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DECISION No 158
of 27 November 1995
on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and
(EEC) No 574/72 (E 201 to E 215)
(Text with EEA relevance)
(96/732/EC)
(OJ L 336, 27.12.1996, p. 1)

Amended by:

	Official Journal		
	No	page	date
► <u>M1</u> Decision 2001/70/EC No 180 of 15 February 2000	L 23	33	25.1.2001



DECISION No 158
of 27 November 1995

on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E 201 to E 215)

(Text with EEA relevance)

(96/732/EC)

THE ADMINISTRATIVE COMMISSION OF THE EUROPEAN COMMUNITIES ON SOCIAL SECURITY FOR MIGRANT WORKERS,

Having regard to Article 81 (a) of Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their family moving within the Community, pursuant to which it is the duty of the Administrative Commission to deal with all administrative matters arising from Regulation (EEC) No 1408/71 and subsequent regulations,

Having regard to Article 2 (1) of Council Regulation (EEC) No 574/72 of 21 March 1972, pursuant to which it is the duty of the Administrative Commission to draw up models of certificates, certified statements, declarations, applications and other documents necessary for the application of the Regulations,

Having regard to Decision No 130 of 17 October 1985 laying down and adapting the model forms necessary for the application of the Regulations,

Whereas the model forms should be adapted for the purpose of taking account of Regulation (EEC) No 1248/92 amending the provisions regulating the award and calculation of pension;

Whereas the Agreement on the European Economic Area of 2 May 1992, as adjusted by the Protocol of 17 March 1993, Annex VI, implements Regulations (EEC) No 1408/71 and (EEC) No 574/72 within the European Economic Area;

Whereas by Decision of the EEA Joint Committee the model forms necessary for the application of Regulations (EEC) No 1408/71 and (EEC) No 574/72 will be adapted and implemented within the European Economic Area;

Whereas for practical reasons identical forms should be used within the Community and within the European Economic Area;

Whereas these model forms should be adapted with a view to their utilization in the Community as enlarged through the accession of Austria, Finland and Sweden;

Whereas these model forms should be adapted for the purpose of taking account of the amendments which have been introduced into the national legislation of Member States;

Whereas the language in which the forms should be drawn up has been decided by recommendation No 15 of the Administrative Commission,

HAS DECIDED AS FOLLOWS:

1. The model forms E 201 to E 215 printed in Decision No 130 of 17 October 1985 shall be replaced by the models appended hereto, with the following adjustments:
 - (a) model forms E 201, E 202, E 203, E 204, E 205 (Belgium, Denmark, Germany, Greece, Spain, France, Ireland, Italy, Luxembourg, the Netherlands, Portugal and the United Kingdom), E 206, E 207, E 210, E 211, E 212, E 213 and E 215 are amended;
 - (b) model forms E 208, E 209 and E 214 are repealed;
 - (c) model forms E 205 (Austria, Finland, Sweden, Iceland, Liechtenstein and Norway) are introduced.

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2. The competent authorities of the Member States shall make available to the person concerned (rightful claimants, institutions, employers, etc.) the forms according to the attached models.
3. Each form shall be available in the official languages of the Community and laid out in such manner that the different versions are perfectly superposable, thereby making it possible for each person or body to which a form is addressed (rightful claimant, institution, employer, etc.) to receive the form printed in their own language.
4. This Decision shall be applicable from the first day of the month following its publication in the *Official Journal of the European Communities*.

The Chairman of the Administrative Commission
Carlos GARCÍA DE CORTÁZAR Y NEBREDÁ



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' overleaf

E 201

☐

(¹)

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

Reg. 1408/71: Art. 9.2; Art. 15.3

Reg. 574/72: Art. 6.2

This certificate should be drawn up at the request of the person concerned by the institution or institutions of the Member States where he/she was insured. He/she should send it to the institution of the Member State in question with a view to his/her admission to voluntary or optional continued insurance for invalidity, old age and death (pension).

1	Insured person			
1.1	Surname (^{1a})			
1.2	Forenames	Previous names (^{1a})	Place of birth (²)	
1.3	Date of birth	Sex	Nationality (³)	D.N.I. (⁴)
1.4	Address (⁵)			
1.5	Insurance No			

2	Last employment entailing compulsory insurance (⁶)			
2.1	<input type="checkbox"/> Type of occupation as employed person			
2.2	Name of employer or firm			
2.3	<input type="checkbox"/> Type of occupation as self-employed person			
2.4	Address (⁵)			

3	The worker named in box 1		<input type="checkbox"/> is	<input type="checkbox"/> was	insured by us
	from/to	periods (⁷)	as (⁶) (⁸)	type of insurance (⁹)	for the risk of (¹⁰)
	/				
	/				
	/				
	/				
	/				

4	The worker named in box 1 completed the following periods of residence (¹¹)				
	from	to	Duration		
			Years	Months	Days

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5	(¹²)
5.1	The person concerned <input type="checkbox"/> has <input type="checkbox"/> has not submitted an application in another Member State for registration for voluntary or optional continued insurance. If he/she has, state
5.2	the country
5.3	the risk (¹⁰)

6	(⁸)
6.1	The person concerned <input type="checkbox"/> receives <input type="checkbox"/> does not receive
6.2	<input type="checkbox"/> an invalidity pension
6.3	<input type="checkbox"/> an old-age pension
6.4	<input type="checkbox"/> a survivor's pension
6.5	Date from which pension is paid

7	Institution issuing the certificate
7.1	Name
7.2	Address (⁵)
7.3	Stamp
7.4	Date
7.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (¹) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (^{1a}) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (²) In the case of Portuguese districts state also the parish and the local authority.
- (³) Where applicable, indicate the date of naturalization.
- (⁴) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, indicate 'None'.
- (⁵) Street, number, post code, town, country, telephone number.
- (⁶) If the certificate is issued by a Belgian, French, Irish, United Kingdom or Norwegian institution, the information given is based on particulars supplied by the worker himself. In Norway the information concerning employees may be checked in a register of employers/employees.
- (⁷) Indicate the number of quarters, months, weeks, days, in accordance with the provisions of national legislation.
- (⁸) Complete only if the form is being sent to a German, Greek, Spanish, Luxembourg, Austrian, Liechtenstein or Norwegian institution.
- (⁹) Indicate the type of insurance by using the following symbols:
A = compulsory
B = voluntary
C = optional continued.
- (¹⁰) Indicate the risks covered by using the following symbols:
D = invalidity
E = old age
F = death.
- (¹¹) Complete only if the certificate is issued by a Danish, Finnish, Swedish, Icelandic or Norwegian institution.
- (¹²) In Norway this information must be given by the insured person.

See 'Instructions' on pages 8 and 9

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(1)

Country	Identification No (2)	Institution concerned (where applicable, liaison body)
1)		
2)		
3)		
4)		
5)		

Reg. 1408/71: Art. 44 to 50: Art. 77

Req. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90(**); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the employed or self-employed person has been insured (institutions concerned) or to the liaison body.

