

CERTIFICATE CONCERNING THE AGGREGATION OF PERIODS OF INSURANCE, EMPLOYMENT OR RESIDENCE

Sickness – maternity – death (grant) – invalidity

Regulation (EEC) No 1408/71: Article 9(2); Article 18(1); Article 38(1); Article 64
Regulation (EEC) No 574/72: Article 6(2); Article 16; Article 39(1) and (2); Article 79

The competent institution should complete Part A of the form and send two copies to the institution of the Member State to whose legislation the person concerned was last subject. The latter institution should complete Part B and return the form to the institution from which it received the form. If the form is drawn up at the request of the person concerned, the institution issuing the form should complete parts A.2 and B and give or send the form to the person concerned.

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out.

Part A

1. Institution to which the form is addressed

1.1 Name:

1.2 Identification number of the institution:

1.3 Address:
.....

2. Insured person

2.1 Surname(s)⁽²⁾:

2.2 Forename(s)⁽³⁾: Date of birth:

2.3 Previous name(s):

2.4 Personal identification number:

2.5 From the date stated at 3.1, the insured person has been pursuing an occupation as:
 an employed person a self-employed person in ⁽⁴⁾

2.6 Name of last employer
 Last occupation as a self-employed person
.....
Address:

2.7 Previous employers: (name and address)
.....
 Previous occupations as a self-employed person:

3. In order to act on a claim submitted by the insured person mentioned above, please indicate the periods of insurance, employment or residence completed by him

3.1 from

3.2 under the legislation of your country, for the following risk:

sickness and maternity⁽⁵⁾ death (grant) invalidity⁽⁶⁾

4. Competent institution

4.1 Name:

4.2 Identification number of the institution:

4.3 Address:

4.4 Stamp

4.5 Date:

4.6 Signature:

Part B

5. The person indicated in box 2

5.1 has been insured for the risk of sickness-maternity since the date stated at 3.1 (7)

5.2 has completed since

6. the following periods of insurance or employment for the following benefits: (5)

6.1 from to (8) for (9) the risk of (10)

6.2 from to (8) for (9) the risk of (10)

6.3 from to (8) for (9) the risk of (10)

6.4 from to (8) for (9) the risk of (10)

6.5 from to (8) for (9) the risk of (10)

6.6 from to (8) for (9) the risk of (10)

6.7 from to (8) for (9) the risk of (10)

6.8 from to (8) for (9) the risk of (10)

6.9 from to (8) for (9) the risk of (10)

6.10 from to (8) for (9) the risk of (10)

7. the following periods of residence:

7.1 from to (8) for (9) the risk of (10)

7.2 from to (8) for (9) the risk of (10)

7.3 from to (8) for (9) the risk of (10)

7.4 from to (8) for (9) the risk of (10)

7.5 from to (8) for (9) the risk of (10)

7.6 from to (8) for (9) the risk of (10)

7.7 from to (8) for (9) the risk of (10)

7.8 from to (8) for (9) the risk of (10)

7.9 from to (8) for (9) the risk of (10)

7.10 from to (8) for (9) the risk of (10)

8. Institution completing part B

8.1 Name:

8.2 Identification number of the institution:

8.3 Address:

8.4 Stamp

8.5 Date:

8.6 Signature:

NOTES

- (¹) Symbol of the country to which the institution which first completes the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (²) Indicate the surnames in the order of civil status.
- (³) Indicate the forenames in the order of civil status
- (⁴) Indicate the State.
- (⁵) Only if the form is addressed to a Belgian, French, Greek, Liechtenstein or Swiss institution, indicate the risk covered by using the following codes: N = benefits in kind, E = benefits in cash.
- (⁶) For the purposes of French and Latvian institutions.
- (⁷) Complete only if the competent institution is a Belgian institution.
- (⁸) If the certificate is intended for a Belgian, Czech, Greek, Latvian, Lithuanian, Polish or Liechtenstein institution, indicate whether the periods of activity were as an employed person or as a self-employed person by using the following code: D = employed person; I = self-employed person.
If the certificate is intended for a German, Lithuanian, Luxembourgish or Polish institution, indicate the insurance periods in section 7 using the following codes: P = compulsory insurance; F = voluntary insurance.
- (⁹) Indicate the risk covered by using the following code:
A = sickness and maternity; B = death (grant); O = invalidity.
- (¹⁰) If the competent institution is a Cypriot, German, Irish, Hungarian, Austrian or UK institution, put a cross in this box if the period of insurance or the period of residence corresponds to a period of actual employment and indicate the type of employment or self-employment.
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