



Social Security^(L)

Form Approved:
OMB No. 0960-0554

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

(https://www.ssa.gov/international/agreements_overview.html?tl=8) 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 International Programs (<http://www.ssa.gov/international/>).

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

INFORMATION ABOUT THE EMPLOYEE

Employee's Name

* (required) 1) First Name

Middle Initial

* (required) 2) Last Name

* (required) 3) U.S. Social Security Number

* (required) 4) Date of Birth



* (required) 5) Country of Birth

* (required) 6) Country of Citizenship

* (required) 7) Country of Permanent Residence

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

Block 1

Block 2

City

* (required) 9. Date of Hire



* (required) 10. Country of Hire

* (required) 11. Beginning Date of Assignment in Poland



* (required) 12. Expected Ending Date of Assignment in Poland



INFORMATION ABOUT THE EMPLOYER

AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

* (required) 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 (<http://www.ssa.gov/international/coc-docs/affiliat.html>).

The date on which the section 3121(l) agreement became effective for this affiliate is:



YOUR U.S. LOCATION

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

* (required) Block 1

Block 2

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

* (required) Block 1

Block 2

* (required) 16. City

* (required) 17. State

* (required) 18.

Zip

YOUR LOCATION IN POLAND

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

* (required) Block 1

Block 2

* (required) 20. NIP#/REGON#/PESEL#

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

* (required) Block 1

Block 2

* (required) 22. City

* (required) 23. Postal Code

INFORMATION ABOUT THE CONTACT PERSON

* (required) 24. Your Name

25. Your Title

* (required) 26. Your Telephone Number

27. Extension (if any)

* (required) 28. Your E-Mail Address (you will be notified by e-mail when your request is approved)

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 29 thru 34. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

29) Name of Person to Receive Correspondence

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

Block 1

Block 2

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

Block 1

Block 2

32) City

33) State

34) Zip

ADDITIONAL COMMENTS

Is there anything else we need to know?

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

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

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