov 28) Name of Person to Receive Corre	titled "YOUR U.S. LOCATION", please vided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
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Denmark – 1 of 8



Certificate of Coverage Request Form

U.S.-DANISH SOCIAL SECURITY AGREEMENT

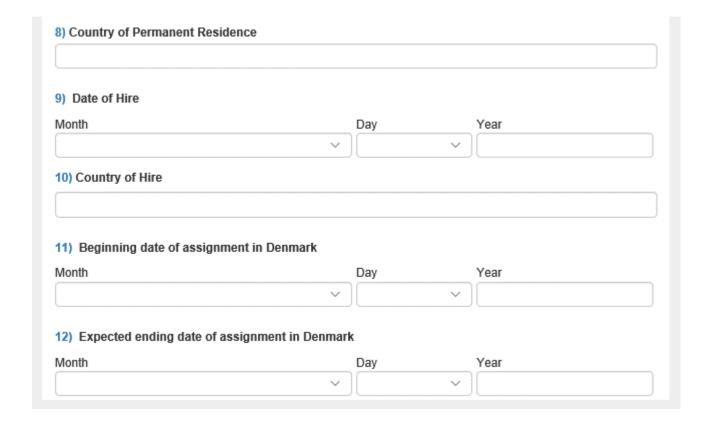
If you are a U.S. employer sending an employee to work in Denmark for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Denmark. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY 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	n)	
5) Date of Birth		
Month	Day	Year
6) Country of Birth		
7) Country of Citizenship		

Denmark – 2 of 8



Denmark – 3 of 8

INFORMATION ABOUT THE E	MPLOYEE'S FAMILY
13) Information about emplo Denmark):	yee's family members (include only if accompanying the employee to the
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
,	

Denmark – 4 of 8

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)			
Danish Social Security Number (if known) Date of Birth			
	Day	Year	
Date of Birth	Day		
Date of Birth Month	Day		
Date of Birth Month Fourth Child Name	Day V Last Name		
Date of Birth Month Fourth Child Name First Name	Day V Last Name		

Denmark – 5 of 8

AMERICAN EMPLOYER OR	FOREIGN AFFILIATE?		
14) Please select one of the	options below		
O We are a U.S. employer branch office) while in Denma		med above will be v	vorking directly (for example, in a
	_	_	company, and the affiliate is covered ement became effective for this
Month		Day	Year
Month	~	Day	Year
YOUR U.S. LOCATION 15) Company Name used in	the U.S. (Start with Block	`	
YOUR U.S. LOCATION 15) Company Name used in Block 1	the U.S. (Start with Block	k 1 and use Block	
YOUR U.S. LOCATION 15) Company Name used in Block 1		k 1 and use Block Block 2	2 if necessary)
YOUR U.S. LOCATION 15) Company Name used in		k 1 and use Block Block 2	2 if necessary)

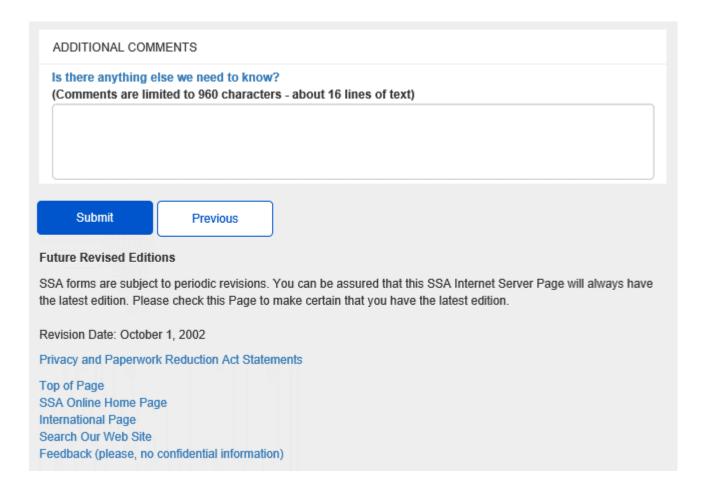
Denmark – 6 of 8

Block 1	Block 2
	Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
<u> </u>	
22) City	23) Postal Code
INFORMATION ABOUT THE CO	
INFORMATION ABOUT THE COI	

Denmark – 7 of 8

	on entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ss 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)
,, (Divon I and also Divon E it incoossally)
	Block 2
Block 1 31) Street Address (Start with E	Block 2 Block 1 and use Block 2 if necessary)
Block 1	Block 2

Denmark – 8 of 8



Finland – 1 of 5



Certificate of Coverage Request Form

U.S.-FINNISH SOCIAL SECURITY AGREEMENT

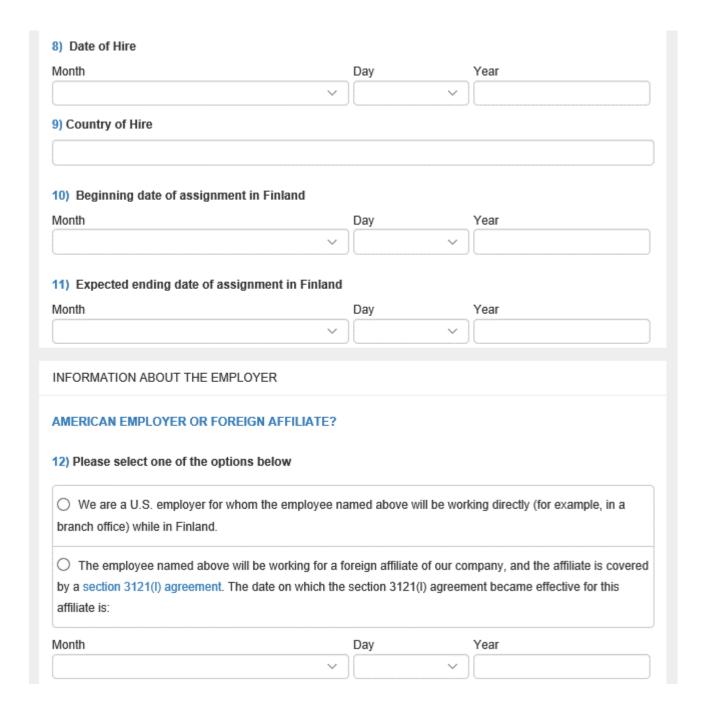
If you are a U.S. employer sending an employee to work in Finland for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Finland. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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

Employee's Name			
1) First Name	M	ddle Initial	2) Last Name
3) U.S. Social Security Numbe	г		
4) Date of Birth			
	Da	ıy	Year
4) Date of Birth Month			Year V
Month			
Month 5) Country of Birth			
Month			
Month 5) Country of Birth			

Finland -2 of 5



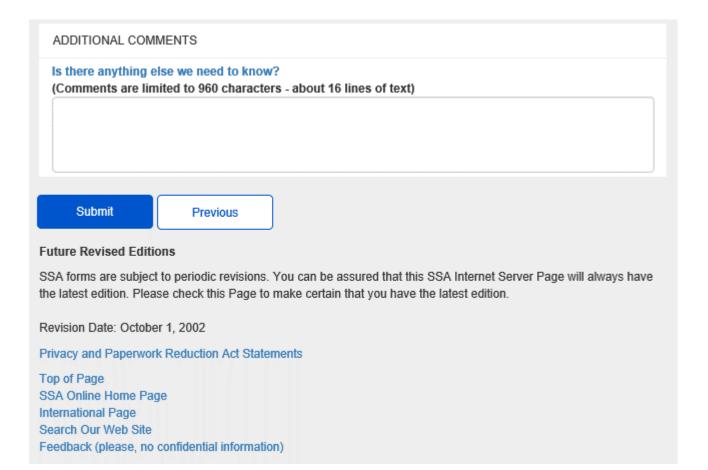
Finland -3 of 5

Block 1	Block 2
14) U.S. Street Address (Start	t 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 Finlan	d (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)
19) Street Address in Finland Block 1	(Start with Block 1 and use Block 2 if necessary) Block 2

Finland – 4 of 5

	MITACT DEDOOM	
INFORMATION ABOUT THE CO	INTACT 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 notif	fied by e-mail when your request is appro	ved)
MAILING ADDRESS		
address you provided in the secti	other correspondence mailed to a U.S. addr on entitled "YOUR U.S. LOCATION", please as provided in the YOUR U.S. LOCATION se	complete blocks 27 thru 32.
27) Name of Person to Receive	Correspondence	
20) Company Namo (Start with	Dlock 4 and use Dlock 2 if necessary)	
	Block 1 and use Block 2 if necessary)	
28) Company Name (Start with Block 1	Block 1 and use Block 2 if necessary) Block 2	
Block 1	Block 2	
Block 1 29) Street Address (Start with E	Block 2 Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
Block 1 29) Street Address (Start with E	Block 2 Block 1 and use Block 2 if necessary)	32) Zip

Finland – 5 of 5



France – 1 of 6



Certificate of Coverage Request Form

U.S.-FRENCH SOCIAL SECURITY AGREEMENT

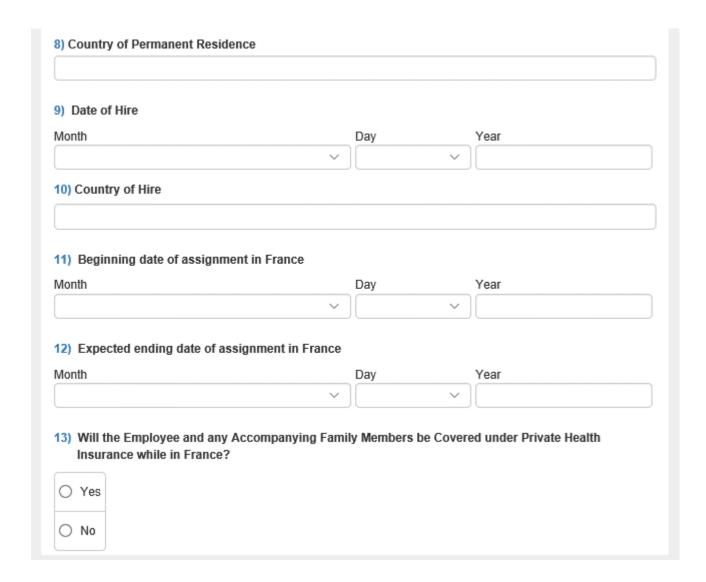
If you are a U.S. employer sending an employee to work in France for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and France. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE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

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 Citizenship

France – 2 of 6



France – 3 of 6

INFORMATION ABOUT THE EM	IPLOYER		
AMERICAN EMPLOYER OR FO	REIGN AFFILIATE?		
14) Please select one of the opt	tions below		
We are a U.S. employer for white in France.	whom the employee name	d above will be workir	ng directly (for example, in a
The employee named above by a section 3121(I) agreement. affiliate is:			pany, and the affiliate is covered nt became effective for this
Month	Da	iy Y	'ear
15) Company Name used in the		and use Block 2 if n	ecessary)
YOUR U.S. LOCATION 15) Company Name used in the Block 1			ecessary)
15) Company Name used in the	Bl with Block 1 and use Blo	ock 2	ecessary)

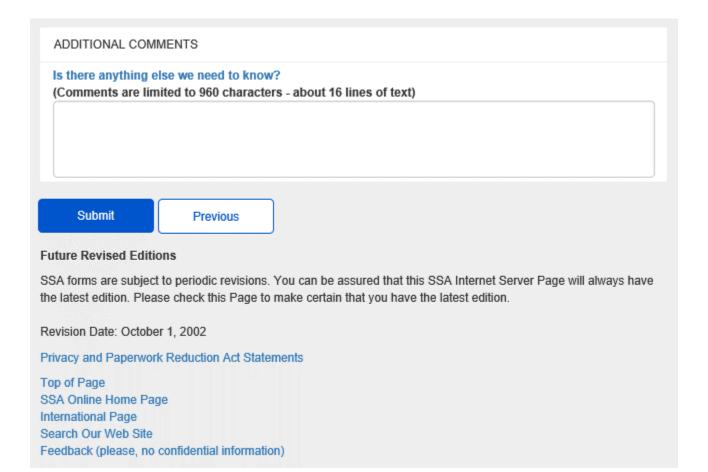
France – 4 of 6

Block 1	Block 2
21) Street Address in France (Star	t with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
INCODMATION ABOUT THE CONT	ACT DEDOON
INFORMATION ABOUT THE CONT	ACT PERSON
	ACT PERSON
24) Your Name	ACT PERSON

France – 5 of 6

MAILING ADDRESS	
address you provided in the sec	or other correspondence mailed to a U.S. address other than the employer cition entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. less provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	e Correspondence
30) Company Name (Start with	h Block 1 and use Block 2 if necessary)
Block 1	Block 2
Block 1	Block 2
	Block 2 Block 1 and use Block 2 if necessary)
31) Street Address (Start with	Block 1 and use Block 2 if necessary)

France – 6 of 6



Germany – 1 of 5



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.

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 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	Day	Year
~	× ×	
NFORMATION 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 na branch office) while in Germany.	med above will be wo	rking directly (for example, in a
The employee named above will be working for a formula by a section 3121(I) agreement. The date on which the affiliate is:		
Month	Day	Year
~	V) [

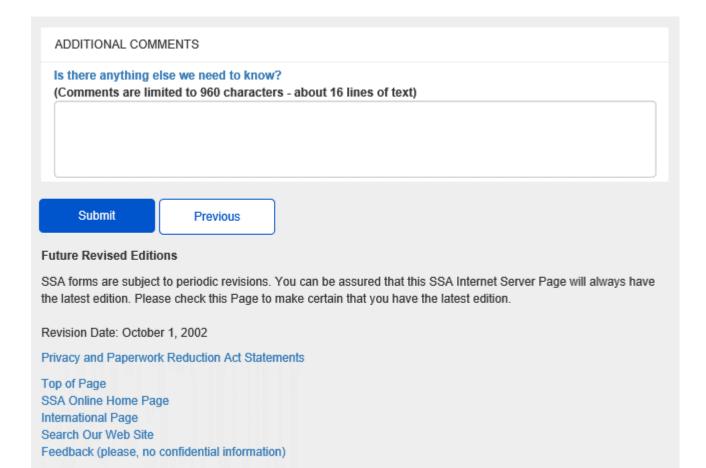
Germany – 3 of 5

Block 1	Block 2
DIOCK I	BIOCK 2
15) U.S. Street Address (Sta	t with Block 1 and use Block 2 if necessary)
Block 1	Block 2
16) City	17) State 18) Zip
YOUR LOCATION IN GERMA	NY
19) Company Name in Gern	any (Start with Block 1 and use Block 2 if necessary)
19) Company Name in Gern	NY
19) Company Name in Gern Block 1	any (Start with Block 1 and use Block 2 if necessary) Block 2
19) Company Name in Gern Block 1	any (Start with Block 1 and use Block 2 if necessary)
19) Company Name in Gern Block 1	any (Start with Block 1 and use Block 2 if necessary) Block 2

Germany – 4 of 5

INFORMATION ABOUT THE CO	OT DEDOOM	
	ACT PERSON	
23) Your Name		
24) Your Title		
25) Your Telephone Number		
26) Extension (if any)		
27) Your E-Mail Address		
-	by e-mail when your request is approved)	
MAILING ADDRESS		
	er correspondence mailed to a U.S. address other than the employer	
If you would like the Certificate or address you provided in the section	ntitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33.	
If you would like the Certificate or address you provided in the section		
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. covided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. covided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 28) Name of Person to Receive	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. sovided in the YOUR U.S. LOCATION section. Trespondence	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. sovided in the YOUR U.S. LOCATION section. Trespondence Ck 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 28) Name of Person to Receive	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. sovided in the YOUR U.S. LOCATION section. Trespondence	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with	Intitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. sovided in the YOUR U.S. LOCATION section. Trespondence Ck 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with Block 1	ntitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. rovided in the YOUR U.S. LOCATION section. Tespondence Ck 1 and use Block 2 if necessary) Block 2	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with 18 Block 1 30) Street Address (Start with 18 Block 1 30) Street Address (Start with 18 Block 1 30)	ntitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. ovided in the YOUR U.S. LOCATION section. respondence ck 1 and use Block 2 if necessary) Block 2 k 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with Block 1	ntitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. rovided in the YOUR U.S. LOCATION section. Tespondence Ck 1 and use Block 2 if necessary) Block 2	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with 18 Block 1 30) Street Address (Start with 18 Block 1 30) Street Address (Start with 18 Block 1 30)	ntitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. ovided in the YOUR U.S. LOCATION section. respondence ck 1 and use Block 2 if necessary) Block 2 k 1 and use Block 2 if necessary)	

Germany – 5 of 5



Greece – 1 of 5



Certificate of Coverage Request Form

U.S.-GREEK SOCIAL SECURITY AGREEMENT

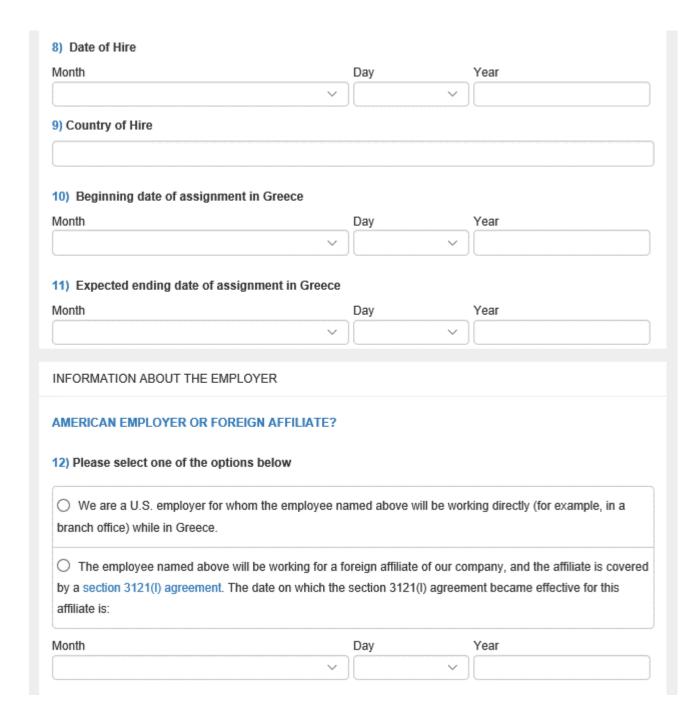
If you are a U.S. employer sending an employee to work in Greece for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Greece. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE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



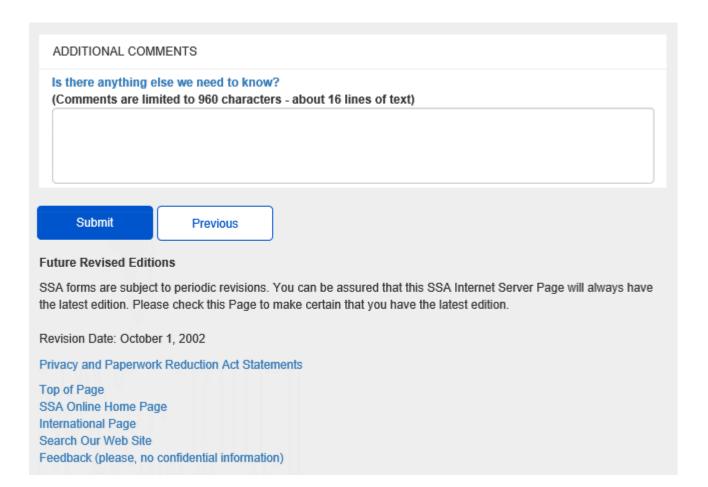
Greece – 3 of 5

Block 1	Block 2
14) U.S. Street Address (Sta	with Block 1 and use Block 2 if necessary)
Block 1	Block 2
15) City	16) State 17) Zip
15) City YOUR LOCATION IN GREEC	
YOUR LOCATION IN GREECE 18) Company Name in Greece	(Start with Block 1 and use Block 2 if necessary)
YOUR LOCATION IN GREEC	
YOUR LOCATION IN GREECE 18) Company Name in Greece Block 1	(Start with Block 1 and use Block 2 if necessary) Block 2
YOUR LOCATION IN GREECE 18) Company Name in Greece Block 1	(Start with Block 1 and use Block 2 if necessary)