1	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name
1.2	Address ⁽³⁾

2

2.1	Surname ⁽⁵⁾						
2.2	Surname at birth ⁽⁵⁾						
2.3	Forenames ⁽⁶⁾						
2.4	Previous names ⁽⁷⁾						
2.5	Sex ⁽⁸⁾						
2.6	Father's surname and forenames ⁽⁹⁾						
2.7	Mother's surname and forenames ⁽⁹⁾						
2.8	Civil status						
	<input type="checkbox"/> single	<input type="checkbox"/> divorced ⁽¹⁰⁾	<input type="checkbox"/> separated				
		since ⁽¹¹⁾	since ⁽¹¹⁾				
	<input type="checkbox"/> married since ⁽¹¹⁾	<input type="checkbox"/> remarried ⁽¹⁰⁾	<input type="checkbox"/> widow or widower				
		since ⁽¹¹⁾	since ⁽¹¹⁾				
	<input type="checkbox"/> cohabiting since ^{(12) (4)}						
2.9	Taxpayer's number ⁽¹³⁾	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>					
	Code of tax district	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>					
2.10	Sofi number ⁽¹⁴⁾	<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>					

3	Nationality ⁽¹⁵⁾	D.N.I. ⁽¹⁶⁾
---	-----------------------------------	------------------------------

4	Details of birth
4.1	Date of birth ⁽¹⁷⁾
4.2	Place of birth ⁽¹⁸⁾
4.3	Province, department, county ⁽¹⁹⁾
4.4	Country ⁽²⁰⁾

(**) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

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5	Address and bank particulars		
5.1	Address ⁽³⁾ ⁽²¹⁾ ⁽²²⁾		
5.2	Bank particulars or address for direct payment		
	Name of the beneficiary as recognized by the bank		
	Name of the bank		
	Address of the bank		
	Bank identification code		
	Bank account		

6			
6.1	Insurance No at the investigating institution		
6.2	Reference No of file at the investigating institution		

7			
7.1	<input type="checkbox"/> The insured person is still pursuing gainful employment	<input type="checkbox"/> as an employed person	<input type="checkbox"/> as a self-employed person
		<input type="checkbox"/> entailing compulsory pension insurance cover ⁽²³⁾	
7.2	<input type="checkbox"/> The insured person ceased to pursue gainful employment	<input type="checkbox"/> as an employed person	<input type="checkbox"/> as a self-employed person since
7.3	<input type="checkbox"/> The insured person intends to retire from gainful employment	<input type="checkbox"/> as an employed person	<input type="checkbox"/> as a self-employed person on
7.4	<input type="checkbox"/> The insured person intends to take up gainful employment ⁽²⁴⁾		
	<input type="checkbox"/> as an employed person	<input type="checkbox"/> as a self-employed person (state nature of activity)	
7.5	Amount <input type="checkbox"/> of salary	<input type="checkbox"/> of professional income	<input type="checkbox"/> of other income
 ⁽²⁵⁾		
7.6	Nature of other income		
7.7	<input type="checkbox"/> The claimant states that he/she has no income ⁽²⁶⁾		

8			
8.1	The insured person	has applied for the following benefits	is receiving the following benefits
8.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Invalidity pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Old-age pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Survivor's pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.8	Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
8.9	Pension-type benefit payable under compulsory motor insurance (road accident indemnity) ⁽²⁸⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.10	Unemployment benefits or early retirement benefit	<input type="checkbox"/>	<input type="checkbox"/>
8.11	Family benefit ⁽²⁹⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.12	Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
8.13	Transfer of contributions ⁽³⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.14	Other benefits (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.15	Institutions responsible for paying the benefits indicated in 8.3 to 8.11 (name, address ⁽³⁾)		
	8.....		
	8.....		
	8.....		
	8.....		

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8.16 Additional information on the benefits listed in 8.3 to 8.10

Re benefits in item	File reference No	Period or date on which due	Amount
8			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
8			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
8			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
8			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual

8.17 The following are regarded as advances on the pension claimed

☐ sickness insurance benefits for incapacity for work☐ unemployment benefits☐

8.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution

☐ Yes☐ No☐ Not yet determined8.19 The benefit referred to in 8.6 or 8.7 is based on ⁽³¹⁾:☐ the claimant's own insurance periods: see E 205☐ insurance periods completed by the (former) spouse: see E 205

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9	Additional information for the application of provisions on overlapping benefits	
9.1	When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined	
9.2	The pension calculated by the investigating institution may be reduced <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined — because one or several of the benefits specified at point 8 are taken into account 8 8 8 8 — because of income other than the benefits specified at point 8 <input type="checkbox"/> income from employment/self-employment <input type="checkbox"/> other (32)	
9.3	The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210) <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.4	The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions <input type="checkbox"/> Yes <input type="checkbox"/> No	

10	Information to be supplied if the form is to be sent to Danish (10.1, 10.2 and 10.3), German, Greek, Spanish, Austrian (10.1 and 10.2), French (10.1, 10.2 and 10.4), Icelandic (10.2 and 10.3), Portuguese, Finnish or Norwegian (10.2) institutions	
10.1	The claimant ⁽³³⁾ <input type="checkbox"/> declares that he/she is unfit for work (see medical report enclosed) <input type="checkbox"/> declares that he/she is not unfit for work	
10.2	The claimant ⁽³³⁾ ⁽³⁴⁾ <input type="checkbox"/> declares that he/she needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed) <input type="checkbox"/> declares that he/she does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life <input type="checkbox"/> declares that his or her functional capacity has on account of an illness or injury diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided or that the illness or injury imposes an added long-term financial strain ⁽²⁸⁾	
10.3	The claimant ⁽³³⁾ <input type="checkbox"/> declares that he/she does not have sufficient means of subsistence	
10.4	The investigating institution awards an increase in benefits to the extent that the applicant is incapable of carrying out normal day-to-day activities unaided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined — In addition to the benefit referred to at point 8, the applicant receives an additional benefit if he/she is incapable of carrying out normal day-to-day activities — The additional benefit may be reduced if a similar benefit is granted by another institution concerned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined	

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B. Information concerning the members of the insured person's family ⁽⁴⁾

