

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 Select Month of Birth

Day Select Day of Birth

Year Enter Year of Birth

5) Country of Birth

6) Country of Citizenship

7) Country of Permanent Residence

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

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

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

City Address in Poland City

9) Date of Hire

Month Select Month of Hire

Day Select Day of Hire

Year

Enter Year of Hire

10) Country of Hire

11) Beginning date of assignment in Poland

Month Select Month for Beginning Date of Foreign Assignment

Day Select Day for Beginning Date of Foreign Assignment

Year Enter Year for Beginning Date of Foreign Assignment

12) Expected ending date of assignment in Poland

Month Select Month for Ending Date of Foreign Assignment

Day Select Day for Ending Date of Foreign Assignment

Year Enter Year for Ending Date of Foreign Assignment

INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

13) Please select one of the options below

We are a U.S. employer for whom the employee named above will be working directly (for example, in a branch office) while in Poland.

The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a [section 3121\(l\) agreement](#). The date on which the section 3121(l) agreement became effective for this affiliate is:

Month Select Month for Effective Date of the 3121(1) Agreement

Day Select Day for Effective Date of the 3121(1) Agreement

Year Enter Year for Effective Date of the 3121(1) Agreement

YOUR U.S. LOCATION

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

Block 1 U.S. Company Name - this field is mandatory and can include up to 60 characters

Block 2 U.S. Company Name - this field is optional and can include up to 40 characters

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

Block 1 Employer's U.S. Street Address - this field is mandatory and can include up to 30 characters

Block 2 Employer's U.S. Street Address - this field is optional and can include up to 30 characters

16) City Employer's U.S. City - this field is mandatory and can include up to 26 characters

17) State Employer's U.S. State - this field is mandatory and please select from the list

18) Zip Employer's U.S. ZipCode

YOUR LOCATION IN POLAND

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

Block 1 Employer's Company Name in Poland, this field is mandatory and can include up to 60 characters

Block 2 Employer's Company Name in Poland block 2 this field is optional and can include up to 40 characters

20) NIP#/REGON#/PESEL#

NIP Region

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

Block 1 Employer's Polandn Street Address

Block 2 Employer's Polandn Street Address block 2 optional

22) City Employer's Polandn City

23) Postal Code Employer's Polandn Postal Code

INFORMATION ABOUT THE CONTACT PERSON

24) Your Name enter contact person's full name

25) Your Title contact person's title

26) Your Telephone Number contact person's phone number

27) Extension (if any)

28) Your E-Mail Address

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

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

29) Name of Person to Receive Correspondence

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

Block 1 recipient's company name for person

Block 2 recipient's company name block 2 optional

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

Block 1 recipient's Street Address

Block 2 recipient's company street address block 2 optional

32) City recipient's city

33) State Select recipient's state from the list.

34) Zip recipient's zipcode

ADDITIONAL COMMENTS

[Is there anything else we need to know?](#)

(Comments are limited to 960 characters - about 16 lines of text) Optional, additional information,

please explain briefly, You can include up to 960 characters

Future Revised Editions

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

Revision Date: October 1, 2002

[See Revised Privacy Act Statement Attached](#)

[Privacy and Paperwork Reduction Act Statements](#)

- [Top of Page](#)
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- [Search Our Web Site](#)
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SSA will insert the following revised Privacy Act Statement into the screens as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Section 233 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your request for a certificate of coverage.

We will use the information you provide to determine if you are subject to United States social security coverage and taxation. We may also share your information for the following purposes, called routine uses:

- To the Social Security Administration of a foreign country, to carry out the purpose of an international Social Security agreement entered into between the United States and the other country, pursuant to section 233 of the Social Security Act; and
- To any source that has, or is expected to have to have, information that the Social Security Administration needs in order to establish or verify a person's coverage under a Social Security agreement authorized by section 233 of the Social Security Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0059, entitled Earnings Recording and Self-Employment Income System, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1819. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.