Greece – 4 of 5

Programme 3) Your Title 4) Your Telephone Number 5) Extension (if any) 6) Your E-Mail Address equired if you wish to be notified by e-mail when your didress you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lettherwise, we will use the address provided in the YOUR U.T.) Name of Person to Receive Correspondence 8) Company Name (Start with Block 1 and use Block 2 lock 1 8) Street Address (Start with Block 1 and use Block 2	ailed to a U.S. address other than the employer
3) Your Title 4) Your Telephone Number 5) Extension (if any) 6) Your E-Mail Address equired if you wish to be notified by e-mail when your MAILING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the address provided in the YOUR U.S. Letterwise, we will use the Address provided in the YOUR U.S. Letterwise, we will use the Address provided in the YOUR U.S. Letterwise, we will use the Address provided in the YOUR U.S. Letterwise, we will use the Address provided in the YOUR U.S. Letterwise, we will use the Address provided in the YOUR U.S. Letterwise, which we will use the Your U.S. Letterwise, which we will	ailed to a U.S. address other than the employer
4) Your Telephone Number 5) Extension (if any) 6) Your E-Mail Address equired if you wish to be notified by e-mail when your MAILING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lutherwise, we will use the address provided in the YOUR U.S. Name of Person to Receive Correspondence 8) Company Name (Start with Block 1 and use Block 2 lock 1 B	ailed to a U.S. address other than the employer
4) Your Telephone Number 5) Extension (if any) 6) Your E-Mail Address equired if you wish to be notified by e-mail when your MAILING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lutherwise, we will use the address provided in the YOUR U.S. Name of Person to Receive Correspondence 8) Company Name (Start with Block 1 and use Block 2 lock 1 B	ailed to a U.S. address other than the employer
5) Extension (if any) 6) Your E-Mail Address equired if you wish to be notified by e-mail when your ALLING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lotterwise, we will use the address provided in the YOUR U.S. Name of Person to Receive Correspondence 8) Company Name (Start with Block 1 and use Block 2 lock 1 B	ailed to a U.S. address other than the employer
6) Your E-Mail Address equired if you wish to be notified by e-mail when your lAILING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lutherwise, we will use the address provided in the YOUR U.S. Name of Person to Receive Correspondence 8) Company Name (Start with Block 1 and use Block 2 lock 1 B	ailed to a U.S. address other than the employer
AILING ADDRESS you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Lettherwise, we will use the address provided in the YOUR U.T.) Name of Person to Receive Correspondence B) Company Name (Start with Block 1 and use Block 2 lock 1 B	ailed to a U.S. address other than the employer
you would like the Certificate or other correspondence maddress you provided in the section entitled "YOUR U.S. Let therwise, we will use the address provided in the YOUR U.T.) Name of Person to Receive Correspondence B) Company Name (Start with Block 1 and use Block 2 lock 1 B	
ddress you provided in the section entitled "YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let therwise, we will use the address provided in the YOUR U.S. Let the Your U.	
B) Company Name (Start with Block 1 and use Block 2 lock 1 B	
lock 1 B	
lock 1 B	
lock 1 B	if necessary)
)) Street Address (Start with Block 1 and use Block 2	lock 2
)) Street Address (Start with Block 1 and use Block 2	
	if necessary)
	if necessary) lock 2
D) City 3	

Greece – 5 of 5



Ireland – 1 of 5



Certificate of Coverage Request Form

U.S.-IRISH SOCIAL SECURITY AGREEMENT

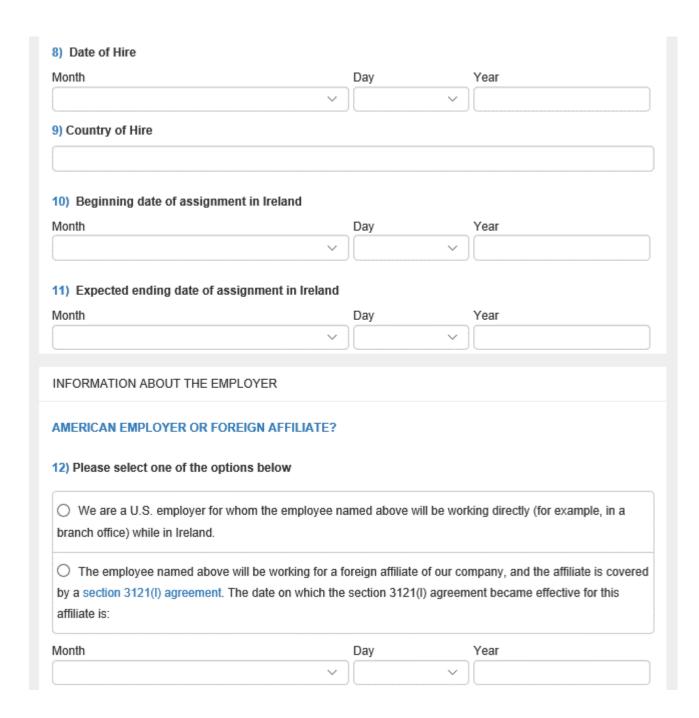
If you are a U.S. employer sending an employee to work in Ireland for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Ireland. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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



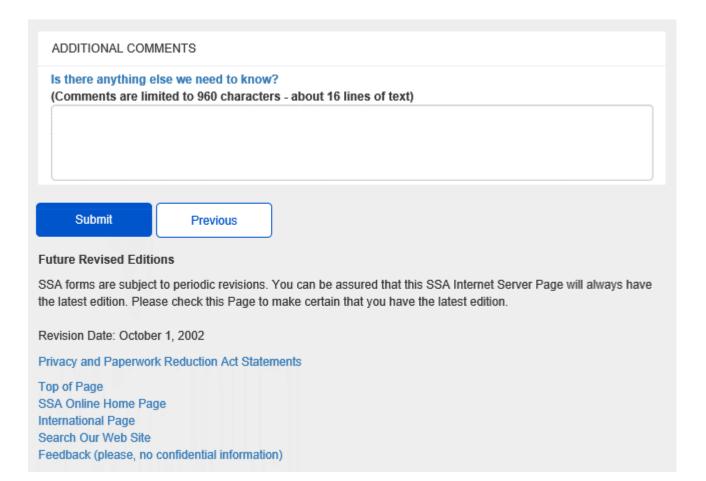
Ireland – 3 of 5

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	
	(Start with Block 1 and use Block 2 if necessary)
Disak 1	Block 2
BIOCK I	
Block 1 19) Street Address in Ireland	(Start with Block 1 and use Block 2 if necessary)
	(Start with Block 1 and use Block 2 if necessary) Block 2
19) Street Address in Ireland	

Ireland – 4 of 5

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 noti	fied by e-mail when your request is appr	roved)
MAILING ADDRESS		
address you provided in the secti	r other correspondence mailed to a U.S. ad ion entitled "YOUR U.S. LOCATION", pleas ss provided in the YOUR U.S. LOCATION s	se complete blocks 27 thru 32.
27) Name of Person to Receive	Correspondence	
	Block 1 and use Block 2 if necessary) Block 2	
	Block 1 and use Block 2 if necessary)	
28) Company Name (Start with Block 1	Block 1 and use Block 2 if necessary)	
28) Company Name (Start with Block 1	Block 1 and use Block 2 if necessary) Block 2	

Ireland – 5 of 5



Italy -1 of 6



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.

Italy -2 of 6



Italy -3 of 6

PLOYER	
REIGN AFFILIATE?	
ons below	
hom the employee named above will be working directly	y (for example, in a
Day Year	
	у)
Block 2	
rith Block 1 and use Block 2 if necessary)	
Block 2	
18) State	19) Zip
v State	15) Zip
i	e U.S. (Start with Block 1 and use Block 2 if necessary Block 2 with Block 1 and use Block 2 if necessary) Block 2 18) State

Italy -4 of 6

Block 1	Block 2
SOUR I	
21) Street Address in Italy (Sta	t with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
NFORMATION ABOUT THE CO	NTACT PERSON
	NTACT PERSON
24) Your Name	NTACT PERSON

Italy -5 of 6

address you provided in the sect	tion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32.
	ess provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receive	e Correspondence
	Block 1 and use Block 2 if necessary)
Block 1	Block 2
31) Street Address (Start with I	Block 1 and use Block 2 if necessary)
31) Street Address (Start with I Block 1	Block 1 and use Block 2 if necessary) Block 2

Italy -6 of 6

ADDITIONAL COMM	MENTS
	se we need to know? ited to 960 characters - about 16 lines of text)
Submit	Previous
Future Revised Editio	ns
	to periodic revisions. You can be assured that this SSA Internet Server Page will always have se check this Page to make certain that you have the latest edition.
Revision Date: October	1, 2002
Privacy and Paperwork	Reduction Act Statements
Top of Page	
SSA Online Home Pag	e e
International Page	
Search Our Web Site	
reeuback (piease, no d	confidential information)

Japan – 1 of 5



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.

1) First Name Middle Initial 2) Last Name 3) U.S. Social Security Number 4) Date of Birth Month Day Year	INFORMATION ABOUT THE EMPLOYEE		
3) U.S. Social Security Number 4) Date of Birth Month Day Year	Employee's Name		
	1) First Name	Middle Initial	2) Last Name
Month Day Year	3) U.S. Social Security Number		
	4) Date of Birth		
5) Country of Birth	Month		Year
	5) Country of Birth		
6) Country of Citizenship			

Japan – 2 of 5

Month	Day	Year	
	<u> </u>		
9) Country of Hire			
10) Beginning date of assignment	in Japan		
Month	Day	Year	
	<u> </u>		
11) Expected ending date of assign	nment in Japan		
Month	Day	Year	
	v]	v	
O Yes O No			
O Yes O No	DYER		
O Yes O No INFORMATION ABOUT THE EMPLO			
O Yes O No INFORMATION ABOUT THE EMPLO			
O Yes O No	GN AFFILIATE?		
O Yes O No INFORMATION ABOUT THE EMPLO AMERICAN EMPLOYER OR FOREK	GN AFFILIATE?	will be working directly (for exam	ple, in a
O Yes O No INFORMATION ABOUT THE EMPLO AMERICAN EMPLOYER OR FOREIGHT 13) Please select one of the options O We are a U.S. employer for whom	GN AFFILIATE? s below m the employee named above be working for a foreign affilia	e of our company, and the affilial	e is covere

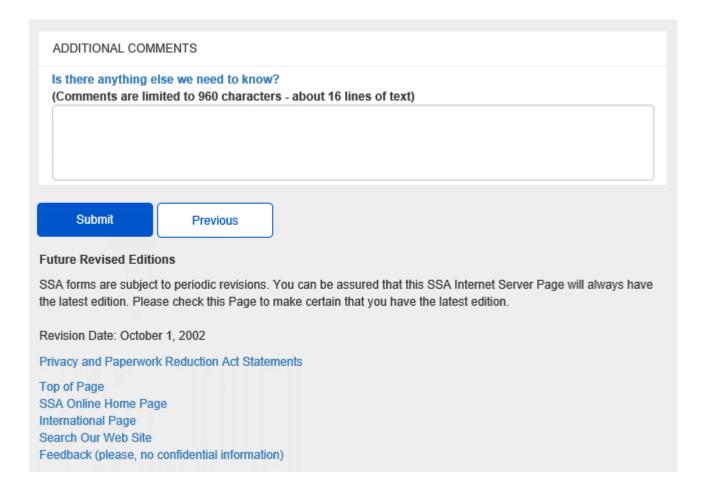
Japan – 3 of 5

Block 1	Block 2
15) U.S. Street Address (St	rt 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 Japa	(Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
	(Start with Block 1 and use Block 2 if necessary)
20) Street Address in Japan	•

Japan – 4 of 5

23) Your Name		
24) Your Title		
25) Your Telephone Number		
26) Extension (if any)		
27) Your E-Mail Address	fied by e-mail when your request is approv	red)
prequired it you wish to be noti	ieu by e-mail when your request is approv	reaj
MAILING ADDRESS		
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	other correspondence mailed to a U.S. addre on entitled "YOUR U.S. LOCATION", please on se provided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	on entitled "YOUR U.S. LOCATION", please (is provided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please (is provided in the YOUR U.S. LOCATION sec	complete blocks 28 thru 33.
address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please on entitled "YOUR U.S. LOCATION sector of the YOUR U.S. LOCATION sector of the Y	complete blocks 28 thru 33.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please of sprovided in the YOUR U.S. LOCATION sector Correspondence Block 1 and use Block 2 if necessary)	complete blocks 28 thru 33.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with Block 1	con entitled "YOUR U.S. LOCATION", please of a provided in the YOUR U.S. LOCATION sector and the Your U.S. L	complete blocks 28 thru 33.

Japan – 5 of 5



South Korea – 1 of 5



Certificate of Coverage Request Form

U.S.-SOUTH KOREAN SOCIAL SECURITY AGREEMENT

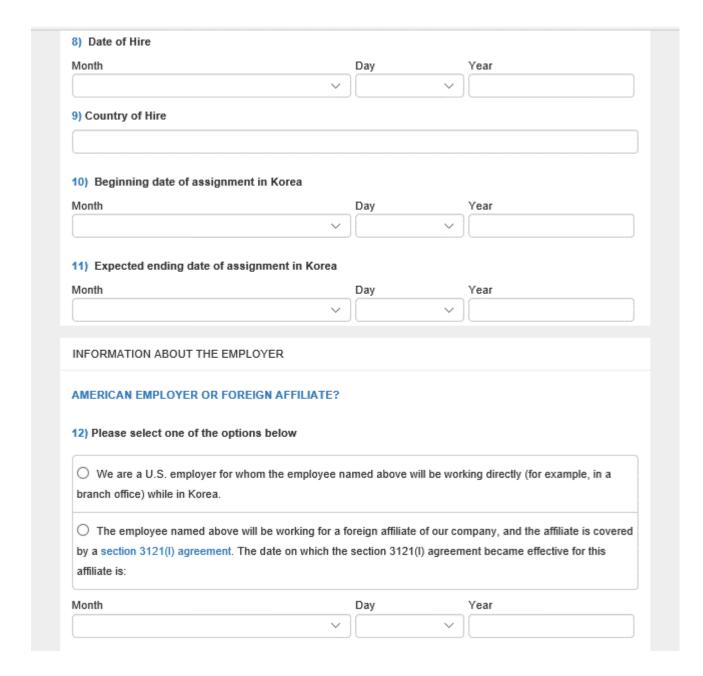
If you are a U.S. employer sending an employee to work in the Republic of Korea for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Korea. Before completing the form, however, PLEASE READ THE IMPORTANT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

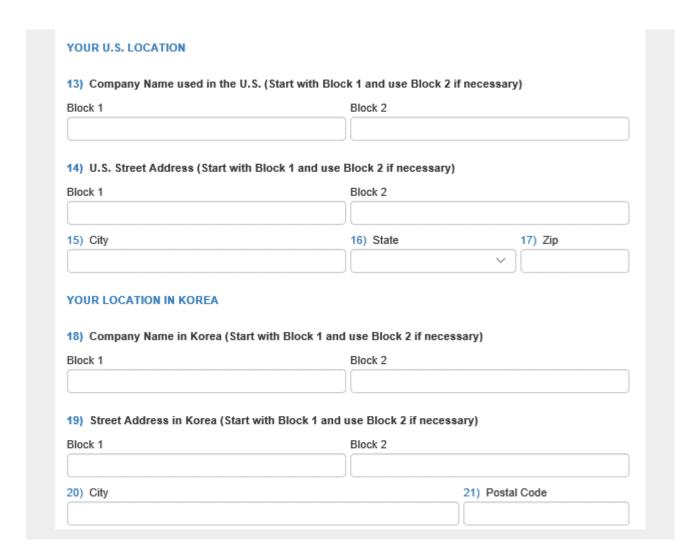
For online help completing any of the following fields, click on the number immediately preceding the field.

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



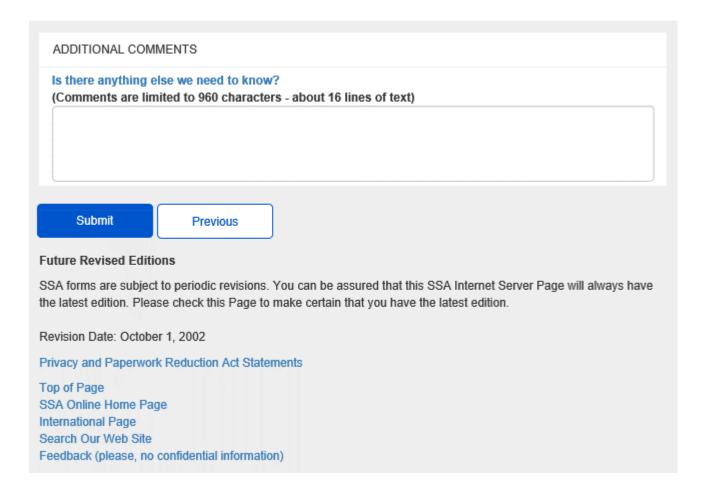
South Korea – 3 of 5



South Korea – 4 of 5

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 notif	ied by e-mail when your request is approved)	
MAILING ADDRESS		
If you would like the Certificate or address you provided in the section	other correspondence mailed to a U.S. address other on entitled "YOUR U.S. LOCATION", please complet is provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres	on entitled "YOUR U.S. LOCATION", please complet s provided in the YOUR U.S. LOCATION section.	
address you provided in the section of the section	on entitled "YOUR U.S. LOCATION", please complet s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti- Otherwise, we will use the addres 27) Name of Person to Receive 28) Company Name (Start with	on entitled "YOUR U.S. LOCATION", please complet s provided in the YOUR U.S. LOCATION section. Correspondence	
If you would like the Certificate or address you provided in the section of the s	on entitled "YOUR U.S. LOCATION", please complet is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 27) Name of Person to Receive 28) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please complet is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	

South Korea – 5 of 5



Luxembourg – 1 of 5



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.

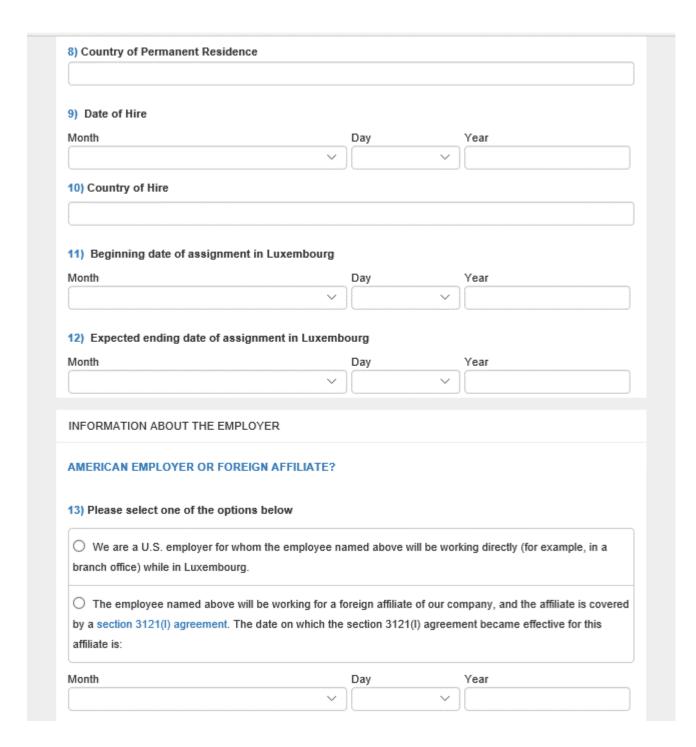
If you would like more information about the U.S.-Luxembourg agreement, visit the home page of SSA's Office of International Programs.