11	<input type="checkbox"/> Spouse		<input type="checkbox"/> Cohabiting partner ⁽¹²⁾ ⁽³⁵⁾	
11.1	Surname ⁽⁵⁾			
11.2	Forenames		Previous names	
11.3	Date of birth		Place of birth ⁽¹⁸⁾	
11.4	Nationality			
11.5	Address ⁽³⁾			
11.6	Sofi number ⁽¹⁴⁾			
11.7	Date of marriage/cohabiting			
11.8	The spouse/partner		<input type="checkbox"/> pursues <input type="checkbox"/> does not pursue gainful employment	
11.9	If in the affirmative, state amount of <input type="checkbox"/> weekly earnings ⁽³⁶⁾ <input type="checkbox"/> annual earnings ⁽³⁷⁾			
11.10	The spouse/partner aged between 60 and 65 declares himself/herself <input type="checkbox"/> fit for work <input type="checkbox"/> unfit for work ⁽³³⁾			
11.11	The spouse/partner <input type="checkbox"/> has submitted a claim for a pension under the scheme for <input type="checkbox"/> receives a pension under the scheme for <input type="checkbox"/> does not receive a pension Where appropriate, indicate			
11.12	Type of pension ⁽³⁸⁾		<input type="checkbox"/> employed persons <input type="checkbox"/> self-employed persons <input type="checkbox"/> all residents	
11.13	Pension No ⁽¹⁶⁾			
11.14	Institution responsible for payment			
11.15	Amount		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual	
11.16	The spouse/partner <input type="checkbox"/> unemployment <input type="checkbox"/> sickness <input type="checkbox"/> invalidity		<input type="checkbox"/> receives <input type="checkbox"/> does not receive other benefits ⁽³⁹⁾ <input type="checkbox"/> other	
11.17	Date of commencement			
11.18	Amount		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual	
11.19	Other known resources		Type Amount ⁽⁴⁰⁾	
11.20	The benefit referred to in 11.11 is based on ⁽³¹⁾ : <input type="checkbox"/> the claimant's own insurance periods: see E 205 <input type="checkbox"/> insurance periods completed by the (former) spouse: see E 205			

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12	Children			
12.1	Surname ⁽⁵⁾	Forenames	Place and date of birth, marriage or death ⁽⁴¹⁾	Relationship (i.e.: legitimate, illegitimate, foster child)
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
12.2	The following institution is competent to grant benefits pursuant to Art. 77 of Reg. 1408/71			
	<input type="checkbox"/> the investigating institution			
	<input type="checkbox"/> the institution designated as follows			
12.3	The investigating institution			
	<input type="checkbox"/> for the children referred to in line Nos of item 12.1,			
	is granting benefits until inclusive			
	amount of pension increase and family allowance per child ⁽⁴²⁾			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos of item 12.1 ⁽⁴³⁾			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address ⁽³⁾ ⁽⁴⁴⁾			
12.5	Remarks ⁽⁴⁵⁾ ⁽⁴⁶⁾			

C. Miscellaneous information

13	<input type="checkbox"/> Date of submission of this claim
	<input type="checkbox"/> Date chosen by claimant for commencement of pension payments
	<input type="checkbox"/> Date from which the pension is payable in the country of the investigating institution
	The claimant has asked for payment ⁽⁴⁷⁾
	<input type="checkbox"/> directly in the State of residence
	<input type="checkbox"/> to a representative in the State of origin
	Additional information for the purposes of the Finnish institutions
	<input type="checkbox"/> The claimant wishes to have the decision <input type="checkbox"/> in Finnish <input type="checkbox"/> in Swedish

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14 The claimant ☐ has requested ☐ has not requested
 deferment of the calculation of an old-age pension to which he/she would be entitled.
 Where appropriate, indicate the country

15 ☐ The investigating institution ☐ pays ☐ does not pay
 benefits on a provisional basis under Art. 45.1 of Reg. 574/72
 15.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2
 of Reg. 574/72

16 ☐ There are grounds ☐ There are no grounds
 for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72
 16.1 Any pension arrears
☐ can ☐ cannot
 be paid direct to the beneficiary

17.1 Attached forms ☐ E 205 ☐ E 206 ☐ E 207 ⁽⁴⁸⁾

17.2 Please send us your ☐ E 205 ☐ E 210 ☐ Decision ☐ Arrears

Remarks

18 Investigating institution

18.1 Name

 18.2 Address ⁽³⁾

 18.3 Stamp

 18.4 Date
 18.5 Signature

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INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of 9 pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) Where the form is being sent to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the Finnish population register number; to a Swedish institution, indicate the Swedish personal number; to an Icelandic institution, indicate the Icelandic personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Norwegian institution, indicate the Norwegian personal identification number (fødselsnummer).
- (3) Street, number, post code, town, country, telephone number.
- (4) For the purpose of Norwegian institutions, complete also form E 202/additional page No 3.
- (5) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The 'surname at birth' must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (6) Give all forenames in the order in which they appear on the birth certificate.
- (7) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (8) Put M for male and F for female.
- (9) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (10) Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Liechtenstein or Norwegian institution. If the sending institution does not have this information available, the competent institution should contact the person concerned directly.
- (11) For the purposes of Belgian, United Kingdom and Liechtenstein institutions, specify also the date beside the corresponding box.
- (12) For the purposes of Netherlands, Finnish, Icelandic and Norwegian institutions, this information is based on a statement from the person concerned.
 Under the Netherlands General Law on Old-Age Insurance the following persons are also regarded as 'married' or 'spouse': unmarried persons of the same or different sexes who are living in a joint household on a permanent basis, unless they are persons who are blood relations of first or second degree. A joint household means that two unmarried persons are jointly providing for their housing with each contributing to the costs of the household or providing for each other's upkeep in another way.
- (13) To be completed only if the form is to be forwarded to a Portuguese institution.
- (14) To be completed for the purposes of Netherlands institutions, if known.
- (15) Where appropriate, indicate the date of naturalization.
- (16) In the case of Spanish nationals, state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (17) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (18) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority. In the case of Netherlands towns state also the name of the municipality.
- (19) This information is obligatory for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (20) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (21) If the form is being sent to a German, Austrian or Liechtenstein institution, state — if applicable — the address of the legal representative (legal counsellor, guardian, curator ...) in the box below.

Address (3)



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- (22) If the form is being sent to a Danish, Finnish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below.

Address (3)	.....

- (23) For the purposes of Spanish institutions.
- (24) Complete if the form is being sent to a Belgian, German, Spanish, Irish, Luxembourg, Portuguese, Austrian or Norwegian institution.
- (25) Complete if the form is being sent to a Belgian, Danish, French, Italian, Luxembourg, Austrian, Icelandic or Norwegian institution (annual amount) or to a Greek or Portuguese institution (monthly amount). If the form is being sent to an Italian institution, indicate all income except for the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (26) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational diseases or purely assistance benefits.
- (27) For the purposes of Liechtenstein institutions indicate also if the insured person applied
☐ or received ☐ the pension of the occupational scheme as cash compensation.
- (28) For the purposes of Finnish institutions.
- (29) Complete if the form is being sent to an Italian institution.
- (30) For the purposes of Liechtenstein institutions.
- (31) To be completed for Netherlands institutions.
- (32) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (33) The Greek, Spanish, French and Austrian institutions may subsequently request an E 213 form.
- (34) For the purposes of Portuguese institutions, complete also form E 202/additional page No 2.
- (35) For the Netherlands institutions a form E 205 for the (former) spouse/partner should be submitted at the same time.
- (36) Complete also if the form is being sent to an Irish, Austrian or United Kingdom institution.
- (37) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Italian, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution. For the purposes of Netherlands institutions also add proof.
- (38) For Spanish, French, Austrian or Liechtenstein institutions, indicate the nature of the risk (invalidity, old age) and the type of entitlement (direct or indirect).
- (39) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- (40) Complete if the form is being sent to a Danish, Spanish, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).
- (41) Indicate with the following symbols which date you are referring to: * birth, ⊕ marriage, † death.
- (42) Provide details of rates from date of pension award with any subsequent change of rate.
- (43) Complete form E 202/additional page No 1 if the form is being sent to an Italian or Norwegian institution. Additional information is also given on additional page No 1 if the institution concerned specially asked for it.
- (44) Indicate the common address. If any of the children live at a different address, indicate in the box below.

Surname and forenames	.....
Address (3)	.....

- (45) For the purposes of Spanish institutions, state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives an invalidity pension in his or her own right.
- (46) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. For the purposes of a Liechtenstein institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25.
- (47) Complete if the form is being sent to an Italian or Greek institution.
- (48) If form E 202 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.

▼B

E 202 additional page No 1

ITEM 12 'CHILDREN'
ADDITIONAL INFORMATION
 (complete a separate page for each child)

- 1 ☐ The child named in line No of item 12.1
☐ pursues gainful employment ☐ does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state
 Type of occupation (employed or self-employed)
 Amount of income ⁽¹⁾ per ☐ week ☐ month ☐ year
- 2 ☐ The child named in line No of item 12.1
☐ has other sources of income ☐ does not have any other sources of income
- 2.1 If the answer is in the affirmative, please specify
 — nature of income
☐ social security benefits
 amount per ☐ week ☐ month ☐ year
☐ other income ⁽²⁾
 amount per ☐ week ☐ month ☐ year
- 3 In respect of the child named in line No of item 12.1 the following person
 (surname, forename)
 (address)

 is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade
 (Art. 79.3 of Reg. 1408/71)
 Amount
 Commencing on
- 3.1 The following institutions are responsible for paying these family benefits or allowances:
 (name)
 (address)

 (name)
 (address)

- 4 The child named in line No of item 12.1 is unfit for work. Form E 404 is enclosed.

⁽¹⁾ All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

⁽²⁾ 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).

▼ **B**

E 202 additional page No 2

ITEM 10.2
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname

Forenames

1.2 Address (street, number, post code, district, country)

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

3 Has the need for assistance been caused by a third party?

☐ Yes

☐ No

4 Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?

☐ Yes

☐ No

4.1 Name and address of paying institution

.....

4.2 Monthly amount

.....

▼B

E 202 additional page No 3

ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

- 1 The claimant has applied for is receiving
- 1.1 Basic benefit covering extra expenses due to permanent illness ☐ ☐
- 1.2 Assistance benefit ☐ ☐

- 2 The spouse
- ☐ has applied for a pension as a non-working person
- ☐ is receiving a pension as a non working person
- ☐ is not receiving a pension as a non-working person

3 Children

- 3.1 Are all of the children supported by the claimant? ☐ Yes ☐ No

If 'No', state the name of the child (children) and the amount of the child's income per year

.....

- 3.2 If the parents are married
- Do all the children live with both parents? ☐ Yes ☐ No

If 'No', state which child (children)

.....

- 3.3 If the parents are not married
- Do all the children live with both parents? ☐ Yes ☐ No

If 'Yes', give information about the other parent

Name

Date of birth

Income per year (All kinds. Specify)

.....

Name of the child (children) if not all children are concerned

.....

.....

4 Cohabiting partner

- 4.1 Has the claimant previously been married to the cohabiting partner?

☐ Yes ☐ No

- 4.2 Does the claimant have or has he/she had children by the cohabiting partner?

☐ Yes ☐ No



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on pages 7, 8 and 9

E 203

☐ (1)

Country	Identification No (2)	Institution concerned (where applicable, liaison body)
1)		
2)		
3)		
4)		
5)		

INVESTIGATION OF A CLAIM FOR A SURVIVOR'S PENSION

Reg. 1408/71: Art. 44 to 50; Art. 78

Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (**); Art. 111

The investigating institution should complete the form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name
1.2	Address (3)

A. Information concerning the deceased insured person

2			
2.1	Surname (4)	.....
2.2	Surname at birth (4)	.....
2.3	Forenames (5)	.....
2.4	Previous names (6)	.....
2.5	Sex (7)	.....
2.6	Father's surname and forenames (8)	.....
2.7	Mother's surname and forenames (8)	.....
2.8	Civil status:		
	<input type="checkbox"/> single	<input type="checkbox"/> divorced (9)	<input type="checkbox"/> separated
		since (10)	since (10)
	<input type="checkbox"/> married since (10)	<input type="checkbox"/> remarried (9)	<input type="checkbox"/> widow or widower
		since (10)	since (10)
	<input type="checkbox"/> cohabiting since (11)		

3	Nationality (12)	D.N.I. (13)
----------	------------------------	-------------------

4	Details of birth
4.1	Date of birth (14)
4.2	Place of birth (15)
4.3	Province, department, country (16)
4.4	Country (17)

5	Last address of the deceased insured person (3) (18)
.....	
.....	

(**) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

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6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution

- 7 On the date of death, the insured person
- ☐ was still pursuing ☐ no longer pursued gainful employment

8	
8.1	Date and place of death
8.2	Death ⁽¹⁹⁾ <input type="checkbox"/> is assumed <input type="checkbox"/> is not assumed
	to have been the result of an accident at work ⁽²⁰⁾ or of an occupational disease
8.3	Death ⁽²¹⁾ <input type="checkbox"/> is assumed <input type="checkbox"/> is not assumed
	to have been caused by a third party
8.4	Death ⁽²²⁾ <input type="checkbox"/> is assumed <input type="checkbox"/> is not assumed
	to have been the result of a road accident (compulsory motor insurance) ⁽²²⁾
8.5	In the case of a missing person <input type="checkbox"/> date last heard of
	<input type="checkbox"/> date of death officially presumed ⁽²³⁾ ⁽²⁴⁾

9	
9.1	At the date of his/her marriage, the insured person ⁽²⁵⁾ <input type="checkbox"/> was <input type="checkbox"/> was not
	receiving a pension under the scheme for <input type="checkbox"/> employed persons <input type="checkbox"/> self-employed persons
9.2	At the date of his/her death, the insured person <input type="checkbox"/> was <input type="checkbox"/> was not
	receiving a pension under the scheme for <input type="checkbox"/> employed persons <input type="checkbox"/> self-employed persons
	<input type="checkbox"/> all residents
9.3	At the time of death, the deceased (employed person) <input type="checkbox"/> was <input type="checkbox"/> was not
	insured under legislation for survivor's insurance ⁽²⁶⁾
	Where appropriate, indicate
9.4	— Type of pension
9.5	— Pension No
9.6	— Institution responsible for payment of pension
9.7	— Date from which the pension was due
9.8	— Date when payment ceased, where applicable
9.9	The benefit referred to in 9.4 is based on ⁽²⁶⁾
	<input type="checkbox"/> the claimant's own insurance periods, see E 205
	<input type="checkbox"/> insurance periods completed by the (former) spouse, see E 205