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
	<u> </u>
6) Country of Birth	
7) Country of Citizenship	

Luxembourg – 2 of 5



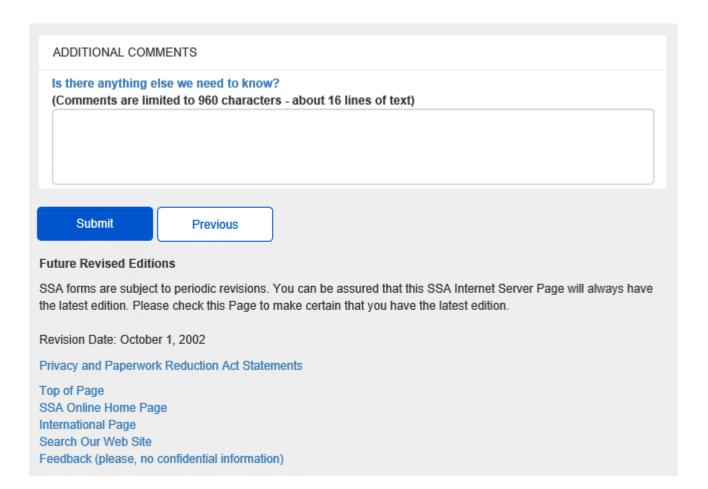
Luxembourg – 3 of 5

Block 1	Block 2
Diock 1	
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
	×
	DURG bourg (Start with Block 1 and use Block 2 if necessary)
YOUR LOCATION IN LUXEMBE 19) Company Name in Luxem Block 1	
19) Company Name in Luxem	bourg (Start with Block 1 and use Block 2 if necessary)
19) Company Name in Luxem Block 1	bourg (Start with Block 1 and use Block 2 if necessary)

Luxembourg – 4 of 5

23) Your Name		
24) Your Title		
25) Your Telephone Number		
26) Extension (if any)		
 Your E-Mail Address (required if you wish to be no 	tified by e-mail when your request is appro	oved)
MAILING ADDRESS		
If you would like the Certificate address you provided in the sec Otherwise, we will use the addr	or other correspondence mailed to a U.S. add tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se e Correspondence	complete blocks 28 thru 33.
If you would like the Certificate address you provided in the sec Otherwise, we will use the addr	tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se	complete blocks 28 thru 33.
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address you provided in the sec Otherwise, we will use the addr 28) Name of Person to Receiv	tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se e Correspondence	complete blocks 28 thru 33.
If you would like the Certificate address you provided in the sec Otherwise, we will use the address) Name of Person to Receiv 29) Company Name (Start with	tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se e Correspondence n Block 1 and use Block 2 if necessary)	complete blocks 28 thru 33.
If you would like the Certificate address you provided in the sec Otherwise, we will use the address) Name of Person to Receiv 29) Company Name (Start with Block 1	tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se e Correspondence n Block 1 and use Block 2 if necessary)	complete blocks 28 thru 33.
If you would like the Certificate address you provided in the sec Otherwise, we will use the address) Name of Person to Receiv 29) Company Name (Start with Block 1	tion entitled "YOUR U.S. LOCATION", please ess provided in the YOUR U.S. LOCATION se e Correspondence Block 1 and use Block 2 if necessary) Block 2	complete blocks 28 thru 33.

Luxembourg – 5 of 5



Netherlands – 1 of 7



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.

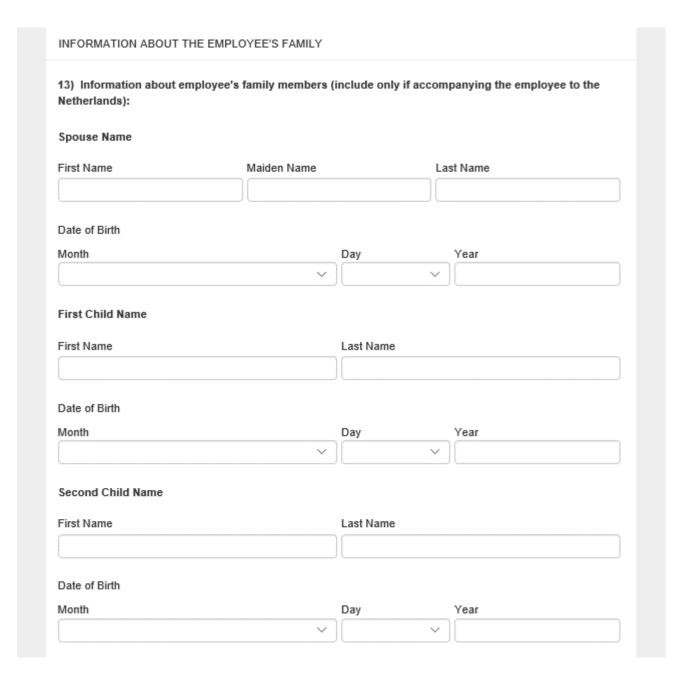
For online help completing any of the following fields, click on the number immediately preceding the field.

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

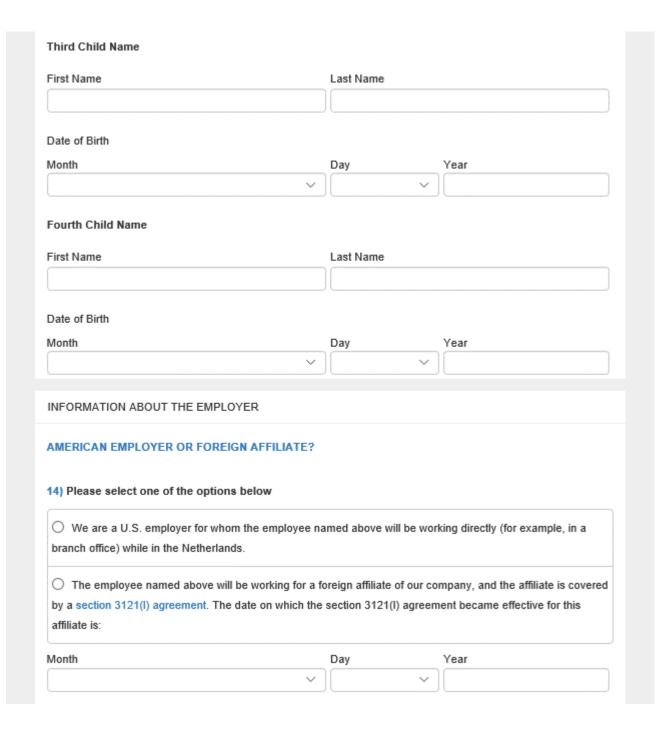
Netherlands – 2 of 7



Netherlands – 3 of 7



Netherlands – 4 of 7



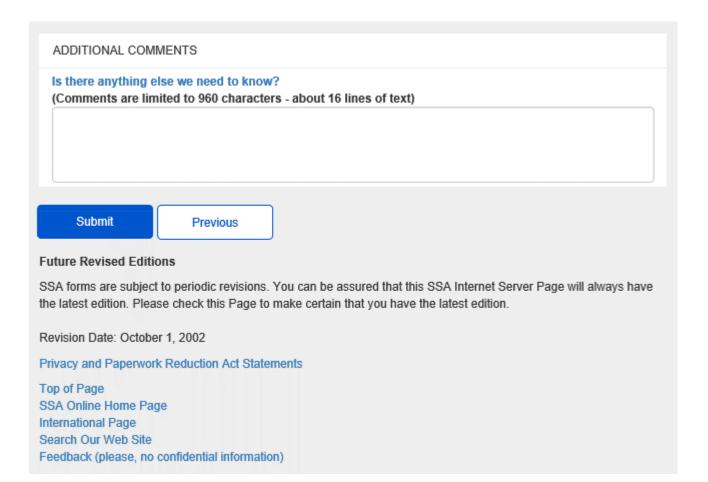
Netherlands – 5 of 7

Block 1	Block 2	
16) U.S. Street Address (St	tart with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
17) City	18) State	19) Zip
YOUR LOCATION IN THE N	ETHERLANDS	~][
	Netherlands (Start with Block 1 and use Block	
20) Company Name in the	Netherlands (Start with Block 1 and use Block	
20) Company Name in the Block 1	Netherlands (Start with Block 1 and use Block	2 if necessary)

Netherlands – 6 of 7

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 n	tified by e-mail when your request is approve	ed)
l .		
MAILING ADDRESS		
If you would like the Certificate address you provided in the se Otherwise, we will use the add	or other correspondence mailed to a U.S. addre- ction entitled "YOUR U.S. LOCATION", please c ress provided in the YOUR U.S. LOCATION sect tree Correspondence	omplete blocks 29 thru 34.
If you would like the Certificate address you provided in the se	ction entitled "YOUR U.S. LOCATION", please c ress provided in the YOUR U.S. LOCATION sect	omplete blocks 29 thru 34.
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If you would like the Certificate address you provided in the se Otherwise, we will use the add 29) Name of Person to Recei	ction entitled "YOUR U.S. LOCATION", please c ress provided in the YOUR U.S. LOCATION sect we Correspondence	omplete blocks 29 thru 34.
If you would like the Certificate address you provided in the se Otherwise, we will use the add 29) Name of Person to Recei	ction entitled "YOUR U.S. LOCATION", please coress provided in the YOUR U.S. LOCATION sectore Correspondence th Block 1 and use Block 2 if necessary)	omplete blocks 29 thru 34.
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Netherlands – 7 of 7



Norway – 1 of 8



Certificate of Coverage Request Form

U.S.-NORWEGIAN SOCIAL SECURITY AGREEMENT

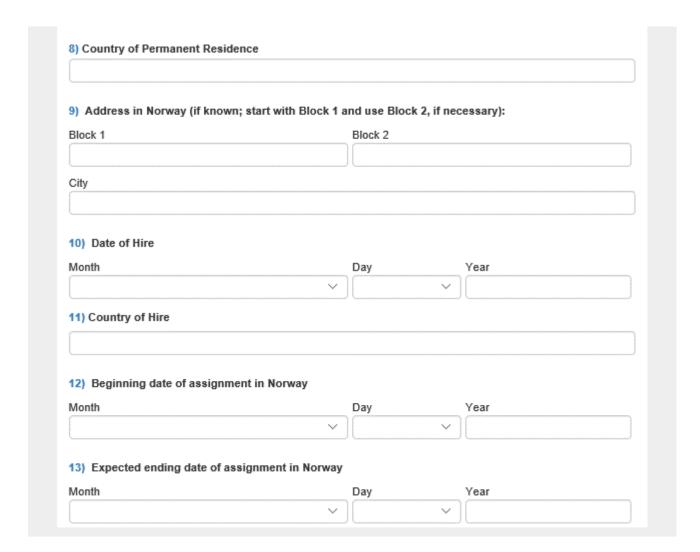
If you are a U.S. employer sending an employee to work in Norway for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Norway. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE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

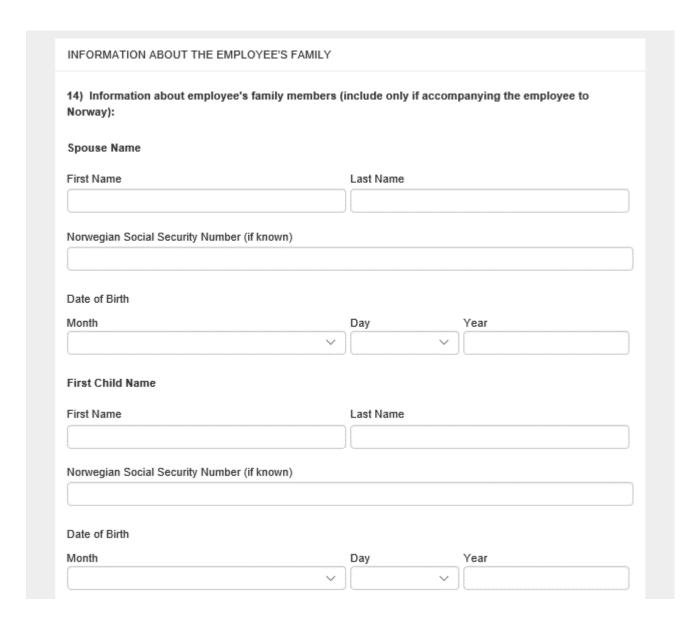
For online help completing any of the following fields, click on the number immediately preceding the field.

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

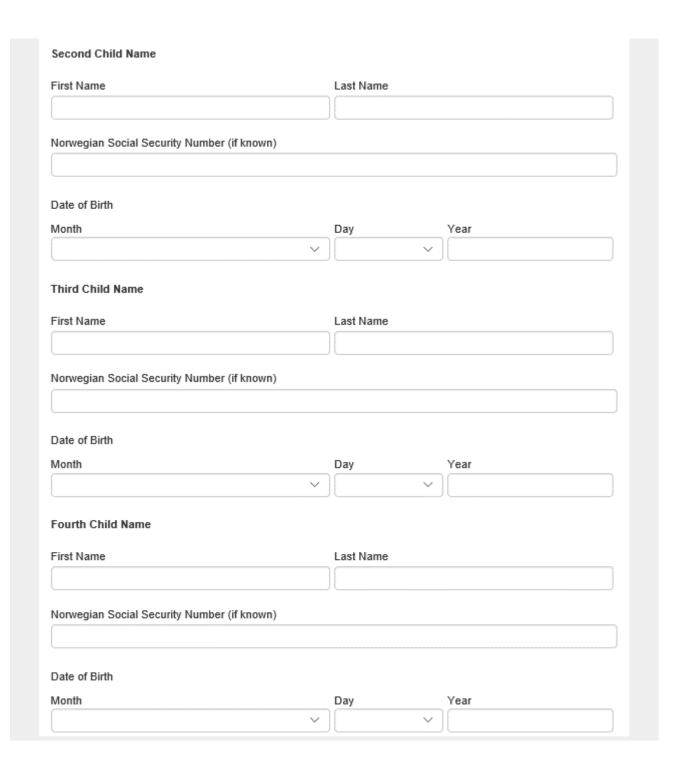
Norway -2 of 8



Norway -3 of 8



Norway -4 of 8



Norway -5 of 8

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mployee named above	will be working directly (
	22 Homany and only (for example, in a
Day	Year	
t with Block 1 and use	Block 2 if necessary)	
1 and use Block 2 if no	ecessary)	
	Day V t with Block 1 and use	t with Block 1 and use Block 2 if necessary)

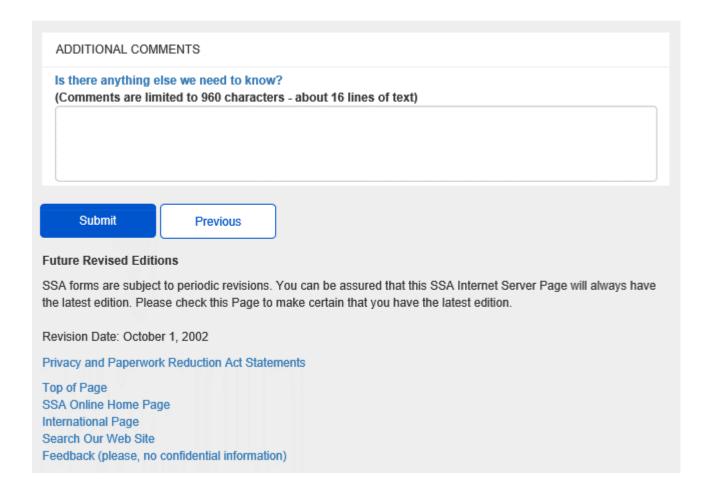
Norway – 6 of 8

	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
26) Your Title		
20) Tour Hac		
27) Your Telephone Number		

Norway -7 of 8

address you provided in the se	or other correspondence mailed to a U.S. address other than the employ ction entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 3 ess provided in the YOUR U.S. LOCATION section.	•
30) Name of Person to Rece	re Correspondence	
	h Block 1 and use Block 2 if necessary) Block 2	
Block 1		

Norway – 8 of 8



Poland – 1 of 5



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

Block 1	Block	2	
City			
9) Date of Hire			
Month	Day		Year
	~)[~	
10) Country of Hire			
11) Beginning date of assignmen	nt in Poland		
Month	Day		Year
	v]	~	
12) Expected ending date of assi	Day		Year
		~	JL
INFORMATION ABOUT THE EMP	LOVER		
IN ORMATION ABOUT THE EMIT	LOTER		
AMERICAN EMPLOYER OR FORI	EIGN AFFILIATE?		
13) Please select one of the optio	ons below		
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O We are a U.S. employer for whoranch office) while in Poland.		above will be wo	rking directly (for example, in a
We are a U.S. employer for whoranch office) while in Poland.	nom the employee named a		
We are a U.S. employer for who branch office) while in Poland. The employee named above was a second of the employee of the second of the employee of the second of the employee of	nom the employee named a	affiliate of our c	ompany, and the affiliate is covered
We are a U.S. employer for who branch office) while in Poland.	nom the employee named a	affiliate of our c	ompany, and the affiliate is covered
branch office) while in Poland. The employee named above we by a section 3121(I) agreement. The	nom the employee named a	affiliate of our c	ompany, and the affiliate is covered

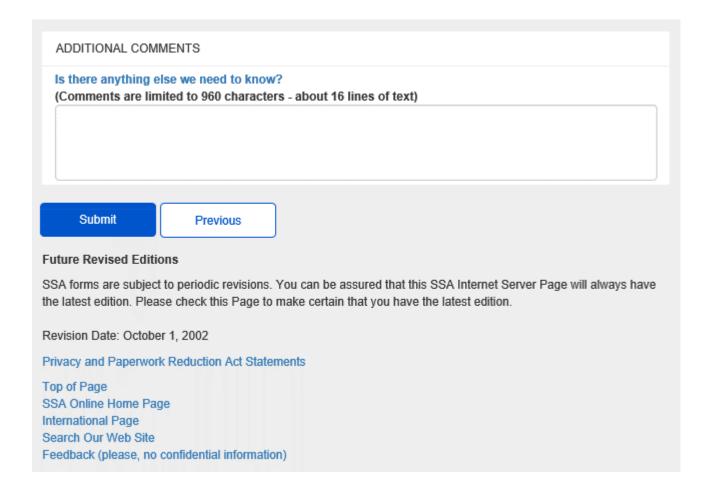
Poland – 3 of 5

	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
Block 1	Block 2	
NIP#/REGON#/PESEL#		
NIP#/REGON#/PESEL#		
	with Block 1 and use Block 2 if neces	sarv)
NIP#/REGON#/PESEL#		
NIP#/REGON#/PESEL#		

Poland – 4 of 5

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 notif	ied by e-mail when your request is approved	d)
MAILING ADDRESS		
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres	other correspondence mailed to a U.S. address on entitled "YOUR U.S. LOCATION", please co s provided in the YOUR U.S. LOCATION section	mplete blocks 28 thru 33.
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres	on entitled "YOUR U.S. LOCATION", please co s provided in the YOUR U.S. LOCATION section	mplete blocks 28 thru 33.
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 28) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please co s provided in the YOUR U.S. LOCATION section	mplete blocks 28 thru 33.
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 28) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please co s provided in the YOUR U.S. LOCATION section Correspondence	mplete blocks 28 thru 33.
If you would like the Certificate or address you provided in the section Otherwise, we will use the addres 28) Name of Person to Receive 29) Company Name (Start with	on entitled "YOUR U.S. LOCATION", please cols provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	mplete blocks 28 thru 33.
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 28) Name of Person to Receive 29) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please consistency of the YOUR U.S. LOCATION section Correspondence Block 1 and use Block 2 if necessary)	mplete blocks 28 thru 33.