- 10 The deceased insured person ☐ had requested ☐ had not requested
- deferment of the calculation of an old-age pension to which he/she would have been entitled.
- (Where appropriate, indicate the country

- 10.1 The deceased insured person ☐ the spouse
- ☐ had requested ☐ had obtained
- ☐ refund of contributions
- ☐ transfer of contributions
- ☐ lump-sum payment of the deceased person's insurance

▼ **B****E 203****B. Information concerning the claimants**

11	<input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Other claimants, excluding children ⁽²⁷⁾ ⁽²⁸⁾ ⁽²⁹⁾												
11.1	Surname ⁽⁴⁾												
11.2	Forenames	Previous names	Place of birth ⁽¹⁵⁾										
11.3	Date of birth	Nationality	D.N.I. ⁽¹³⁾										
11.4	Address ⁽³⁾ ⁽³⁰⁾												
11.5	Bank particulars or address for direct payment												
	Name of the beneficiary as recognized by the bank												
	Name of the bank												
	Address of the Bank												
	Bank identification code												
	Bank account												
11.6	Taxpayer's number ⁽³¹⁾ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
	Code of tax district <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
	Sofi number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ⁽³²⁾												
11.7	Date of marriage with the deceased insured person												
11.8	Do the spouses have or have they had a child in common (either natural or adopted children) ⁽³³⁾												
	<input type="checkbox"/> Yes <input type="checkbox"/> No												
11.9	Where applicable, date of <input type="checkbox"/> separation from bed and board ⁽³⁴⁾ <input type="checkbox"/> divorce												
11.10	Where applicable, date of remarriage												
11.11	Surname and forenames of other spouse(s) ⁽³⁵⁾												
11.12	Is the widow/widower living together with another person as husband and wife ⁽¹¹⁾												
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known												
11.13	Relationship and civil status (for claimants other than the widow or widower)												

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12	The person named in box 11		
12.1	<input type="checkbox"/> is engaged in	<input type="checkbox"/> is not engaged in gainful employment	
12.2	<input type="checkbox"/> is	<input type="checkbox"/> is not self-employed	
12.3	<input type="checkbox"/> states that he/she has no income ⁽³⁶⁾		
12.4	Where appropriate, state amount of annual income ⁽³⁷⁾ in		
12.5	The person named in box 11		
12.6	<input type="checkbox"/> was	<input type="checkbox"/> was not a dependant of the deceased insured person ⁽³⁸⁾	
12.7	<input type="checkbox"/> is	<input type="checkbox"/> is not	
	<input type="checkbox"/> permanently unfit for work		
	<input type="checkbox"/> temporarily unfit for work, namely for more than three months ⁽³⁹⁾		
12.8	<input type="checkbox"/> needs ⁽⁴⁰⁾	<input type="checkbox"/> does not need someone in constant attendance ⁽⁴¹⁾	
12.9	The person named in box 11 has applied for is receiving		
	Basic benefit covering extra expenses due to permanent illness	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance benefit	<input type="checkbox"/>	<input type="checkbox"/>
	Educational training benefit for widows/widowers	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit covering expenses for care of children due to the widow's/widower's work or education	<input type="checkbox"/>	<input type="checkbox"/>
12.10	The person named in box 11		
	<input type="checkbox"/> receives a pension from	..... to	
	<input type="checkbox"/> does not receive a pension	<input type="checkbox"/> may qualify for a (survivor's) pension	
12.11	Type of pension ⁽⁴²⁾		
12.12	Pension No		
12.13	Amount on date of claim		
12.14	Institution responsible for payment of pension		
12.15	The person named in box 11 ⁽⁴³⁾		
	<input type="checkbox"/> is entitled to a survivor's pension under accident insurance from		
	the following institution	.....
	Pension No	.....
12.16	The widow/widower ⁽⁴⁴⁾		
	<input type="checkbox"/> is raising a child	<input type="checkbox"/> is not raising a child	
	for whom he/she receives a family allowance or an orphan's pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.17	Institution responsible for payment thereof		
12.18	If the person named in box 11 is pregnant, give the expected date of her confinement		
12.19	The person named in box 11 is entitled to sickness benefits in kind under the legislation administered by the investigating institution		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not yet determined

13			
13.1	Other resources of the widow/widower ⁽⁴⁵⁾	nature
		amount ⁽⁴⁶⁾ in
	<input type="checkbox"/> none		
13.2	Other		
	nature	
		amount ⁽⁴⁶⁾ in

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14 Additional information permitting the implementation of provisions concerning overlapping (this information does not concern orphans)

14.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced
☐ Yes ☐ No ☐ Not yet determined

14.2 The pension calculated by the investigating institution may be reduced
☐ Yes ☐ No ☐ Not yet determined
 — because one or several of the benefits specified at point 12 are taken into account
 12 12 12 12
 — because of income other than the benefits specified at point 12
☐ income from employment/self-employment
☐ other (47)

14.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210)
☐ Yes ☐ No

14.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions
☐ Yes ☐ No

15 Children ⁽⁴⁸⁾ ⁽⁴⁹⁾

15.1	Surname ⁽⁴⁾	Forenames	Nationality	Place and date of birth, marriage or death ⁽⁵⁰⁾	Relationship (i.e.: legitimate, illegitimate, foster child) ⁽⁵¹⁾
1.
2.
3.
4.

15.2 The following institution is competent to grant benefits pursuant to Art. 78 of Reg. 1408/71
☐ the investigating institution
☐ the institution designated as follows

15.3 The investigating institution
☐ in respect of the children referred to in line Nos of item 15.1 is granting benefits until inclusive
 amount of orphan's pension and family allowance per child ⁽⁵²⁾
☐ is not granting benefits in respect of the children referred to in line Nos of item 15.1 ⁽⁵³⁾
☐ has not yet taken a decision concerning entitlement to benefits

15.4 Address ⁽³⁾ ⁽⁵⁴⁾

15.5 Remarks ⁽⁵⁵⁾ ⁽⁵⁶⁾ ⁽⁵⁷⁾

▼ **B****E 203****C. Miscellaneous information**

16	<input type="checkbox"/> Date of submission of this claim <input type="checkbox"/> Date from which the pension is payable in the country of the investigating institution The claimant has asked for payment ⁽⁵⁸⁾ <input type="checkbox"/> directly in the State of residence <input type="checkbox"/> to a representative in the State of origin Additional information for the purposes of the Finnish institutions <input type="checkbox"/> The claimant wishes to have the decision <input type="checkbox"/> in Finnish <input type="checkbox"/> in Swedish
17	The investigating institution <input type="checkbox"/> pays <input type="checkbox"/> does not pay benefits on a provisional basis under Art. 45.1 of Reg. 574/72 17.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72
18	<input type="checkbox"/> There are grounds <input type="checkbox"/> There are no grounds for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72 18.1 Any pension arrears <input type="checkbox"/> may <input type="checkbox"/> may not be paid direct to the beneficiary
19.1	Attached forms <input type="checkbox"/> E 205 <input type="checkbox"/> E 206 <input type="checkbox"/> E 207 ⁽⁵⁹⁾
19.2	Please send us your <input type="checkbox"/> E 205 <input type="checkbox"/> E 210 <input type="checkbox"/> Decision <input type="checkbox"/> Arrears
Remarks	
20	Investigating institution
20.1	Name
20.2	Address ⁽³⁾
20.3	Stamp
	20.4 Date
	20.5 Signature