Poland – 5 of 5



Portugal – 1 of 5



Certificate of Coverage Request Form

U.S.-PORTUGUESE SOCIAL SECURITY AGREEMENT

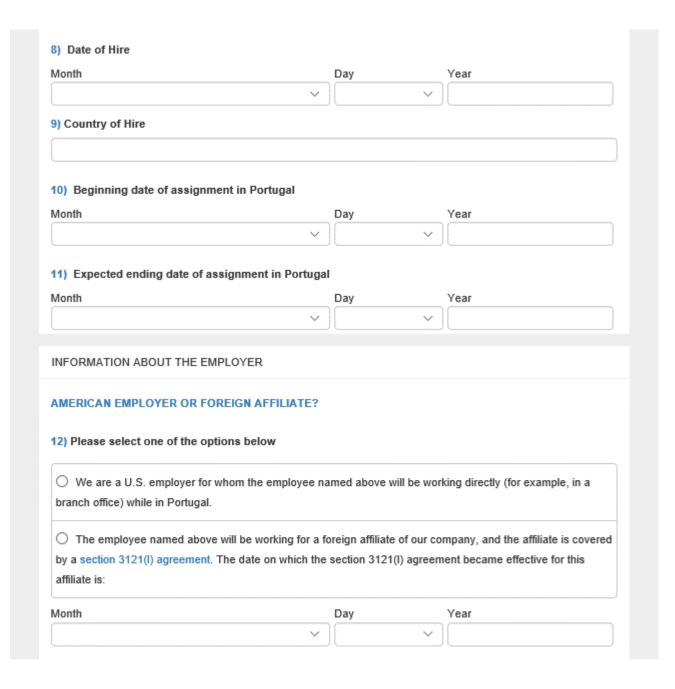
If you are a U.S. employer sending an employee to work in Portugal for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Portugal. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY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



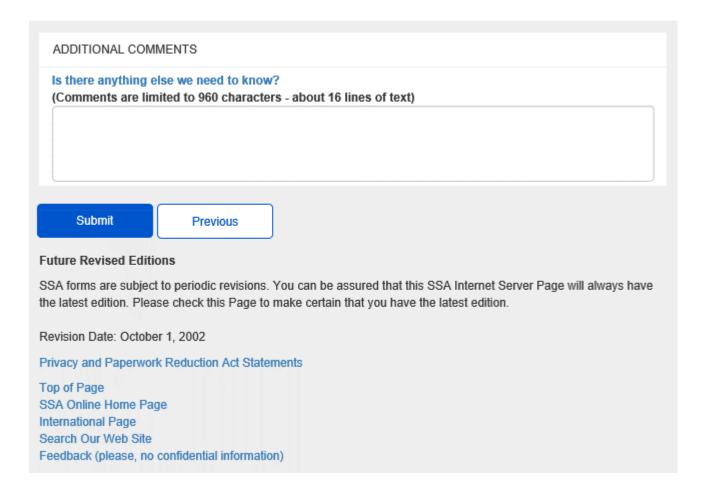
Portugal – 3 of 5

Block 1	Block 2
14) U.S. Street Address (Star	t with Block 1 and use Block 2 if necessary)
Block 1	Block 2
15) City	16) State 17) Zip
	16
YOUR LOCATION IN PORTUG	
	GAL
18) Company Name in Portu	gal (Start with Block 1 and use Block 2 if necessary)
	GAL
18) Company Name in Portu	gal (Start with Block 1 and use Block 2 if necessary)
18) Company Name in Portu։ Block 1	gal (Start with Block 1 and use Block 2 if necessary) Block 2
18) Company Name in Portu։ Block 1	gal (Start with Block 1 and use Block 2 if necessary)

Portugal – 4 of 5

23) Your Title		
24) Your Telephone Number	er	
25) Extension (if any)		
26) Your E-Mail Address	notified by e-mail when your request is a	pproved)
(required if you wish to be		
(required if you wish to be	iodiod by o mail mion your roquotito a	
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(required if you wish to be		
MAILING ADDRESS If you would like the Certificat	e or other correspondence mailed to a U.S	
MAILING ADDRESS If you would like the Certifical address you provided in the s		ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certificat address you provided in the s Otherwise, we will use the ad	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certificat address you provided in the s Otherwise, we will use the ad	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certificat address you provided in the s Otherwise, we will use the ad	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certificat address you provided in the so Otherwise, we will use the ad 27) Name of Person to Reco	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certifical address you provided in the s Otherwise, we will use the ad 27) Name of Person to Reco	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO eive Correspondence	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certifical address you provided in the so Otherwise, we will use the ad 27) Name of Person to Reco	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO eive Correspondence	ease complete blocks 27 thru 32.
MAILING ADDRESS If you would like the Certifical address you provided in the so Otherwise, we will use the address of Person to Record 27) Name of Person to Record 28) Company Name (Start v. Block 1	e or other correspondence mailed to a U.S section entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO sive Correspondence	ease complete blocks 27 thru 32. N section.
MAILING ADDRESS If you would like the Certifical address you provided in the so Otherwise, we will use the address of Person to Record 27) Name of Person to Record 28) Company Name (Start v. Block 1	e or other correspondence mailed to a U.S ection entitled "YOUR U.S. LOCATION", p dress provided in the YOUR U.S. LOCATIO eive Correspondence	ease complete blocks 27 thru 32. N section.

Portugal – 5 of 5



Slovak Republic – 1 of 5



Certificate of Coverage Request Form

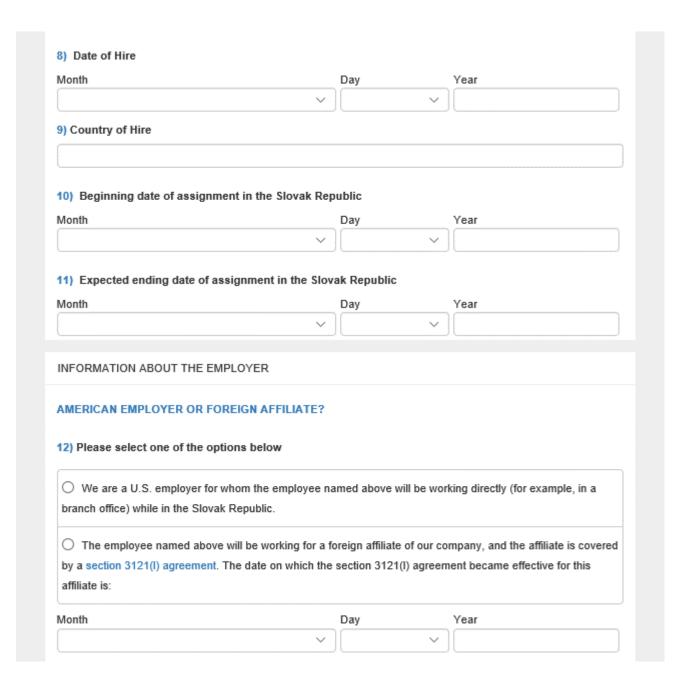
U.S.-SLOVAKIAN SOCIAL SECURITY AGREEMENT If you are a U.S. employer sending an employee to work in the Slovak Republic for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and the Slovak Republic . Before completing 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



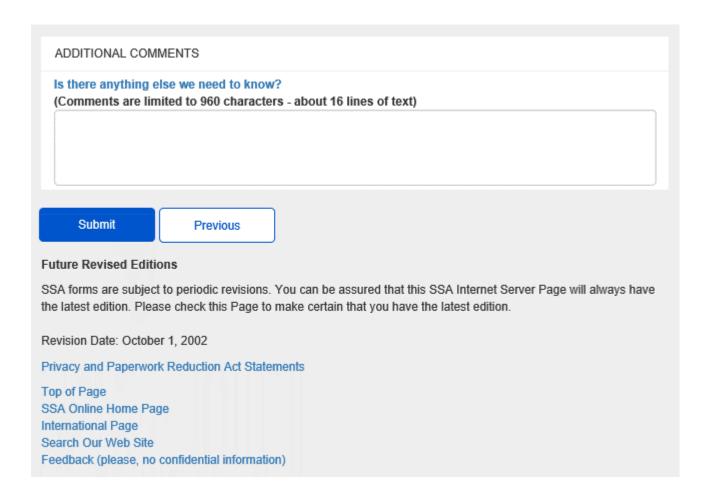
Slovak Republic – 3 of 5

Block 1	Block 2	
14) U.S. Street Address (Star	t with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
15) City	16) State	17) Zip
YOUR LOCATION IN THE SLO		eessary)
	OVAK REPUBLIC	eessary)
18) Company Name in the SI Block 1	OVAK REPUBLIC Ovak Republic (Start with Block 1 and use Block 2 if nec	

Slovak Republic – 4 of 5

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 noti	ed 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 t	
If you would like the Certificate or address you provided in the secti	other correspondence mailed to a U.S. address <i>other than</i> t n entitled "YOUR U.S. LOCATION", please complete blocks s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti	n entitled "YOUR U.S. LOCATION", please complete blocks provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	n entitled "YOUR U.S. LOCATION", please complete blocks provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive	n entitled "YOUR U.S. LOCATION", please complete blocks s provided in the YOUR U.S. LOCATION section. Correspondence	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive 28) Company Name (Start with	n entitled "YOUR U.S. LOCATION", please complete blocks provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 27) Name of Person to Receive	n entitled "YOUR U.S. LOCATION", please complete blocks s provided in the YOUR U.S. LOCATION section. Correspondence	
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If you would like the Certificate or address you provided in the section of the s	n entitled "YOUR U.S. LOCATION", please complete blocks provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addrese. 27) Name of Person to Receive 28) Company Name (Start with Block 1	n entitled "YOUR U.S. LOCATION", please complete blocks provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	

Slovak Republic – 5 of 5



Spain – 1 of 5



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.

Spain -2 of 5

9) Country of Permanent Residence			
10) Date of Hire			
Month	Day	Year	
11) Country of Hire			
12) Beginning date of assignment in Spa	in		
Month	Day	Year	
	V	V	
13) Expected ending date of assignment	in Spain		
Month	Day	Year	
	<u> </u>		
INFORMATION ABOUT THE EMPLOYER			
	EII IATE?		
	FILIATE?		
AMERICAN EMPLOYER OR FOREIGN AF			
AMERICAN EMPLOYER OR FOREIGN AF			
AMERICAN EMPLOYER OR FOREIGN AF	N	vill be working directly (for exam	ple, in a
AMERICAN EMPLOYER OR FOREIGN AF	N	vill be working directly (for exam	ple, in a
AMERICAN EMPLOYER OR FOREIGN AF	w employee named above v		
AMERICAN EMPLOYER OR FOREIGN AF 14) Please select one of the options below We are a U.S. employer for whom the ebranch office) while in Spain.	w employee named above w rking for a foreign affiliate	of our company, and the affiliat	e is covered
AMERICAN EMPLOYER OR FOREIGN AF 14) Please select one of the options below We are a U.S. employer for whom the ebranch office) while in Spain. The employee named above will be work	w employee named above w rking for a foreign affiliate	of our company, and the affiliat	e is covered
branch office) while in Spain. The employee named above will be wo by a section 3121(I) agreement. The date of	w employee named above w rking for a foreign affiliate	of our company, and the affiliat	e is covered

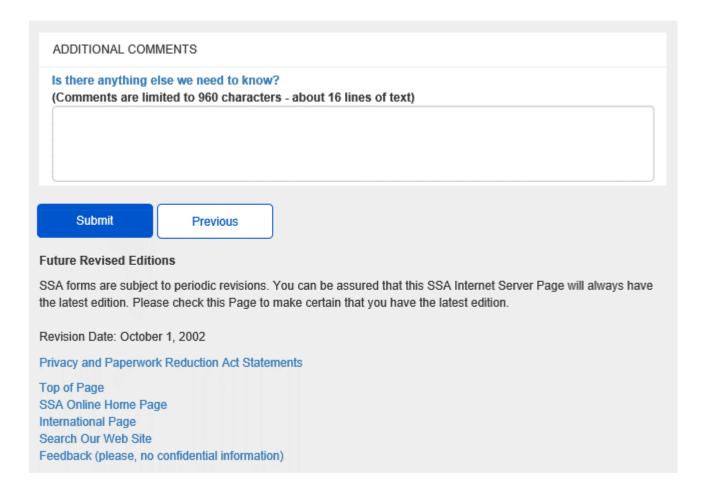
Spain -3 of 5

Block 1	Block 2	
16) U.S. Street Address (St	t with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
17) City YOUR LOCATION IN SPAIN	18) State 19) Zip	
YOUR LOCATION IN SPAIN		
YOUR LOCATION IN SPAIN		
YOUR LOCATION IN SPAIN 20) Company Name in Spai	(Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN SPAIN 20) Company Name in Spai	(Start with Block 1 and use Block 2 if necessary)	

Spain -4 of 5

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 not	ied by e-mail when your request is approved)	
MAILING ADDRESS		
If you would like the Certificate of address you provided in the sect Otherwise, we will use the addre	other correspondence mailed to a U.S. address <i>other than</i> to nentitled "YOUR U.S. LOCATION", please complete blocks is provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sect Otherwise, we will use the addre	on entitled "YOUR U.S. LOCATION", please complete blocks s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sect Otherwise, we will use the addre 29) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please complete blocks s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sect Otherwise, we will use the address 29) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please complete blocks is provided in the YOUR U.S. LOCATION section. Correspondence	
If you would like the Certificate of address you provided in the sect Otherwise, we will use the address 29) Name of Person to Receive 30) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please complete blocks is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	
If you would like the Certificate of address you provided in the sect Otherwise, we will use the address 29) Name of Person to Receive 30) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please complete blocks is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	
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Spain -5 of 5



Sweden – 1 of 7



Certificate of Coverage Request Form

U.S.-SWEDISH SOCIAL SECURITY AGREEMENT

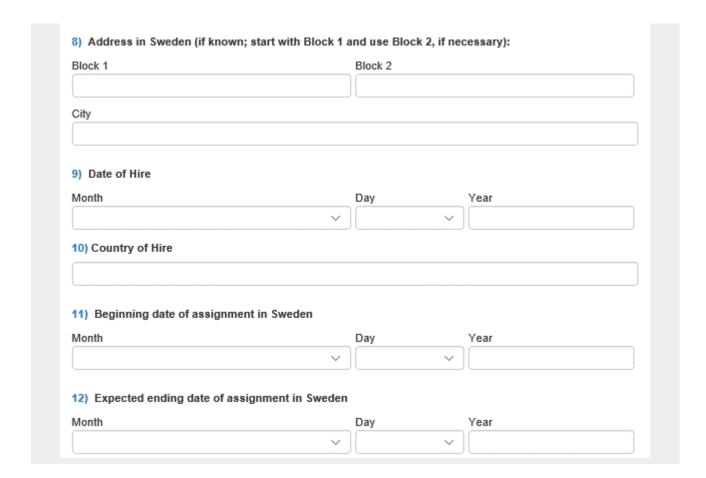
If you are a U.S. employer sending an employee to work in Sweden for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Sweden. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE 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 S) Country of Birth 6) Country of Citizenship 7) Country of Permanent Residence

Sweden -2 of 7



Sweden -3 of 7

First Name	Last Name	
First Child Name		
First Name	Last Name	
Second Child Name		
First Name	Last Name	
Third Child Name		
Third Child Name First Name	Last Name	

Sweden -4 of 7

44\ Diagna coloct and of	the entions below			
14) Please select one of	the options below			
We are a U.S. emplo branch office) while in Sv	oyer for whom the employee nar weden.	ned above will be v	orking directly	(for example, in a
	d above will be working for a fo ement. The date on which the s	_		
Month		Day	Year	
Month	<u> </u>	Day		
YOUR U.S. LOCATION				r)
YOUR U.S. LOCATION 15) Company Name use	~	₹1 and use Block		7)
YOUR U.S. LOCATION 15) Company Name use Block 1	~	c 1 and use Block Block 2	2 if necessary	7)

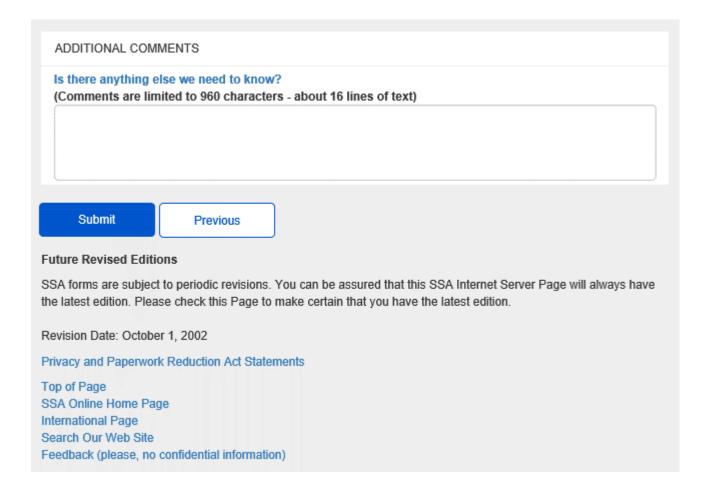
Sweden -5 of 7

Block 1	Block 2
21) Street Address in Swede	(Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
L	
22) City	23) Postal Code
INFORMATION ABOUT THE C	DNTACT PERSON
24) Your Name	DNTACT PERSON
24) Your Name 25) Your Title	DNTACT PERSON
	DNTACT PERSON

Sweden -6 of 7

•	or other correspondence mailed to a U.S. address other than the employer tion entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34.
	ess provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	e Correspondence
20) C N / C4tt	Disch 4 and was Disch 2 if assessed
	n Block 1 and use Block 2 if necessary)
30) Company Name (Start wit Block 1	Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2
Block 1 31) Street Address (Start with	Block 2 Block 1 and use Block 2 if necessary)

Sweden – 7 of 7



Switzerland – 1 of 5



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

Month		Day		Year
	~		~	
9) Country of Hire				
10) Beginning date of assign	ment in Switzerland			
Month		Day		Year
	~		~	
11) Expected ending date of	assignment in Switzerla	and		
Month		Day		Year
	~		~	
INFORMATION ABOUT THE E	MPLOYER			
AMERICAN EMPLOYER OR F	OREIGN AFFILIATE?			
12) Please select one of the o	ptions below			
We are a U.S. employer for branch office) while in Switzerl		med above	will be wor	king directly (for example, in a
The employee named abord by a section 3121(I) agreement affiliate is:	_			mpany, and the affiliate is covered
		Day		Year
Month				

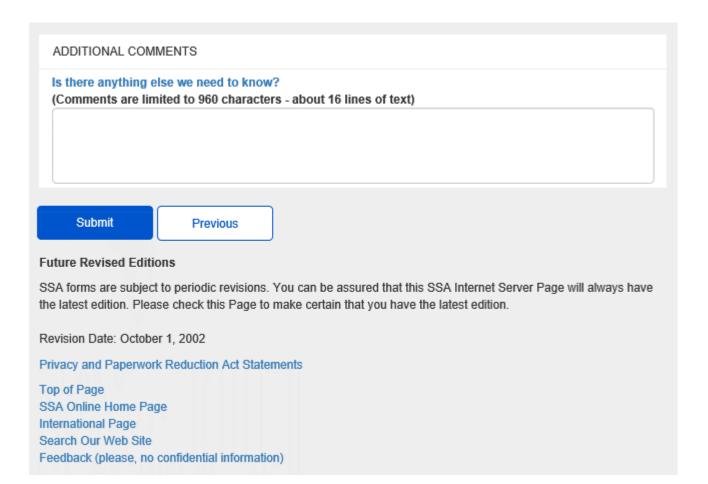
Switzerland – 3 of 5

Block 1	Block 2	
Dioux :		
14) U.S. Street Address (Sta	rt with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
15) City	16) State	17) Zip
YOUR LOCATION IN SWITZE 18) Company Name in Switz	erland (Start with Block 1 and use Block 2 if no	ecessary)
Block 1	Block 2	
40) Street Address in Suitze	rland (Start with Block 1 and use Block 2 if ne	Cessary)
	riana (otart with blook i and ado blook 2 ii no	00000137

Switzerland – 4 of 5

22) Your Name	
23) Your Title	
24) Your Telephone Number	
25) Extension (if any)	
26) Your E-Mail Address	4:E-d b
required if you wish to be n	tified by e-mail when your request is approved)
L	
MAILING ADDRESS	
f you would like the Certificate	or other correspondence mailed to a U.S. address other than the employer ction entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section.
address you provided in the se	ction entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section.
If you would like the Certificate address you provided in the se Otherwise, we will use the add	ction entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section.
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei	ction entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section.
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei	etion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section. The Correspondence
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei	tion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section. re Correspondence the Block 1 and use Block 2 if necessary)
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei 28) Company Name (Start wi	tion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section. re Correspondence the Block 1 and use Block 2 if necessary)
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei 28) Company Name (Start with Block 1	ess provided in the YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section. e Correspondence h Block 1 and use Block 2 if necessary) Block 2
If you would like the Certificate address you provided in the se Otherwise, we will use the add 27) Name of Person to Recei 28) Company Name (Start wi	tion entitled "YOUR U.S. LOCATION", please complete blocks 27 thru 32. ess provided in the YOUR U.S. LOCATION section. The Correspondence Block 1 and use Block 2 if necessary) Block 2 Block 1 and use Block 2 if necessary)

Switzerland – 5 of 5



United Kingdom – 1 of 5



Certificate of Coverage Request Form

U.S.-UNITED KINGDOM SOCIAL SECURITY AGREEMENT

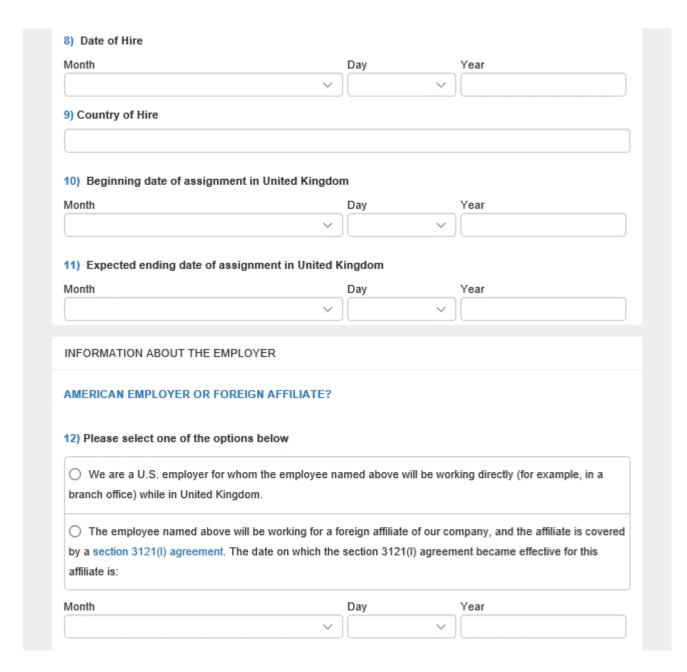
If you are a U.S. employer sending an employee to work in United Kingdom for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and United Kingdom. Before completing the form, however, PLEASE READ THE IMPORTANT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

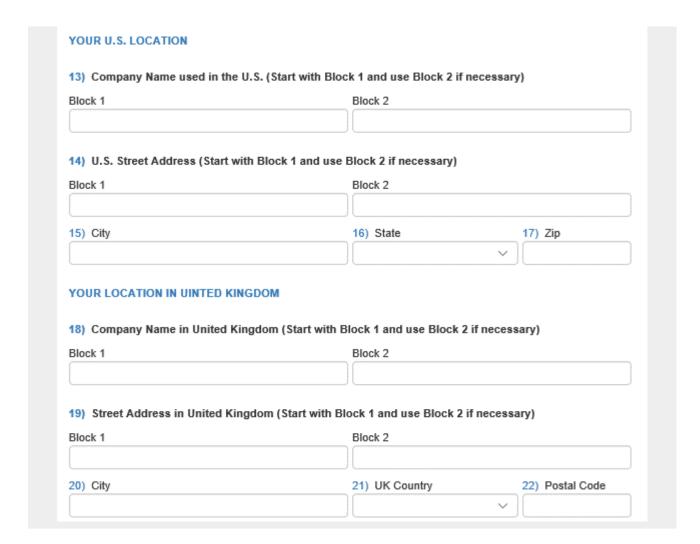
For online help completing any of the following fields, click on the number immediately preceding the field.

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

United Kingdom – 2 of 5



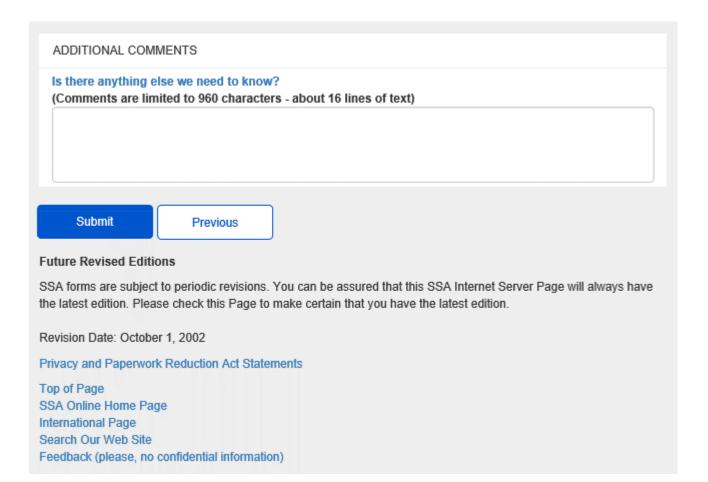
United Kingdom – 3 of 5



United Kingdom – 4 of 5

23) Your Name		
24) Your Title		
25) Your Telephone Number		
27) Extension (if any)		
28) Your E-Mail Address	E-d b	
required if you wish to be not	fied by e-mail when your request is approv	ed)
MAILING ADDRESS		
If you would like the Certificate o address you provided in the sect Otherwise, we will use the addre	other correspondence mailed to a U.S. addre on entitled "YOUR U.S. LOCATION", please o as provided in the YOUR U.S. LOCATION sec	complete blocks 29 thru 33.
If you would like the Certificate o address you provided in the sect Otherwise, we will use the addre	on entitled "YOUR U.S. LOCATION", please of ss provided in the YOUR U.S. LOCATION sec	complete blocks 29 thru 33.
If you would like the Certificate o address you provided in the sect Otherwise, we will use the addre 29) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please of ss provided in the YOUR U.S. LOCATION sec	complete blocks 29 thru 33.
address you provided in the sect Otherwise, we will use the addre 29) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please of sprovided in the YOUR U.S. LOCATION sec	complete blocks 29 thru 33.
If you would like the Certificate o address you provided in the sect Otherwise, we will use the addre 29) Name of Person to Receive 30) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please of sex provided in the YOUR U.S. LOCATION sector Correspondence Block 1 and use Block 2 if necessary) Block 2	complete blocks 29 thru 33.
If you would like the Certificate o address you provided in the sect Otherwise, we will use the addre 29) Name of Person to Receive 30) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please of ss provided in the YOUR U.S. LOCATION sec Correspondence Block 1 and use Block 2 if necessary)	complete blocks 29 thru 33.

United Kingdom – 5 of 5



Australia – 1 of 5



Certificate of Coverage Request Form

U.S.-AUSTRALIAN SOCIAL SECURITY AGREEMENT

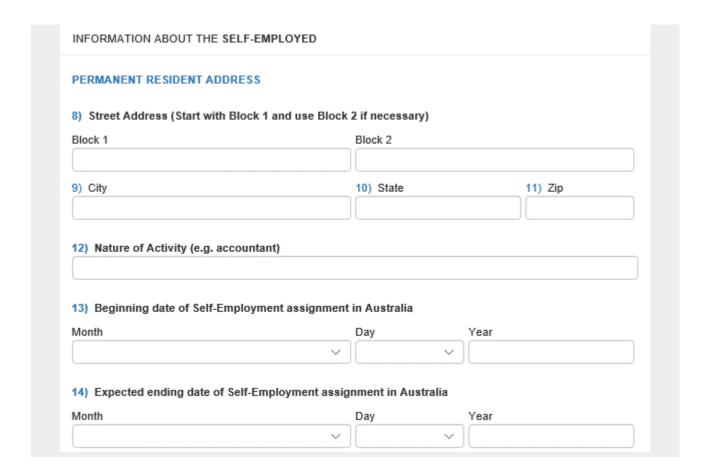
If you are self-employed and going to work in Australia for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Australia. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE 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 Day Year 5) Country of Birth 6) Country of Citizenship 7) Country of Permanent Residence

Australia – 2 of 5



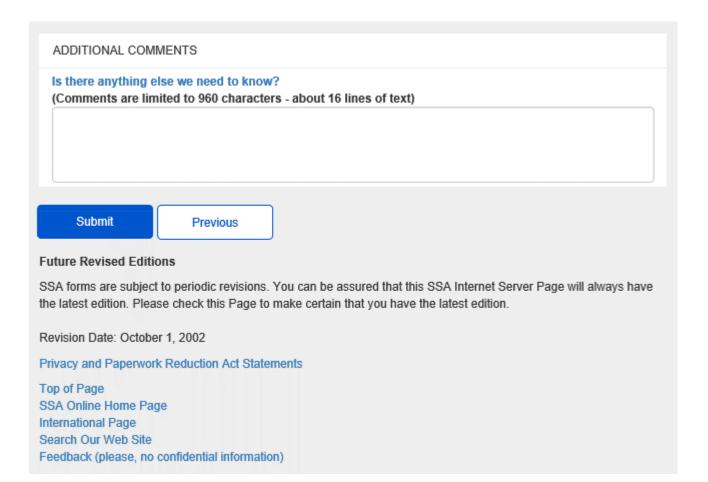
Australia – 3 of 5

15) Company Name used in	the U.S. (Start with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
16) II S Street Address (Sta	rt with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
DIOCK I	DIOCK 2	
47) City	18) State 19) Zip	
17) City	18) State 19) Zip	
Į.		
YOUR LOCATION IN AUSTRA	ALIA	
YOUR LOCATION IN AUSTRA		
20) Company Name in Austr	alia (Start with Block 1 and use Block 2 if necessary)	
20) Company Name in Austr	alia (Start with Block 1 and use Block 2 if necessary)	
20) Company Name in Austr Block 1	alia (Start with Block 1 and use Block 2 if necessary) Block 2	
20) Company Name in Austr Block 1	alia (Start with Block 1 and use Block 2 if necessary)	

Australia – 4 of 5

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 notifi	ed by e-mail when your request is approved)	
	, , , , , , , , , , , , , , , , , , , ,	
MAILING ADDRESS		
If you would like the Certificate or address you provided in the section Otherwise, we will use the address	ther correspondence mailed to a U.S. address other the n entitled "YOUR U.S. LOCATION", please complete blo provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address	n entitled "YOUR U.S. LOCATION", please complete blo provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 29) Name of Person to Receive 9	n entitled "YOUR U.S. LOCATION", please complete blo provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 29) Name of Person to Receive 9	n entitled "YOUR U.S. LOCATION", please complete blo provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 29) Name of Person to Receive (20) Company Name (Start with E	n entitled "YOUR U.S. LOCATION", please complete blooprovided in the YOUR U.S. LOCATION section. Correspondence lock 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 29) Name of Person to Receive (20) Company Name (Start with Ellock 1	n entitled "YOUR U.S. LOCATION", please complete blooprovided in the YOUR U.S. LOCATION section. Correspondence lock 1 and use Block 2 if necessary)	
If you would like the Certificate or address you provided in the section Otherwise, we will use the address 29) Name of Person to Receive (20) Company Name (Start with Ellock 1	n entitled "YOUR U.S. LOCATION", please complete blooprovided in the YOUR U.S. LOCATION section. Correspondence lock 1 and use Block 2 if necessary) Block 2	

Australia – 5 of 5



Austria – 1 of 5



Certificate of Coverage Request Form

U.S.-AUSTRIAN SOCIAL SECURITY AGREEMENT

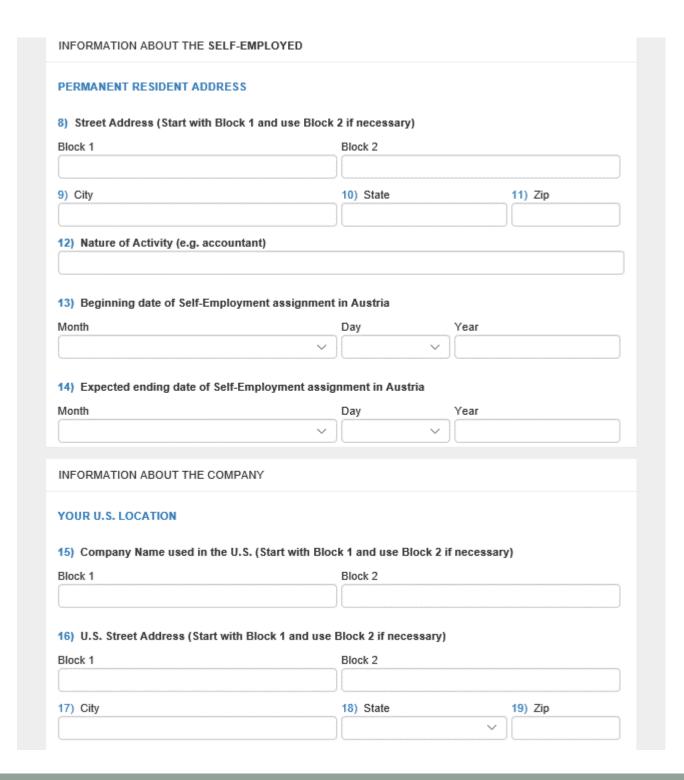
If you are self-employed and going to work in Austria for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Austria. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE if 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.

Self-Employee Name			
1) First Name		Middle Initial	2) Last Name
3) U.S. Social Security Number			
4) Date of Birth			
Month		Day	Year
	~	,	<u> </u>
5) Country of Birth			
6) Country of Citizenship			

Austria – 2 of 5



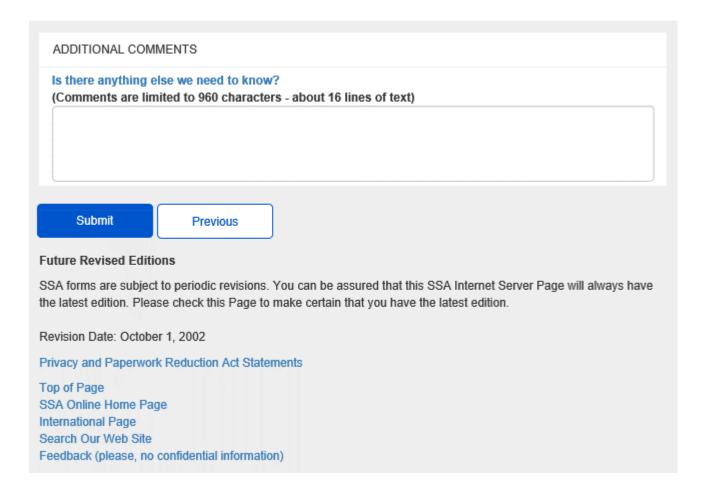
Austria – 3 of 5

th Block 1 and use Block 2 if necessary)
Block 2
23) Postal Code
PERSON
PERSON

Austria – 4 of 5

address you provided in the section	her correspondence mailed to a U.S. address other than the company entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receive Co	prrespondence
30) Company Name (Start with Blo	ock 1 and use Block 2 if necessary)
Block 1	Block 2
Block 1	· ·

Austria – 5 of 5



Belgium – 1 of 5



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 Day Year 5) Country of Birth 6) Country of Citizenship 7) Country of Permanent Residence

Belgium – 2 of 5

PERMANENT RESIDENT A	DDRESS		
8) Street Address (Start wi	th 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 assig	nment in Belgium	
Month		Day	Year
	×	× ×	
INFORMATION ABOUT THE	E COMPANY		
YOUR U.S. LOCATION			
YOUR U.S. LOCATION			
YOUR U.S. LOCATION 15) Company Name used i	n the U.S. (Start with Bloc	k 1 and use Block 2 i	f necessary)
	n the U.S. (Start with Bloc	k 1 and use Block 2 i	f necessary)
15) Company Name used i	n the U.S. (Start with Bloc		f necessary)
15) Company Name used i Block 1		Block 2	
15) Company Name used i Block 1 16) U.S. Street Address (S		Block 2 Block 2 if necessary)	
15) Company Name used i Block 1		Block 2	
15) Company Name used i Block 1 16) U.S. Street Address (S		Block 2 Block 2 if necessary)	

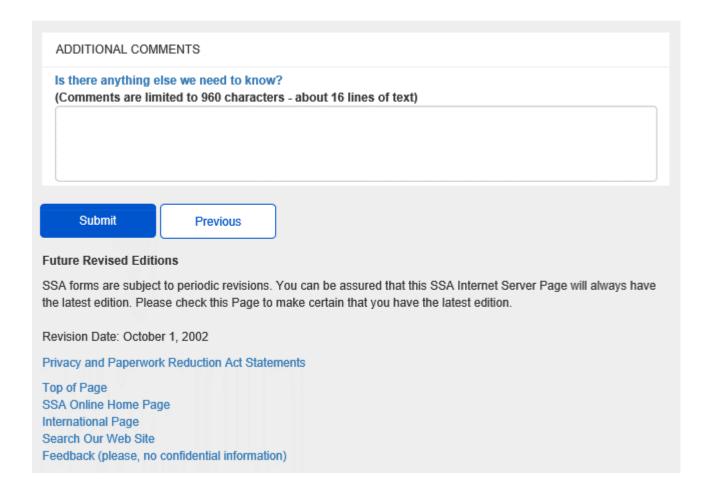
Belgium – 3 of 5

Block 1	Block 2
21) Street Address in Belgiu	n (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
INFORMATION ABOUT THE (ONTACT PERSON
	ONTACT PERSON
24) Your Name	ONTACT PERSON

Belgium – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Belgium – 5 of 5



Canada – 1 of 5



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.

Self-Employee Name			
1) First Name		Middle Initial	2) Last Name
3) U.S. Social Security Number			
4) Date of Birth			
Month		Day	Year
	~		<u></u>
5) Country of Birth			
6) Country of Citizenship			

Canada -2 of 5

PERMANENT RESIDENT A	DDRESS				
8) Street Address (Start w	ith 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	f-Employment assignment	in Canada			
Month		Day		Year	
	~		~		
14) Expected ending date Month	of Self-Employment assig	nment in Canad	da	Year	
	~		~		
INFORMATION ABOUT TH	E COMPANY				
YOUR U.S. LOCATION					
				_	
15) Company Name used Block 1	in the U.S. (Start with Bloc	Block 2	ock 2 ii	necessary	")
DIOCK I		DIOCK Z			
[
		Block 2 if neces	sary)		
16) U.S. Street Address (S	Start with Block 1 and use				
16) U.S. Street Address (S	Start with Block 1 and use	Block 2			

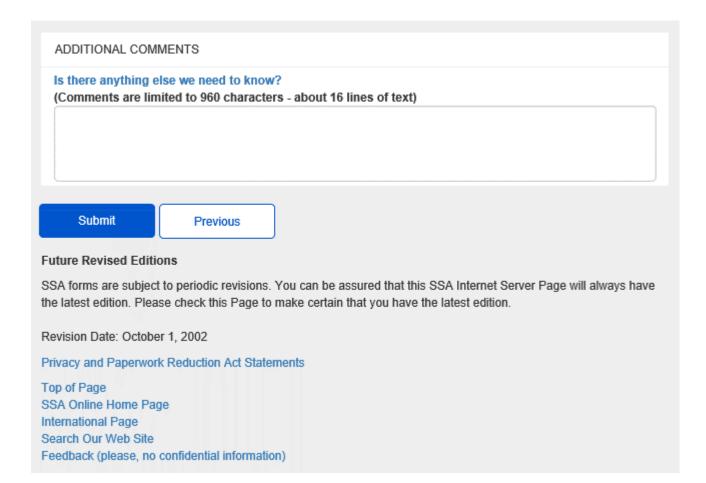
Canada -3 of 5

	Block 2
21) Street Address in Canada	a (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Province 24) Postal Code
INFORMATION ABOUT THE C 25) Your Name	ONTACT PERSON
	ONTACT PERSON
25) Your Name	CONTACT PERSON

Canada – 4 of 5

address you provided in the sect	other correspondence mailed to a U.S. address other than the company on entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. ss 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
DIOCK I	Diotr 2
	Block 1 and use Block 2 if necessary) Block 2

Canada – 5 of 5



Chile – 1 of 5



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.