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INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of 9 pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) Where the form is being sent to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the Finnish population register number; to a Swedish institution, indicate the Swedish personal number; to an Icelandic institution, indicate the Icelandic personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Norwegian institution, indicate the Norwegian personal identification number (fødselsnummer).
- (3) Street, number, post code, town, country, telephone number.
- (4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The 'surname at birth' must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (5) Give all forenames in the order in which they appear on the birth certificate.
- (6) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (7) Put M for male and F for female.
- (8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (9) Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Swedish, Liechtenstein or Norwegian institution.
- (10) For the purposes of Belgian, Swedish, United Kingdom and Liechtenstein institutions, specify also the date beside the corresponding box.
- (11) This information is based on a statement from the person concerned. For the purposes of Norwegian institutions, complete also additional page No 5.
- (12) Where appropriate, indicate the date of naturalization.
- (13) In the case of Spanish nationals, state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'. If the form is being sent to a Finnish institution, indicate the Finnish population register number at point 11.3.
- (14) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (15) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority. In the case of Netherlands towns state also the name of the municipality.
- (16) Must be stated for insured person of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (17) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (18) If the form is being sent to a Danish, Finnish, Icelandic or Norwegian institution, give the deceased person's last address in the corresponding country in the box below.

Address (3)

- (19) Complete if the form is being sent to a Belgian, German, Greek, Spanish, Irish, Italian, Luxembourg, Austrian, Portuguese, United Kingdom, Finnish, Icelandic or Norwegian institution.

- (20) For the purposes of the Belgian and Luxembourg institutions, mark the first box for any accident, irrespective of its nature.



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- (²¹) Complete if the form is being sent to a German, Greek, Spanish, Luxembourg, Austrian, Portuguese or Liechtenstein institution.
- (²²) Complete if the form is being sent to a Finnish institution.
- (²³) If the form is being sent to a Greek, French, Finnish or Swedish institution, complete indicating the declared date of the disappearance to the police.
- (²⁴) For the purposes of Spanish, Finnish, Swedish or Liechtenstein institutions, state also the circumstances of the disappearance.
- (²⁵) Complete if the form is being sent to a Greek, French, Luxembourg or Austrian institution.
- (²⁶) This information is required by the Netherlands institutions.
- (²⁷) If there are several persons to be entered in box 11, please insert on one or more additional copies of page 3, as boxes 11 and 12 must be completed for each person separately. Please note that in the Netherlands, widows, divorced or separated women may be entitled to a widow's pension if they are younger than 65 years of age. Widows, divorced or separated women who are older than 65 years of age are entitled to an old-age pension. In these cases, an E 202 form must be drawn up in the name of the woman concerned.
In Portugal, the survivor's pension is payable to relatives of the deceased in the ascending order if they were dependants of the deceased and where there are no other members of the family (spouse, ex spouse and relatives in the descending order) who are entitled to receive the benefits.
In Liechtenstein, the widow and the divorced or separated wife may be entitled to a widow's pension, if they are less than 62 years of age. This entitlement is terminated by remarriage. The widow, the divorced or separated wives beyond the age of 62 may have a claim to an old-age pension. In this case, a form E 202 has to be completed on behalf of the woman.
In Norway, both separated and divorced spouses may be entitled to a survivor's pension.
- (²⁸) For the purposes of Italian institutions, complete also additional page No 1.
For the purposes of Swedish institutions, complete also additional page Nos 6 to 8.
- (²⁹) If the form is being sent to a German, Austrian or Liechtenstein institution, state — if applicable — the address of the legal representative (legal counsellor, guardian, curator, ...) in the box below.

Address (³)

- (³⁰) If the form is being to a Danish, Finnish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below.

Address (³)

- (³¹) To be completed only if the form is to be forwarded to a Portuguese institution.
- (³²) To be completed for the purposes of Netherlands institutions, if known.
- (³³) For the purposes of Finnish or Swedish institutions.
- (³⁴) For the purposes of Spanish or Swedish institutions, state whether the separation is a *de facto* or *de jure*.
- (³⁵) For the purposes of a Liechtenstein institution, state also the date of birth of the spouse.
- (³⁶) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational diseases or purely assistance benefits.
- (³⁷) Complete if the form is being sent to a Belgian, Danish, Portuguese, Spanish, French, Italian, Luxembourg, Finnish, Swedish, Icelandic or Norwegian institution. If the form is being sent to an Italian institution, indicate all income except for the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease or purely assistance benefits.
- (³⁸) Complete if the form is being sent to a German, Greek, French, Italian, Luxembourg, Austrian, Portuguese, Finnish, Swedish or Icelandic institution.
- (³⁹) Complete if the form is being sent to a Belgian, Netherlands or Swedish institution (add form E 213).
- (⁴⁰) For the purposes of Portuguese institutions, complete also additional page No 3.
- (⁴¹) Complete if the form is being sent to a Greek, French, Irish, Austrian or United Kingdom institution.
- (⁴²) If the form is being sent to a Belgian, German, Spanish, French, Italian, Austrian, Portuguese or Finnish institution, please specify whether this is a personal or a survivor's pension.
- (⁴³) Complete if the form is being sent to a Belgian, German, Luxembourg, Austrian, Portuguese or Finnish institution.
- (⁴⁴) Complete if the form is being sent to a Belgian, German, French, Italian, Luxembourg, Austrian, Finnish, Swedish, Icelandic or Norwegian institution.
- (⁴⁵) For the purposes of Finnish institutions, please state income from interest, rent and dividend.
- (⁴⁶) Complete if the form is being sent to a Danish, Spanish, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).
- (⁴⁷) State the type of income taken into account by the investigating institution in applying its overlapping rules.