Middle Initial	2) Last Name
Day	Year

Chile -2 of 5

PERMANENT RESIDENT AT	DDRESS				
8) Street Address (Start wit	th 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	Υ	'ear	
[
	of Self-Employment assign	nment in Chile	<u> </u>	'ear	
				'ear	
Month	of Self-Employment assign		Y	'ear	
Month	of Self-Employment assign		Y	'ear	
Month INFORMATION ABOUT THE	of Self-Employment assign		Y	'ear	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION	of Self-Employment assign	Day	Y		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	of Self-Employment assign	Day k 1 and use Bloc	Y		
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1	of Self-Employment assign	Day	Y		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	of Self-Employment assign	Day k 1 and use Bloc	Y		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1	of Self-Employment assign COMPANY the U.S. (Start with Bloc	Day k 1 and use Block Block 2	k 2 if n		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	of Self-Employment assign COMPANY the U.S. (Start with Bloc	Day k 1 and use Block Block 2	k 2 if n		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (St	of Self-Employment assign COMPANY the U.S. (Start with Bloc	k 1 and use Block Block 2	k 2 if n		

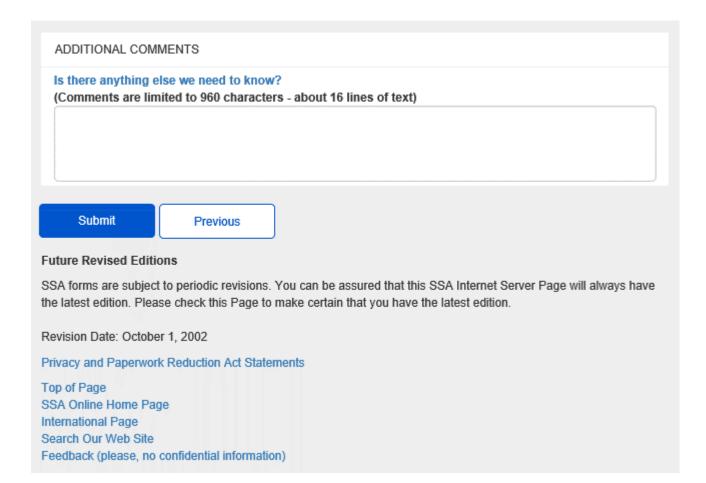
Chile -3 of 5

	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
24) Your Name		
24) Your Name 25) Your Title		

Chile – 4 of 5

address you provided in the sec	r other correspondence mailed to a U.S. address other than the company ion entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ss provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	Correspondence
30) Company Name (Start with Block 1	Block 1 and use Block 2 if necessary) Block 2
Block 1	••

Chile – 5 of 5

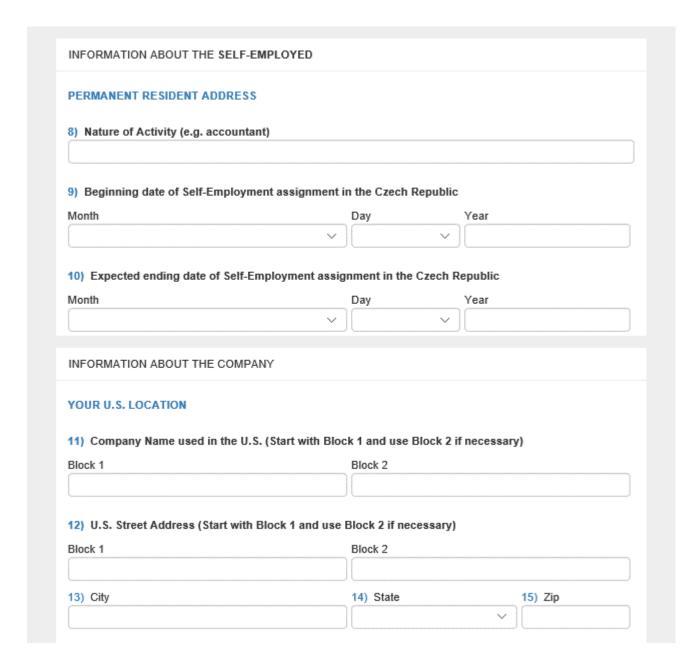


Czech Republic – 1 of 5



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



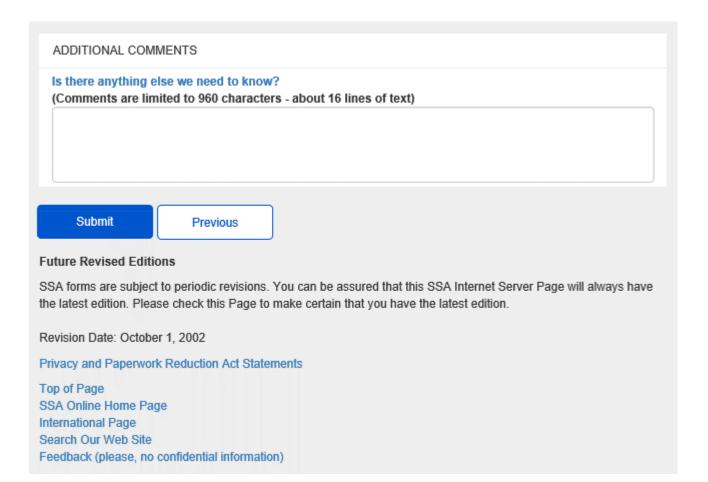
Czech Republic – 3 of 5

Block 1	Block 2
17) Street Address in the Ca	ech Republic (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
18) City	19) Postal Code
INFORMATION ABOUT THE 20) Your Name	CONTACT PERSON
	CONTACT PERSON
20) Your Name	

Czech Republic – 4 of 5

address you provided in the sec	or other correspondence mailed to a U.S. address other than the company tion entitled "YOUR U.S. LOCATION", please complete blocks 25 thru 30. ess provided in the YOUR U.S. LOCATION section.
25) Name of Person to Receiv	e Correspondence
Ł.	
26) Company Name (Start with	Block 1 and use Block 2 if necessary)
	Block 1 and use Block 2 if necessary) Block 2
26) Company Name (Start with Block 1	
Block 1 27) Street Address (Start with	Block 2 Block 1 and use Block 2 if necessary)
Block 1	Block 2

Czech Republic – 5 of 5



Denmark – 1 of 5



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.

Denmark – 2 of 5

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)	J [
13) Beginning date of Se	elf-Employment assignment	in Denmark				
Month		Day		Year		
	<u> </u>					
14) Expected ending dat	te of Self-Employment assig	nment in Denn Day		Year		
	~		~			
INFORMATION ABOUT T	HE COMPANY					
15) Company Name use	d in the U.S. (Start with Bloc	k 1 and use B	lock 2 if	necessary	r)	
Block 1		Block 2				
]				
16) U.S. Street Address	(Start with Block 1 and use	Block 2 if nece	ssary)			
16) U.S. Street Address Block 1	(Start with Block 1 and use	Block 2 if nece	essary)			

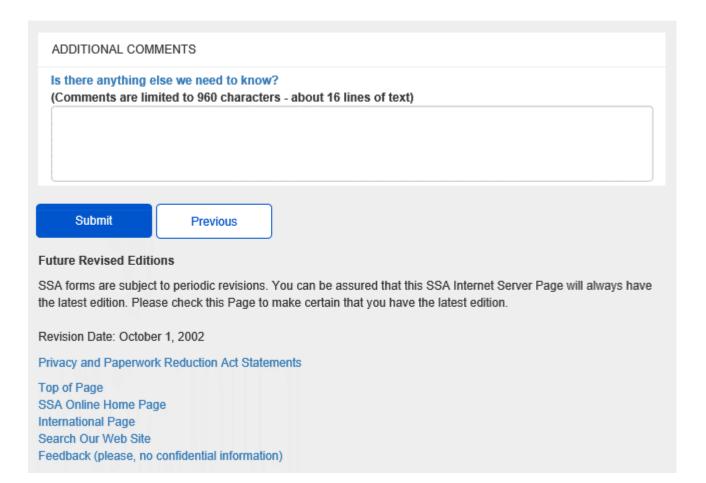
Denmark – 3 of 5

Block 1	Block 2	
21) Street Address in Denma	k (Start with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
22) City	23) Postal Code	
INFORMATION ABOUT THE	ONTACT PERSON	
24) Your Name	ONTACT PERSON	
	ONTACT PERSON	
24) Your Name	ONTACT PERSON	

Denmark – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
30) Company Name (Stari	with Block 1 and use Block 2 if necessary)
30) Company Name (Start	with Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2

Denmark – 5 of 5



Finland – 1 of 5



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 Day Year 5) Country of Birth 6) Country of Citizenship 7) Country of Permanent Residence

Finland -2 of 5

PERMANENT RESIDENT AL	DDRESS					
8) Street Address (Start wit	th 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		
	~		~			
	of Self-Employment assig		nd	Vaar		
	of Self-Employment assig	nment in Finlan	nd V	Year		
				Year		
Month	~			Year		
14) Expected ending date of Month INFORMATION ABOUT THE	~			Year		
Month INFORMATION ABOUT THE	~			Year		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION	COMPANY	Day	V		y)	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY	Day	V		y)	
Month	COMPANY	Day	V		y)	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY the U.S. (Start with Bloc	Day k 1 and use Blo Block 2	ock 2 if		y)	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (St	COMPANY the U.S. (Start with Bloc	Day ck 1 and use Blo Block 2	ock 2 if		y)	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY the U.S. (Start with Bloc	Day k 1 and use Blo Block 2	ock 2 if		y)	

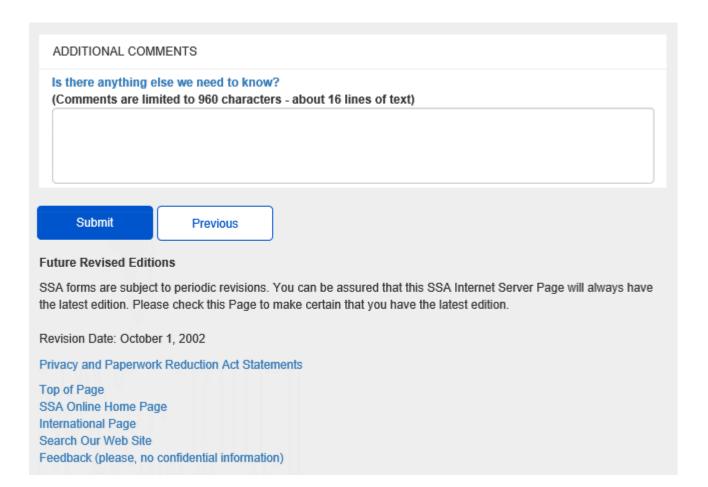
Finland -3 of 5

	Block 2
21) Street Address in Finland	d (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
INFORMATION ABOUT THE C	CONTACT PERSON
24) Your Name	
24) Your Name 25) Your Title	

Finland – 4 of 5

address you provided in the sect	other correspondence mailed to a U.S. address other than the company on entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. is 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 and use Block 2 if necessary) Block 2
Block 1	Block 2
Block 1 31) Street Address (Start with	Block 2 Block 1 and use Block 2 if necessary)
Block 1	Block 2

Finland – 5 of 5



France – 1 of 5



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.

Self-Employee Name 1) First Name Middle Initial 2) Last Name 3) U.S. Social Security Number 4) Date of Birth Day Year 5) Country of Birth 6) Country of Citizenship 7) Country of Permanent Residence

France – 2 of 5

PERMANENT RESIDENT ADDRE	33		
8) Nature of Activity (e.g. accour	ntant)		
Beginning date of Self-Employ	vment assignment in France		
Month	Day	Year	
in on a second	V	V	
<u> </u>			
10) Expected ending date of Self	f-Employment assignment in	France	
Month	Day	Year	
	V)	V (
O Yes O No			
O Yes			
O Yes	IPANY		
O Yes O No INFORMATION ABOUT THE COM	IPANY		
O Yes O No INFORMATION ABOUT THE COM	IPANY		
O Yes O No INFORMATION ABOUT THE COM		se Block 2 if necessa	ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the		se Block 2 if necessa	ry)
O Yes O No	U.S. (Start with Block 1 and u	se Block 2 if necessa	ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the	U.S. (Start with Block 1 and u	se Block 2 if necessa	ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the Block 1	U.S. (Start with Block 1 and u Block 2		ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the Block 1 13) U.S. Street Address (Start wi	U.S. (Start with Block 1 and u Block 2		ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the	U.S. (Start with Block 1 and u Block 2		ry)
O Yes O No INFORMATION ABOUT THE COM YOUR U.S. LOCATION 12) Company Name used in the Block 1 13) U.S. Street Address (Start wi	U.S. (Start with Block 1 and u Block 2	necessary)	ry) 16) Zip

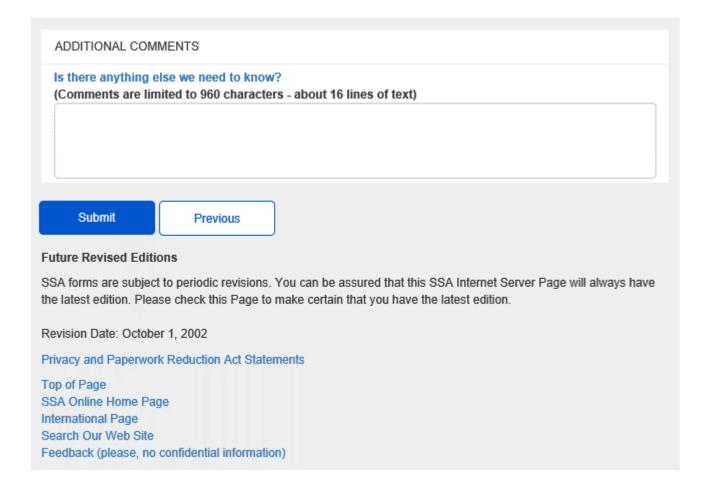
France – 3 of 5

Block 1	Block 2	
18) Street Address in Franc	(Start with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
19) City	20) Postal Code	
INFORMATION ABOUT THE 21) Your Name	ONTACT PERSON	
21) Your Name 22) Your Title	ONTACT PERSON	
21) Your Name	ONTACT PERSON	

France – 4 of 5

address you provided in the so	or other correspondence mailed to a U.S. address other than the company ction entitled "YOUR U.S. LOCATION", please complete blocks 26 thru 31. ess provided in the YOUR U.S. LOCATION section.
26) Name of Person to Rece	ve Correspondence
27) Company Name (Start w	h Block 1 and use Block 2 if necessary)
	h Block 1 and use Block 2 if necessary) Block 2
27) Company Name (Start w Block 1	
Block 1	
Block 1	Block 2

France – 5 of 5



Germany – 1 of 5



Certificate of Coverage Request Form

U.S.-GERMAN SOCIAL SECURITY AGREEMENT

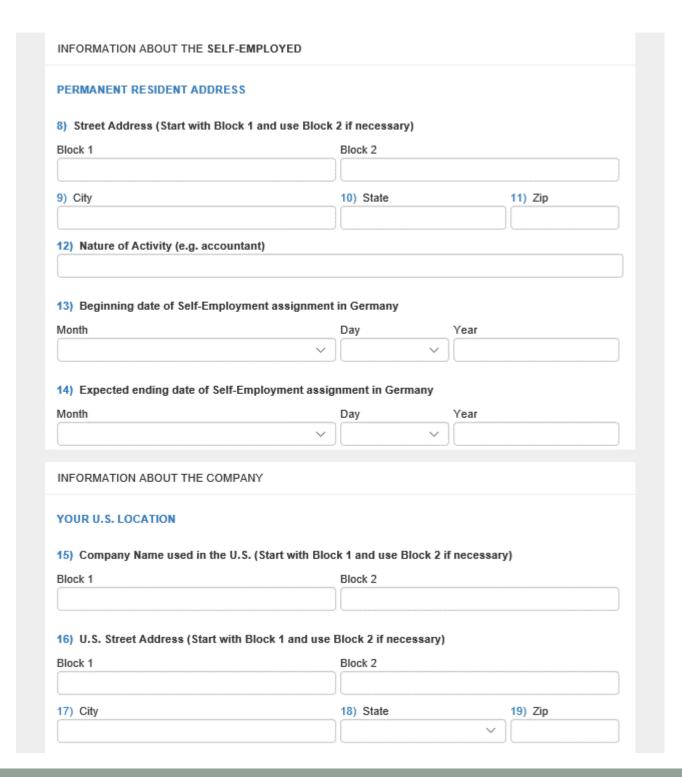
If you are self-employed and going to work in Germany for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Germany. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE if 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.

1) First Name	Middle Initial	2) Last Name
3) U.S. Social Security Number		
4) Date of Birth		
Month	Day	Year
		<u> </u>
5) Country of Birth		

Germany – 2 of 5



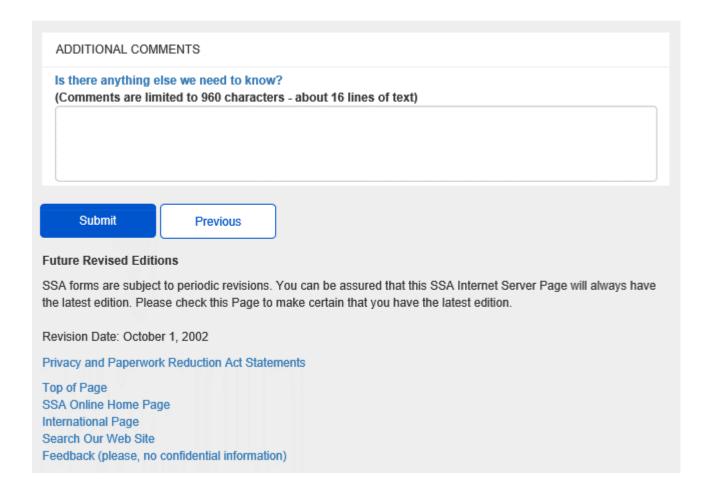
Germany – 3 of 5

Block 1	Block 2
21) Street Address in Germa	y (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
r - r	20) 1 00101 0000
INFORMATION ABOUT THE (24) Your Name	
INFORMATION ABOUT THE	
INFORMATION ABOUT THE (24) Your Name	

Germany – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
30) Company Name (Stari	with Block 1 and use Block 2 if necessary)
30) Company Name (Start	with Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2

Germany – 5 of 5



Greece – 1 of 5



Certificate of Coverage Request Form

U.S.-GREEK SOCIAL SECURITY AGREEMENT

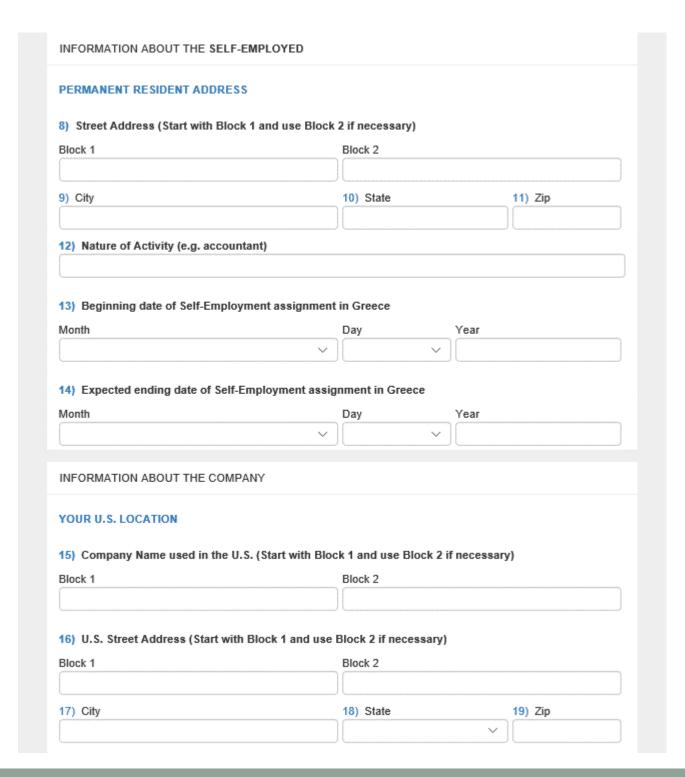
If you are self-employed and going to work in Greece for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Greece. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE if you 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



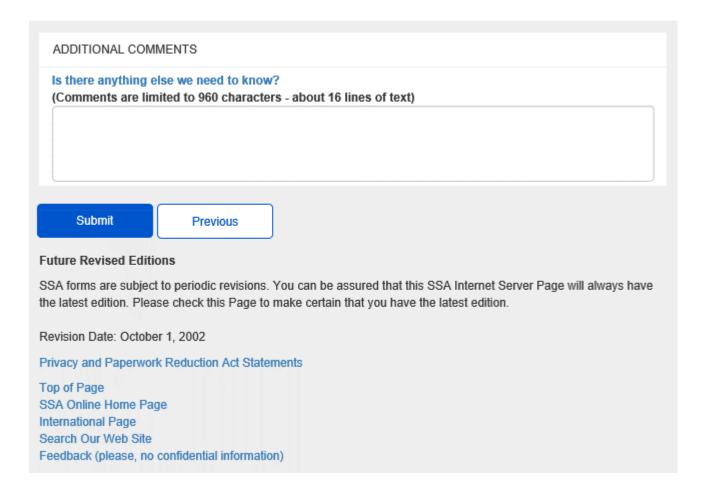
Greece – 3 of 5

	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 C	CONTACT PERSON
24) Your Name	CONTACT PERSON
	CONTACT PERSON
24) Your Name	CONTACT PERSON

Greece – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Greece – 5 of 5



Ireland – 1 of 5



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.

1) First Name	Middle Initial	2) Last Name
3) U.S. Social Security Number		
4) Date of Birth		
Month	Day	Year
		<u> </u>
5) Country of Birth		

Ireland – 2 of 5

PERMANENT RESIDENT A	DDRESS				
8) Street Address (Start w	ith Block 1 and use Block	2 if necessar	/)		
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	
	~		~		
Month		Day	~	Year	
INFORMATION ABOUT THI	E COMPANY				
YOUR U.S. LOCATION					
	in the U.S. (Start with Bloc	k 1 and use E	Block 2 if	necessary	')
15) Company Name used					
15) Company Name used		Block 2			
		Block 2			
Block 1	tart with Block 1 and use I		essary)		
	tart with Block 1 and use I		essary)		

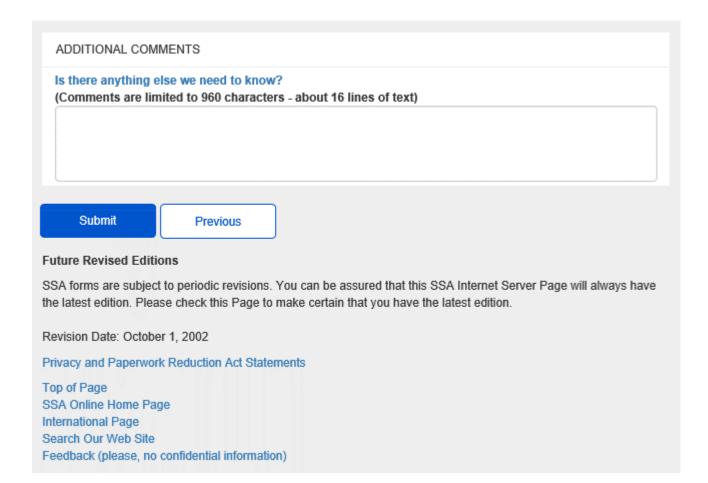
Ireland – 3 of 5

	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 C	ONTACT PERSON
25) Your Title	
25) Your Title 26) Your Telephone Number	

Ireland – 4 of 5

address you provided in the sec	or other correspondence mailed to a U.S. address other than the company ction entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	ve Correspondence
30) Company Name (Start wit	th Diagle 4 and use Diagle 2 if passesson)
Block 1	th Block 1 and use Block 2 if necessary) Block 2
Block 1	

Ireland – 5 of 5



Italy -1 of 5



Certificate of Coverage Request Form

U.S.-ITALIAN SOCIAL SECURITY AGREEMENT

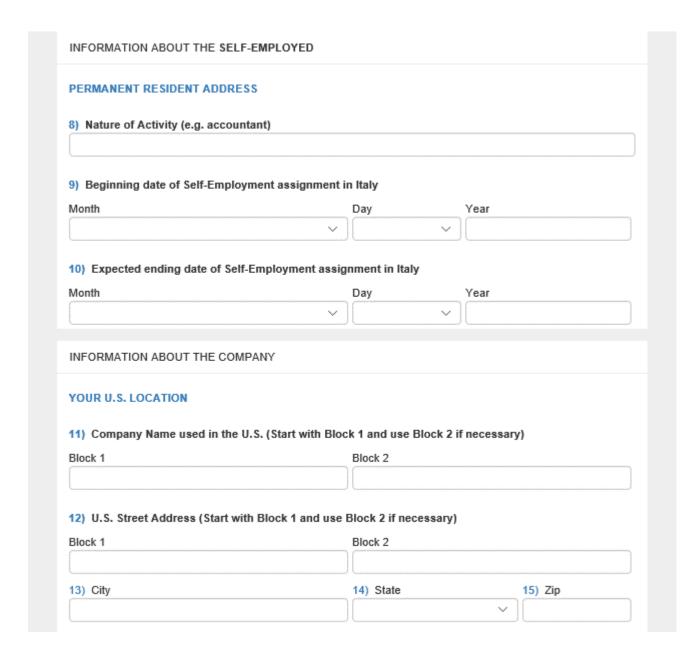
If you are a self-employed U.S. citizen going to work in Italy, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Italy. You can also use this form to request a Certificate of U.S. Coverage if you are a U.S. resident Italian 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 > O Ountry of Birth 6) Country of Citizenship 7) Country of Permanent Residence

Italy -2 of 5



Italy -3 of 5

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 TH	
INFORMATION ABOUT TH	
18) City INFORMATION ABOUT THE 20) Your Name 21) Your Title 22) Your Telephone Numb	CONTACT PERSON

Italy -4 of 5

address you provided in the sec	r other correspondence mailed to a U.S. address other than the company ion entitled "YOUR U.S. LOCATION", please complete blocks 25 thru 30 ss provided in the YOUR U.S. LOCATION section.	J.S. LOCATION", please complete blocks 25 thru 30
25) Name of Person to Receiv	Correspondence	
·		
26) Company Name (Start with Block 1	Block 1 and use Block 2 if necessary) Block 2	
Block 1		Block 2 pck 2 if necessary)

Italy -5 of 5

ADDITIONAL COMM	MENTS
	se we need to know? ited to 960 characters - about 16 lines of text)
Submit	Previous
Future Revised Editio	ns
	to periodic revisions. You can be assured that this SSA Internet Server Page will always have se check this Page to make certain that you have the latest edition.
Revision Date: October	1, 2002
Privacy and Paperwork	Reduction Act Statements
Top of Page	
SSA Online Home Pag	e
International Page	
Search Our Web Site	
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Japan – 1 of 5



Certificate of Coverage Request Form

U.S.-JAPANESE SOCIAL SECURITY AGREEMENT

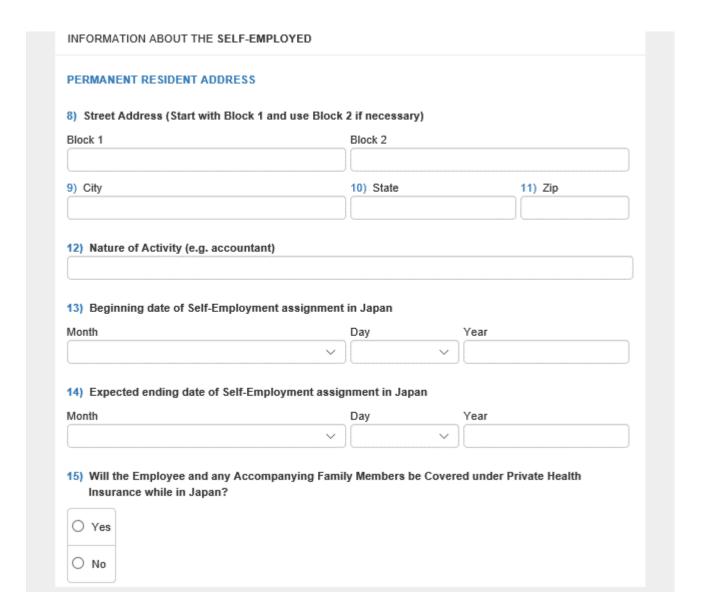
If you are self-employed and going to work in Japan for 5 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and Japan. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE if you 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.

Middle Initial	2) Last Name
Day	Year

Japan – 2 of 5



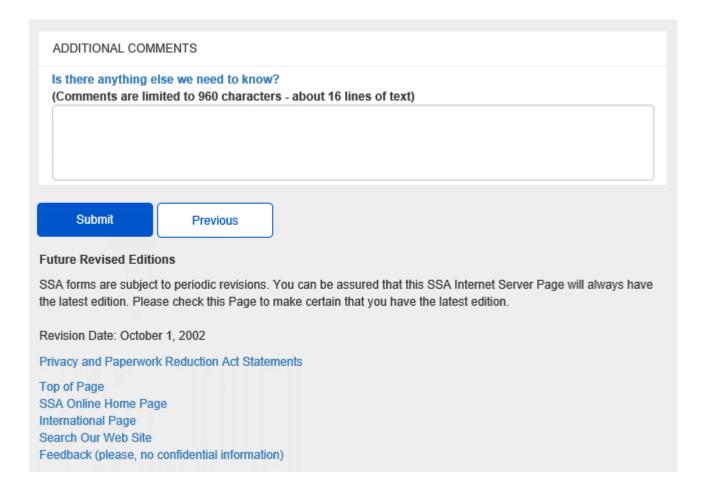
Japan – 3 of 5

16) Company Name used in th	he U.S. (Start with Block 1 and use Block 2	if necessary)
Block 1	Block 2	
17) II S Street Address (Start	with Block 1 and use Block 2 if necessary	1
Block 1	Block 2	1
Distr. 1	DIOM 2	
18) City	19) State	20) Zip
		V
VOUR LOCATION IN TARAN		
YOUR LOCATION IN JAPAN		
	(Start with Block 1 and use Block 2 if nece	ssary)
	(Start with Block 1 and use Block 2 if nece	ssary)
21) Company Name in Japan		ssary)
21) Company Name in Japan Block 1		

Japan – 4 of 5

25) Your Name		
26) Your Title		
27) Your Telephone Number		
28) Extension (if any)		
29) Your E-Mail Address		
	ied by e-mail when your request is approved)	
MAILING ADDRESS		
If you would like the Certificate of	other correspondence mailed to a U.S. address <i>other than</i> the on entitled "YOUR U.S. LOCATION", please complete blocks 30	
If you would like the Certificate of address you provided in the sec	other correspondence mailed to a U.S. address <i>other than</i> the on entitled "YOUR U.S. LOCATION", please complete blocks 30 s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sec	on entitled "YOUR U.S. LOCATION", please complete blocks 30 s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the addre	on entitled "YOUR U.S. LOCATION", please complete blocks 30 s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the address 30) Name of Person to Receiv	on entitled "YOUR U.S. LOCATION", please complete blocks 30 s provided in the YOUR U.S. LOCATION section.	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the address 30) Name of Person to Receiv	on entitled "YOUR U.S. LOCATION", please complete blocks 30 is provided in the YOUR U.S. LOCATION section. Correspondence	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the address 30) Name of Person to Received 31) Company Name (Start with	on entitled "YOUR U.S. LOCATION", please complete blocks 30 is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the address 30) Name of Person to Received 31) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please complete blocks 30 is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary)	
If you would like the Certificate of address you provided in the sec Otherwise, we will use the address 30) Name of Person to Received 31) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please complete blocks 30 is provided in the YOUR U.S. LOCATION section. Correspondence Block 1 and use Block 2 if necessary) Block 2	

Japan – 5 of 5



South Korea – 1 of 5



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.

South Korea – 2 of 5

PERMANENT RESIDENT AL	DDRESS					
8) Street Address (Start wit	th 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		
	~		~			
		nment in Korea				
14) Expected ending date of		nment in Korea		Year		
14) Expected ending date of				Year		
14) Expected ending date of				Year		
14) Expected ending date of Month	of Self-Employment assig			Year		
14) Expected ending date of Month INFORMATION ABOUT THE	of Self-Employment assig			Year		
14) Expected ending date of Month INFORMATION ABOUT THE	of Self-Employment assig			Year		
14) Expected ending date of Month INFORMATION ABOUT THE	of Self-Employment assig	Day	~		y)	
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	of Self-Employment assig	Day	~		у)	
14) Expected ending date of Month	of Self-Employment assig	Day k 1 and use Blo	~		y)	
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1	of Self-Employment assig	k 1 and use Blo Block 2	ock 2 if		y)	
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (St	of Self-Employment assig	k 1 and use Blo Block 2	ock 2 if		y)	
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	of Self-Employment assig	k 1 and use Blo Block 2	ock 2 if		y)	

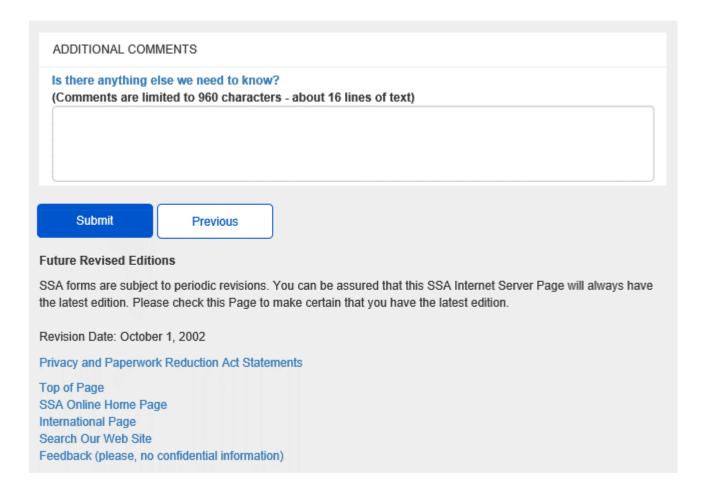
South Korea – 3 of 5

Block 1	Block 2
21) Street Address in Korea	tart with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
ZZY ONY	25) 1 500 0 500
INFORMATION ABOUT THE C	INTACT PERSON
INFORMATION ABOUT THE (24) Your Name	NTACT PERSON
	NTACT PERSON
24) Your Name	NTACT PERSON

South Korea – 4 of 5

	section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
201.0	71 D. 14 1 D. 107
	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2

South Korea – 5 of 5



Luxembourg – 1 of 5



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.

Middle Initial	2) Last Name
Day	Year

Luxembourg – 2 of 5

PERMANENT RESIDENT AD	DRESS			
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. a	ccountant)			
13) Beginning date of Self-E	mployment assignment	in Luxembourg		
Month		Day	Year	
	~		<u> </u>	
14) Expected ending date of	f Self-Employment assig	nment in Luxembo	ourg	
	f Self-Employment assig	Day	ourg Year	
	f Self-Employment assig	Day	_	
Month	~	Day	Year	
Month	~	Day	Year	
Month INFORMATION ABOUT THE	~	Day	Year	
Month INFORMATION ABOUT THE	~	Day	Year	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION	COMPANY	Day	Year	7)
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY	Day	Year	/)
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY	Day	Year	<i>'</i>)
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1	COMPANY the U.S. (Start with Bloc	Day tk 1 and use Block Block 2	Year Year	<i>(</i>)
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (Sta	COMPANY the U.S. (Start with Bloc	Day ck 1 and use Block Block 2 Block 2 if necessa	Year Year)
Month	COMPANY the U.S. (Start with Bloc	Day tk 1 and use Block Block 2	Year Year	<i>n</i>

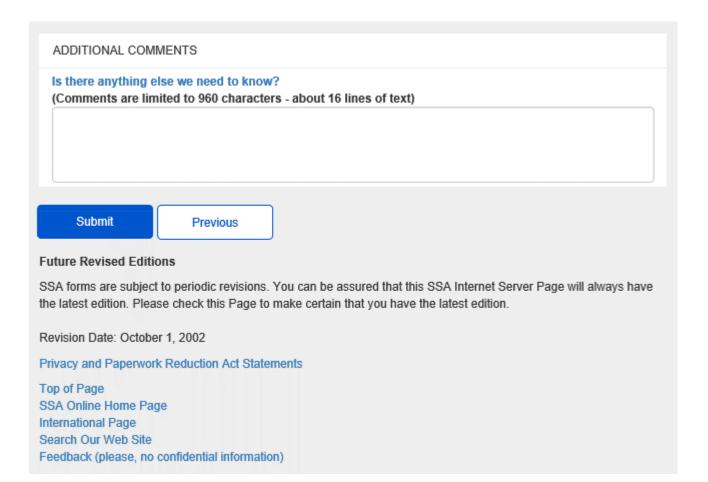
Luxembourg – 3 of 5

Block 1	Block 2
21) Street Address in Luxem	bourg (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
	JLJ
24) Your Name	
25) Your Title	
25) Your Title 26) Your Telephone Number	

Luxembourg – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Luxembourg – 5 of 5



Netherlands – 1 of 5



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.

Self-Employee Name			
1) First Name		Middle Initial	2) Last Name
3) U.S. Social Security Number			
4) Date of Birth			
Month		Day	Year
	~		<u></u>
5) Country of Birth			
6) Country of Citizenship			

Netherlands – 2 of 5

PERMANENT RESIDENT AL	DRESS				
8) Street Address (Start wit	h Block 1 and use Block 2	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 i	in the Netherl	lands		
Month		Day		Year	
14) Expected ending date of	of Self-Employment assign	nment in the I	Netherla	nds	
Month		Day		Year	
	~				
INFORMATION ABOUT THE	COMPANY				
YOUR U.S. LOCATION					
TOUR OLD EDUCATION					
15) Company Name used in	the U.S. (Start with Block	k 1 and use B	lock 2 if	necessary	7)
Block 1		Block 2			
	art with Block 1 and use E	Block 2 if nec	essarv)		
16) U.S. Street Address (St	art with blook I talle doo b	7100K Z 11 1100	oooary		
16) U.S. Street Address (St Block 1		Block 2			

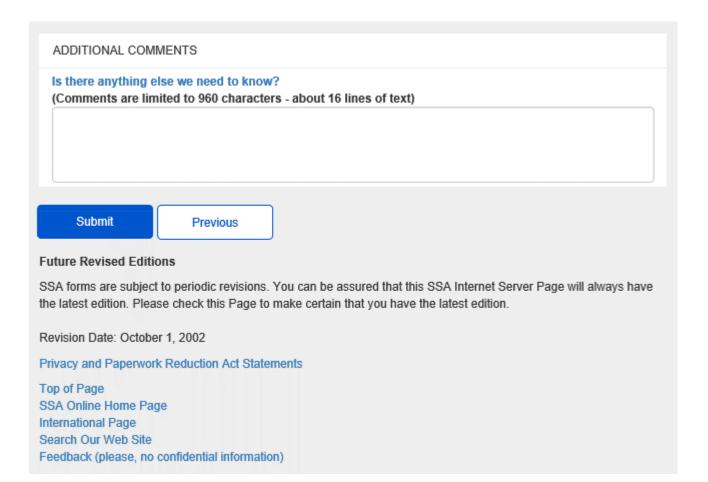
Netherlands – 3 of 5

Block 1	Block 2
21) Street Address in the Ne	herlands (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
22) City	23) Postal Code
22) City INFORMATION ABOUT THE (24) Your Name	
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INFORMATION ABOUT THE C	
INFORMATION ABOUT THE (24) Your Name	
INFORMATION ABOUT THE (24) Your Name	
INFORMATION ABOUT THE (24) Your Name 25) Your Title	
INFORMATION ABOUT THE (24) Your Name 25) Your Title	

Netherlands – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
30) Company Name (Stari	with Block 1 and use Block 2 if necessary)
30) Company Name (Start	with Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2

Netherlands – 5 of 5



Norway -1 of 5



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.