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- (48) Complete if the form is being sent to a Danish, German, Greek, Spanish, French, Irish, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Finnish, Swedish, United Kingdom, Icelandic or Liechtenstein institution. If the form is being sent to a Portuguese institution, please indicate the names of any stepchildren for whom the deceased was required to provide food, and the names of any grandchildren. For an Italian institution, if the entitled person is an only child, E 203/additional page No 2 should also be completed.
- (49) For Norwegian institutions, state only the children of the deceased.
- (50) Indicate with the following symbols which date you are referring to: * birth, ∞ marriage, † death. If the form is being sent to a Finnish institution, indicate the Finnish population register number.
- (51) If the form is being sent to a Finnish institution, please state whether the child in question is common to the widow/widower and the deceased or whether the child is of either the deceased or of the widow/widower alone. Please state also if the widow/widower is raising the child. State also nationality in case of adoption.
- (52) This information should be provided from the date of the parent's death, showing any subsequent change in rate.
- (53) Please complete also additional page No 2 if the form is being sent to a German or Italian institution. Please complete additional page No 4 if the form is being sent to a Portuguese institution.
- (54) Indicate the common address. If any of the children live at a different address, indicate in the box below.

Surname and forenames
Address (3)
.....

- (55) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. For the purposes of Portuguese institutions, in the case of an invalid child requiring the assistance of another person, complete additional page No 3. For the purposes of a Liechtenstein institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25.
- (56) For the purposes of Spanish and Norwegian institutions, state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives any invalidity pension in his or her own right.
- (57) For the purposes of Portuguese or Norwegian institutions, if one of the children has a legal representative other than the person representing the other children, indicate this in the box below:

Child	
— Surname .....	.....
— Forenames .....	.....
Legal representative	
— Surname .....	.....
— Forenames .....	.....
— Address (3) .....	.....
.....	

- (58) To be completed of the Italian and Greek institutions.
- (59) If the form is to be sent to a Liechtenstein institution, add form E 207 concerning the insured deceased person and concerning the (last and any former) spouse(s) of the insured person.

▼ B**E 203 additional page No 1****ITEM 11 'RIGHTFUL CLAIMANTS OTHER THAN CHILDREN'
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS**

To be completed if the pension is claimed abroad by the sole surviving parent, an unmarried brother or an unmarried sister of the deceased worker.

1 If the claimant is the sole surviving parent, please state whether the deceased worker is survived by

☐ spouse ☐ yes ☐ no

☐ children ☐ yes ☐ no

2 If the claimant is a brother or sister of the deceased worker, please state whether the latter is survived by

☐ spouse ☐ yes ☐ no

☐ children ☐ yes ☐ no

☐ parents ☐ yes ☐ no

▼ **B**

E 203 additional page No 2

ITEM 15 'CHILDREN'
ADDITIONAL INFORMATION
 (complete a separate page for each child)

- 1 ☐ The child named in line No of item 15.1
☐ pursues gainful employment ☐ does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state
 Type of occupation (employed or self-employed)
 Amount of income (1) per ☐ week ☐ month ☐ year
- 2 ☐ The child named in line No of item 15.1
☐ has other sources of income ☐ does not have any other sources of income
- 2.1 If the answer is in the affirmative, please specify
 — nature of income
☐ social security benefits
 amount per ☐ week ☐ month ☐ year
☐ other income (2)
 amount per ☐ week ☐ month ☐ year
- 3 In respect of the child named in line No of item 15.1 the following person
 (surname, forename)
 (address)

 is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade
 (Art. 79.3 of Reg. 1408/71)
 Amount
 Commencing on
- 3.1 The following institutions are responsible for paying these family benefits or allowances:
 (name)
 (address)

 (name)
 (address)

- 4 The child named in line No of item 15.1 is unfit for work. Form E 404 is enclosed.

(1) All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

(2) 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).

▼ B

E 203 additional page No 3

ITEM 12 (12.8)
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname

Forenames

1.2 Address (street, number, post code, district, country)

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

3 Has the need for assistance been caused by a third party?

☐ Yes

☐ No

4 Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?

☐ Yes

☐ No

4.1 Name and address of paying institution

.....

4.2 Monthly amount

▼ B

E 203 additional page No 4

ITEM 15 'CHILDREN'
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

The descendants shown in box 15.1 are in one of the following situations:

- 1 Attending school: indicate for each child whether the educational institution in question is at secondary, intermediate or higher education level or whether the course being attended is a first degree course or a post-graduate course.

.....

.....

.....

- 2 Undergoing vocational training: indicate for each child the level of school education (secondary, intermediate or higher) required to enrol for the course in question and the monthly income received, if any.

.....

.....

.....

- 3 Actively employed: indicate for each child the monthly income received.

.....

.....

.....

- 4 Unable to work: indicate for each child if social security benefits are received because the child is unable to work, the nature of the disability and the monthly amount.

.....

.....

.....

▼B**E 203 additional page No 5****ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

1 To be completed if the claimant was not married to the deceased at the time of death

1.1 Was the claimant previously married to the deceased?

☐ Yes

☐ No

1.2 Does the claimant have or has he/she had children by the deceased?

☐ Yes

☐ No

2 To be completed if the widow/widower is living together with another person as husband and wife

2.1 Has the claimant been previously married to the cohabiting partner?

☐ Yes

☐ No

2.2 Does the claimant have or has he/she had children by the cohabiting partner?

☐ Yes

☐ No

▼ **B**

E 203 additional page Nos 6 to 8

ITEM 11
ADDITIONAL INFORMATION FOR THE PURPOSES OF SWEDISH INSTITUTIONS

- 1 Is the claimant living with a child under 21 for whom a child's pension/annuity is being requested or received?

☐ No

☐ Yes

- 2 Does the claimant have a child by the deceased?

☐ No

☐ Yes

To be completed if the claimant was married to the deceased at the time of death

- 3.1 Was the claimant living with the deceased at the time of death?

☐ No

☐ Yes

Since

- 3.2 If the answer in 3.1 is 'No' was the survivor economically dependant on the deceased?

☐ No

☐ Yes

- 4 At the time of death, was the claimant living with a child under 12 of whom the claimant and/or the deceased had custody?

☐ No

☐ Yes

Name of the youngest child

Swedish personal number/date of birth

To be completed if the claimant was married to but not living with the deceased

- 5 Did the claimant after having ceased living together with the spouse but before his/her death lived together with a man/woman to whom the claimant was previously married or by whom the claimant has or has had a child?

☐ No

☐ Yes

To be completed if the claimant was not married to the deceased at the time of death

- 6 Was the claimant previously married to the deceased?

☐ No

☐ Yes

- 7 Does the claimant have or has he/she had children by the deceased?

☐ No

☐ Yes

- 8 Was the claimant expecting a child by the deceased at the time of death?

☐ No

☐ Yes

Anticipated confinement date

(year, month, day)

- 9 Please answer question number 4

▼ **B**

E 203 additional page Nos 6 to 8

To be completed by women born in 1944 or earlier for assessment of entitlement to widow's pension/widow's annuity in accordance with previous legislation

10 Was the claimant married to the deceased at any time before 31 December 1989?

☐ No

☐ Yes

11 Did the claimant have a child by the deceased on or before 31 December 1989?

☐ No

☐ Yes

12 Was the claimant living together with the deceased on 31 December 1989?

☐ No

☐ Yes

13 The marital status of the claimant on 31 December 1989?

☐ Unmarried

☐ Married

☐ Widow

☐ Divorced

14 The marital status of the deceased on 31 December 1989?

☐ Unmarried

☐ Married

☐ Widower

☐ Divorced

To be completed if, at the time of death, the claimant was under 50 years of age and/or at the time of death the claimant had not been married to or living together with the deceased for at least five years

15 Is the claimant living with a child under 16 of whom she has custody?

☐ No

☐ Yes

Name of the youngest child

Swedish personal number/date of birth

16 At the time of death, was this child permanently living with the claimant or in the common home of the claimant and the deceased?