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		

Norway -2 of 5

PERMANENT RESIDENT ADDR	ESS					
8) Street Address (Start with B	lock 1 and use Block	2 if necessary))			
Block 1		Block 2				
9) City		10) State			11) Zip	
12) Nature of Activity (e.g. acc	ountant)					
13) Beginning date of Self-Emp	oloyment assignment	in Norway				
Month		Day		Year		
14) Expected ending date of So	elf-Employment assig	nment in Norw	ray			
		nment in Norw		Year		
				Year		
Month	elf-Employment assig		ray	Year		
Month	elf-Employment assig		ray	Year		
Month INFORMATION ABOUT THE CO	elf-Employment assig		ray	Year		
Month INFORMATION ABOUT THE CO YOUR U.S. LOCATION	elf-Employment assig	Day	ray		v)	
Month INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in the	elf-Employment assig	Day	ray		1)	
Month INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in the	elf-Employment assig	Day k 1 and use Bl	ray		7)	
Month INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in the	elf-Employment assig	k 1 and use Bl	ock 2 if		/)	
Month INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in the Block 1 16) U.S. Street Address (Start of	elf-Employment assig	k 1 and use Bl Block 2	ock 2 if		<i>(</i>)	
14) Expected ending date of Somethia INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in the Block 1 16) U.S. Street Address (Start of Block 1	elf-Employment assig	k 1 and use Bl	ock 2 if		/)	

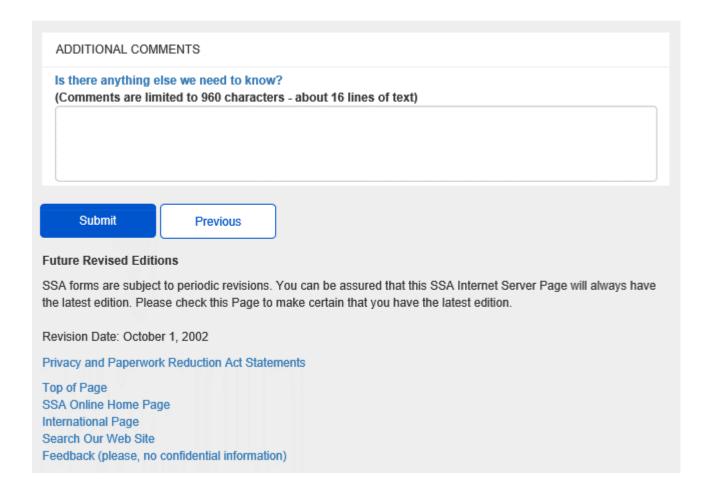
Norway -3 of 5

Block 1	Block 2
21) Street Address in Norwa	(Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
UNICODMATION ADOUT THE	OUTLOT DEDOON
INFORMATION ABOUT THE (ONTACT PERSON
INFORMATION ABOUT THE (24) Your Name	ONTACT PERSON
24) Your Name	ONTACT PERSON
	ONTACT PERSON
24) Your Name	ONTACT PERSON
24) Your Name	ONTACT PERSON
24) Your Name 25) Your Title	ONTACT PERSON
24) Your Name 25) Your Title	ONTACT PERSON

Norway -4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Norway -5 of 5



Poland – 1 of 5



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

Block 1	Block 2		
City			
INFORMATION ABOUT THE SELF	-EMPLOYED		
PERMANENT RESIDENT ADDRES	ss		
9) Street Address (Start with Bloo	ck 1 and use Block 2 if necessa	агу)	
Block 1	Block 2		
10) City	11) State		12) Zip
13) Nature of Activity (e.g. accou	ntant)		
14) Beginning date of Self-Emplo	wment assignment in Poland		
Month	Day	Year	
Monus	V	V	
4E) Expected anding data of Calf	Employment assignment in Po	oland	

Poland – 3 of 5

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 (St	art with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
18) City	19) State 20) Zip	
18) City	19) State 20) Zip	
	<u> </u>	
18) City YOUR LOCATION IN POLA	<u> </u>	
YOUR LOCATION IN POLAI	<u> </u>	
YOUR LOCATION IN POLAI	D	
YOUR LOCATION IN POLAI 21) Company Name in Pola	D and (Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN POLAI 21) Company Name in Pola Block 1	D and (Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN POLAI 21) Company Name in Pola	D and (Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN POLAI 21) Company Name in Pola Block 1	D and (Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN POLAI 21) Company Name in Pola Block 1 NIP#/REGON#/PESEL#	D and (Start with Block 1 and use Block 2 if necessary)	
YOUR LOCATION IN POLAI 21) Company Name in Pola Block 1 NIP#/REGON#/PESEL#	nd (Start with Block 1 and use Block 2 if necessary) Block 2	

Poland – 4 of 5

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 notif	ied by e-mail when your request is appro	oved)
MAILING ADDRESS		
If you would like the Certificate or address you provided in the secti	other correspondence mailed to a U.S. add on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION so	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION so	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION so	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 30) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION so	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 30) Name of Person to Receive	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION se Correspondence	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 30) Name of Person to Receive 31) Company Name (Start with	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION se Correspondence Block 1 and use Block 2 if necessary)	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the section Otherwise, we will use the address (Start with Block 1) 32) Street Address (Start with Education of Person (Start with Education of Person)	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION se Correspondence Block 1 and use Block 2 if necessary) Block 2	e complete blocks 30 thru 35.
If you would like the Certificate or address you provided in the secti Otherwise, we will use the addres 30) Name of Person to Receive 31) Company Name (Start with Block 1	on entitled "YOUR U.S. LOCATION", please s provided in the YOUR U.S. LOCATION so Correspondence Block 1 and use Block 2 if necessary) Block 2	e complete blocks 30 thru 35.

Poland -5 of 5

ADDITIONAL COMME	NTS
Is there anything else (Comments are limite	we need to know? d to 960 characters - about 16 lines of text)
Submit	Previous
Future Revised Editions	
	periodic revisions. You can be assured that this SSA Internet Server Page will always have check this Page to make certain that you have the latest edition.
Revision Date: October 1,	2002
Privacy and Paperwork R	eduction Act Statements
Top of Page	
SSA Online Home Page	
International Page	
Search Our Web Site	
Feedback (please, no con	didential information)

Portugal – 1 of 5



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

PERMANENT RESIDENT AD	DRESS				
8) Street Address (Start wit	h Block 1 and use Block	2 if necessar	y)		
Block 1		Block 2			
9) City		10) State			11) Zip
12) Nature of Activity (e.g. a	accountant)	J (
13) Beginning date of Self-I	Employment assignment				
Month		Day		Year	
	~				
14) Expected ending date o	f Self-Employment assig		tugal		
Month		Day		Year	
	~] [
INFORMATION ABOUT THE	COMPANY				
YOUR U.S. LOCATION					
	the U.S. (Start with Bloc	ck 1 and use	Block 2 if	necessary)
15) Company Name used in	the U.S. (Start with Bloc	ck 1 and use	Block 2 if	necessary)
15) Company Name used in	the U.S. (Start with Bloc		Block 2 if	necessary)
15) Company Name used in Block 1		Block 2		necessary)
15) Company Name used in Block 1 16) U.S. Street Address (Sta		Block 2		necessary)
YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (Sta Block 1		Block 2		necessary)

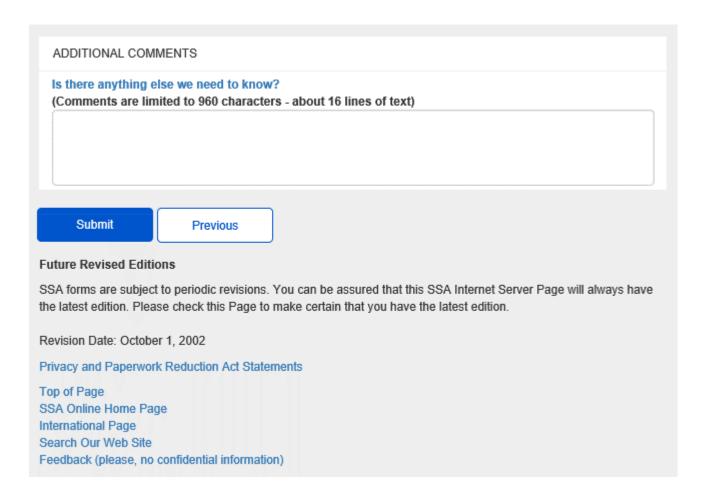
Portugal – 3 of 5

Block 1	Block 2
041 04 4 4 4 4 4 5 D 4	
21) Street Address in Portug	al (Start with Block 1 and use Block 2 if necessary) Block 2
22) City	23) Postal Code
24) Your Name	CONTACT PERSON
	JONTAGT PERSON
24) Your Name	JONTAGT PERSON

Portugal – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Portugal – 5 of 5



Slovak Republic – 1 of 5



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.

Self-Employee Name			
1) First Name		Middle Initial	2) Last Name
3) U.S. Social Security Number			
4) Date of Birth			
Month		Day	Year
	~	,	<u> </u>
5) Country of Birth			
6) Country of Citizenship			

Slovak Republic – 2 of 5

PERMANENT RESIDENT AD	DRESS					
8) Street Address (Start wit	h Block 1 and use Block	2 if necessar	y)			
Block 1		Block 2				
9) City		10) State			11) Zip	
12) Nature of Activity (e.g. a	accountant)					
13) Beginning date of Self-I	Employment assignment	in the Sloval	c Republi	С		
Month		Day		Year		
	~		~			
Month		Day		Year		
INFORMATION ABOUT THE	COMPANY					
YOUR U.S. LOCATION						
	n the U.S. (Start with Bloc	k 1 and use	Block 2 if	necessarv)	
15) Company Name used in					,	
		Block 2				
		BIOCK 2				
Block 1	art with Block 1 and use I		essarvì			
Block 1 16) U.S. Street Address (Sta	art with Block 1 and use I	Block 2 if nec	cessary)			
15) Company Name used in Block 1 16) U.S. Street Address (Sta Block 1	art with Block 1 and use I		essary)			

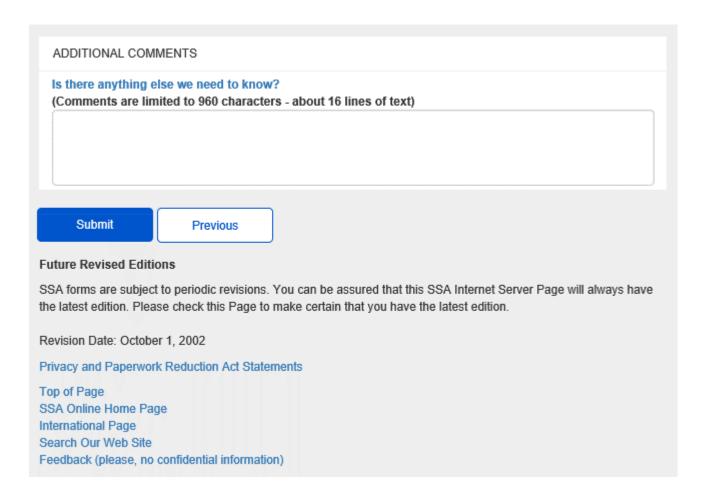
Slovak Republic – 3 of 5

Block 1	Block 2		
21) Street Address in the SI	vak 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		
INFORMATION ABOUT THE 24) Your Name	CONTACT PERSON		
	CONTACT PERSON		
24) Your Name	CONTACT PERSON		
24) Your Name 25) Your Title			
INFORMATION ABOUT THE 24) Your Name 25) Your Title 26) Your Telephone Number			
24) Your Name 25) Your Title			

Slovak Republic – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
30) Company Name (Stari	with Block 1 and use Block 2 if necessary)
30) Company Name (Start	with Block 1 and use Block 2 if necessary) Block 2
Block 1	
Block 1	Block 2

Slovak Republic – 5 of 5



Spain – 1 of 5



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.

Mide	lle Initial	2) Last Name
		Year
		Middle Initial Day

Spain -2 of 5

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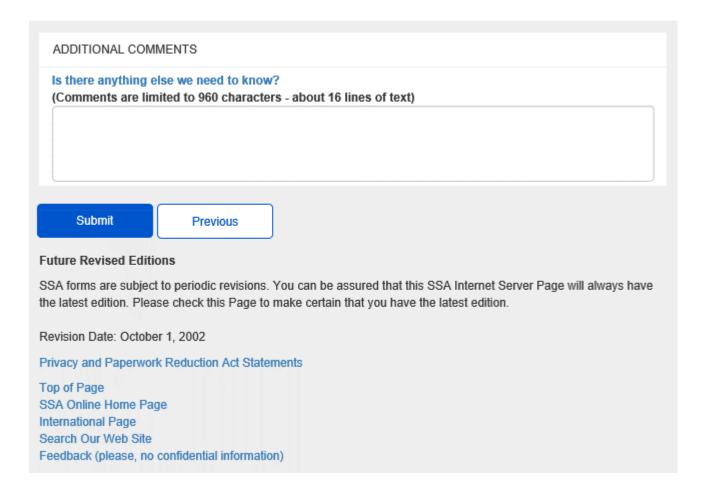
Spain -3 of 5

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 (DNTACT PERSON	
24) Your Name	DNTACT PERSON	
	ONTACT PERSON	
24) Your Name	ONTACT PERSON	

Spain – 4 of 5

address you provided in the sec	or other correspondence mailed to a U.S. address other than the company ction entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receiv	ve Correspondence
30) Company Name (Start wit	th Diagle 4 and use Diagle 2 if passesson)
Block 1	th Block 1 and use Block 2 if necessary) Block 2
Block 1	

Spain -5 of 5



Sweden – 1 of 5



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.

Mi	ddle Initial	2) Last Name
		Year
	Ť	
		Middle Initial Day

Sweden -2 of 5

PERMANENT RESIDENT ADDR	RESS				
8) Street Address (Start with E	Block 1 and use Block	2 if necessa	ry)		
Block 1		Block 2			
9) City		10) State			11) Zip
12) Nature of Activity (e.g. acc	ountant)				
13) Beginning date of Self-Em	ployment assignment	in Sweden			
Month		Day		Year	
	×				
14) Expected ending date of S	elf-Employment assig	nment in Sw Day	reden	Year	
	~				
YOUR U.S. LOCATION 15) Company Name used in th			Block 2 i	f necessary	7)
15) Company Name used in th		k 1 and use Block 2	Block 2 i	f necessary	')
INFORMATION ABOUT THE CO YOUR U.S. LOCATION 15) Company Name used in th Block 1 16) U.S. Street Address (Start Block 1	e U.S. (Start with Bloc	Block 2		f necessary	')
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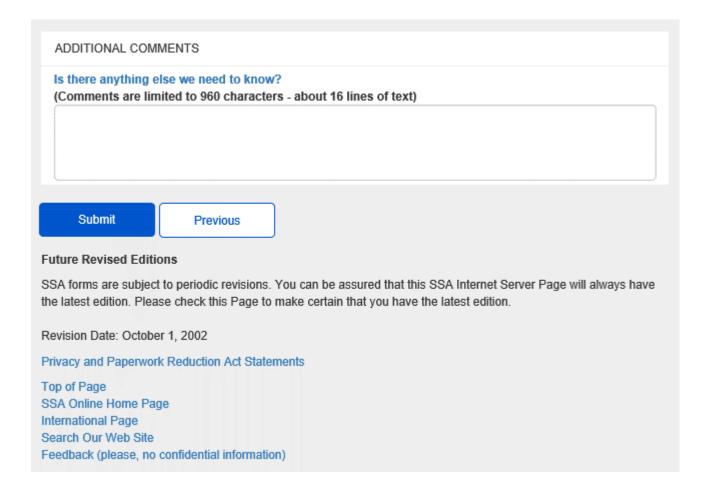
Sweden -3 of 5

Block 1	Block 2	
21) Street Address in Swede	(Start with Block 1 and use Block 2 if necessary)	
Block 1	Block 2	
22) City	23) Postal Code	
) [
	ONTACT PERSON	
24) Your Name	ONTACT PERSON	
24) Your Name	ONTACT PERSON	
INFORMATION ABOUT THE (24) Your Name 25) Your Title 26) Your Telephone Number	ONTACT PERSON	

Sweden – 4 of 5

address you provided in the section	her correspondence mailed to a U.S. address other than the company entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. provided in the YOUR U.S. LOCATION section.
29) Name of Person to Receive Co	prrespondence
30) Company Name (Start with Blo	ock 1 and use Block 2 if necessary)
Block 1	Block 2
Block 1	· ·

Sweden – 5 of 5



Switzerland – 1 of 5



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

PERMANENT RESIDENT AI	DDRESS					
8) Street Address (Start wit	th 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		
	~		~			
		nment in Switz		Year		
	of Self-Employment assig		erland	Year		
Month	~			Year		
Month INFORMATION ABOUT THE	~			Year		
Month INFORMATION ABOUT THE	~			Year		
Month INFORMATION ABOUT THE YOUR U.S. LOCATION	COMPANY	Day	×		y)	
14) Expected ending date of Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1	COMPANY	Day	×		у)	
Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in	COMPANY	Day	×		y)	
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Month INFORMATION ABOUT THE YOUR U.S. LOCATION 15) Company Name used in Block 1 16) U.S. Street Address (St	COMPANY n the U.S. (Start with Bloc	Day k 1 and use Bl Block 2 Block 2 if nece	ock 2 if		у)	
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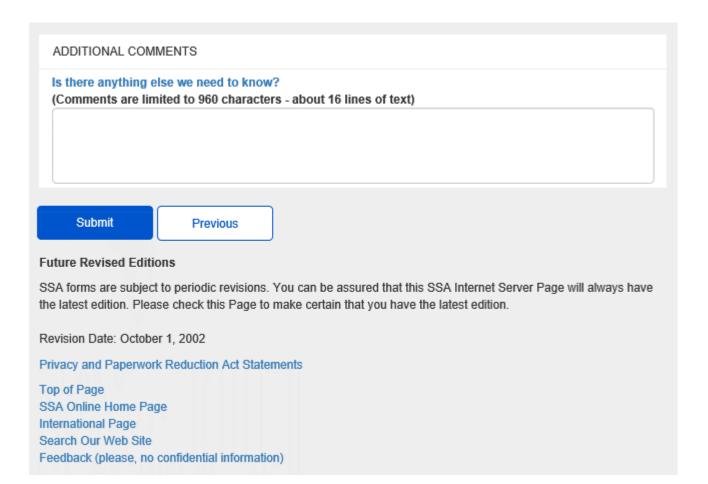
Switzerland – 3 of 5

	Block 2
21) Street Address in Switzer	land (Start with Block 1 and use Block 2 if necessary)
Block 1	Block 2
22) City	23) Postal Code
INFORMATION ABOUT THE C	ONTACT PERSON
24) Your Name	
25) Your Title	
26) Your Telephone Number	

Switzerland – 4 of 5

address you provided in the	te or other correspondence mailed to a U.S. address other than the company section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. ddress provided in the YOUR U.S. LOCATION section.
29) Name of Person to Re	eive Correspondence
·	
30) Company Name (Start	with Block 1 and use Block 2 if necessary)
30) Company Name (Start Block 1	with Block 1 and use Block 2 if necessary) Block 2
	••
Block 1	••
Block 1	Block 2

Switzerland – 5 of 5



United Kingdom – 1 of 5



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.

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		

United Kingdom – 2 of 5

PERMANENT RESIDENT ADD	DRESS			
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. ac	ccountant)			
13) Beginning date of Self-Er	mployment assignment	in the United King	gdom	
Month		Day	Year	
	_		V	
14) Expected ending date of				
		nment in the Unite		
Month	Self-Employment assig	nment in the Unite	ed Kingdom Year	
Month INFORMATION ABOUT THE C	Self-Employment assig	nment in the Unite	ed Kingdom Year	
Month INFORMATION ABOUT THE C	Self-Employment assig	nment in the Unite	ed Kingdom Year	y)
14) Expected ending date of Month INFORMATION ABOUT THE C YOUR U.S. LOCATION 15) Company Name used in the Block 1	Self-Employment assig	nment in the Unite	ed Kingdom Year	y)
Month INFORMATION ABOUT THE C YOUR U.S. LOCATION 15) Company Name used in t	Self-Employment assig	nment in the Unite	ed Kingdom Year	y)
Month INFORMATION ABOUT THE C YOUR U.S. LOCATION 15) Company Name used in a	Self-Employment assig	nment in the United Day k 1 and use Block Block 2	ed Kingdom Year 2 if necessar	y)
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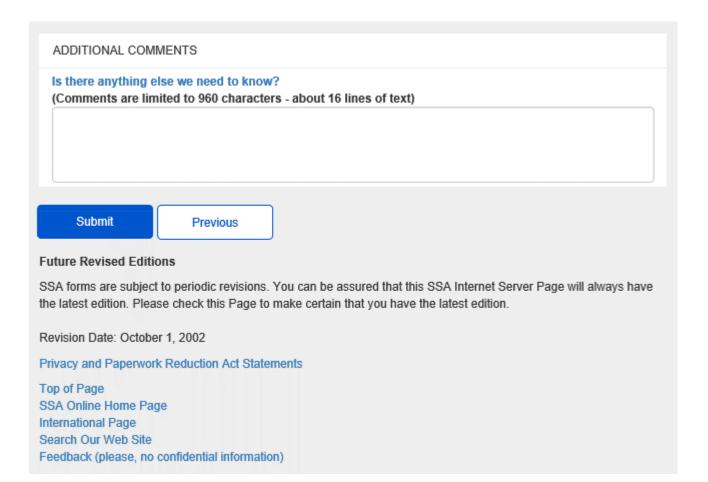
United Kingdom – 3 of 5

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
		24) Postal Code
INFORMATION ABOUT THE C		
22) City INFORMATION ABOUT THE C 25) Your Name 26) Your Title 27) Your Telephone Number	CONTACT PERSON	

United Kingdom – 4 of 5

address you provided in the sec	or other correspondence mailed to a U.S. address other than the company tion entitled "YOUR U.S. LOCATION", please complete blocks 30 thru 35. ess provided in the YOUR U.S. LOCATION section.
30) Name of Person to Receiv	e Correspondence
	Block 1 and use Block 2 if necessary) Block 2
Block 1	

United Kingdom – 5 of 5



Submission Confirmation – 1 of 1