☐ No

☐ Yes

17 If the child is not a child of the claimant, a copy of a court judgement or other document showing who has custody of the child, should be enclosed

To be completed by women born in 1945 or subsequently for assessment to widow's pension/widow's annuity in accordance with previous legislation

18 Please answer the questions under the following numbers: 11 to 15

19 On 31 December 1989 was the claimant living with a child under 16 of whom she had custody?

☐ No

☐ Yes

Name of the youngest child

Swedish personal number/date of birth

②

▼ **B****E 203 additional page Nos 6 to 8**

- 20 Was this child permanently living with the claimant or in the common home of the claimant and the deceased on 31 December 1989?

☐ No☐ Yes**To be completed if the claimant was married to the deceased on 31 December 1989**

- 21 Was the claimant living apart from her husband on 31 December 1989?

☐ No☐ Yes

- 22 After ceasing to live with her husband but before his death did the claimant live together with a man to whom she has been married or by whom she has or has had a child?

☐ No☐ Yes

- 23 Was the claimant living with a child under 16 of whom she had custody on 31 December 1989?

☐ No☐ Yes

Name of the youngest child

Swedish personal number/date of birth

- 24 On 31 December 1989 was this child permanently living with the claimant or in the common home of the claimant and the deceased?

☐ No☐ Yes

To be completed if, at the time of death, the claimant was under 50 years of age and/or at the time of death the claimant had not been married to or living together with the deceased for at least five years

Please answer the questions under the following numbers: 16 to 18



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on pages 8 and 9

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☐ (1)

Country	Identification No (2)	Institution concerned (where applicable, liaison body)
1)
2)
3)
4)
5)

INVESTIGATION OF A CLAIM FOR AN INVALIDITY PENSION

Reg. 1408/71: Art. 44 to 50; Art. 77

Reg. 574/72: Art. 36 to 38; Art. 41 to 43; Art. 45 to 47; Art. 49; Art. 90 (**); Art. 111

The investigating institution should complete this form and send one copy to each of the institutions with which the worker has been insured (institutions concerned) or to the liaison body.

1	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name
1.2	Address (3)

A. Information concerning insured person

2												
2.1	Surname (4)											
2.2	Surname at birth (4)											
2.3	Forenames (5)											
2.4	Previous names (6)											
2.5	Sex (7)											
2.6	Father's surname and forenames (8)											
2.7	Mother's surname and forenames (8)											
2.8	Civil status											
	<input type="checkbox"/> single	<input type="checkbox"/> divorced (9) since (10)										
	<input type="checkbox"/> married since (10)	<input type="checkbox"/> separated since (10)										
	<input type="checkbox"/> cohabiting since (11) (12) (13)	<input type="checkbox"/> remarried (9) since (10)										
2.9	Taxpayer's number (14) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
	Code of tax district <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
2.10	Sofi number (15) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

3	Nationality (16)	D.N.I. (17)
----------	------------------------	-------------------

4	Details of birth
4.1	Date of birth (18)
4.2	Place of birth (19)
4.3	Province, department, county (20)
4.4	Country (21)

(**) Art. 90 of Reg. 574/72 is not applicable in the Netherlands.

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5	Address and bank particulars	
5.1	Address ⁽³⁾ ⁽²²⁾ ⁽²³⁾	
5.2	Bank particulars or address for direct payment	
	Name of the beneficiary as recognized by the bank	.....
	Name of the bank	.....
	Address of the bank	.....
	Bank identification code	.....
	Bank account	.....
6		
6.1	Insurance No at the investigating institution	
6.2	Reference No of file at the investigating institution	
7		
7.1	Date which has been determined as the commencement of invalidity	
7.2	Date of commencement of incapacity for work followed by invalidity	
7.3	The person concerned	
	<input type="checkbox"/> is still engaged in	<input type="checkbox"/> is no longer engaged in
	<input type="checkbox"/> gainful employment	<input type="checkbox"/> self-employment
7.4	If he/she is engaged in gainful employment indicate ⁽²⁴⁾	
	Amount of wage/salary	No of hours worked per week
7.5	Date of cessation of gainful employment	
	<input type="checkbox"/> as an employed person	.....
	<input type="checkbox"/> as a self-employed person	.....
7.6	Type of activity	
7.7	If he/she is carrying out an activity as a self-employed person indicate the amount of professional income ⁽²⁵⁾	
	Nature of activity	
7.8	Other known resources (amount and nature) ⁽²⁶⁾	
7.9	<input type="checkbox"/> The claimant states that he/she has no income ⁽²⁷⁾	
7.10	The invalidity	
	<input type="checkbox"/> is assumed	<input type="checkbox"/> is not assumed
	<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of
	<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of
	to have been caused by a liable third party	
	an accident at work or an occupational disease ⁽²⁸⁾	
	an accident other than an accident at work or an occupational disease ⁽²⁹⁾	
7.11	At the moment of commencement of incapacity for work, the claimant was	
	<input type="checkbox"/> insured as a worker against invalidity	
	<input type="checkbox"/> insured other than as a worker against invalidity	
	<input type="checkbox"/> not insured against invalidity	
8		
8.1	Since the commencement of incapacity for work, the person concerned	
	<input type="checkbox"/> has followed occupational rehabilitation courses	
	<input type="checkbox"/> has not followed occupational rehabilitation courses	
	Where appropriate, indicate	
8.2	for what kind of occupation	
8.3	the employer for whom he/she works in this new occupation	
	Name of employer or firm	.....
	Address ⁽³⁾
8.4	Date of commencement and of termination of this employment	

②

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9		
9.1	The insured person	<div>has applied for the following benefits</div> <div>receives the following benefits</div>
9.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>
9.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>
9.4	Rehabilitation allowances	<input type="checkbox"/>
9.5	Invalidity pension ⁽³⁰⁾	<input type="checkbox"/>
9.6	Old-age pension ⁽³⁰⁾	<input type="checkbox"/>
9.7	Survivor's pension ⁽³⁰⁾	<input type="checkbox"/>
9.8	Pension for accident at work or occupational disease	<input type="checkbox"/>
9.9	Unemployment benefits or early retirement benefit	<input type="checkbox"/>
9.10	Benefits in respect of assistance by another person ⁽³¹⁾	<input type="checkbox"/>
9.11	Family benefit ⁽³²⁾	<input type="checkbox"/>
9.12	Refund of contributions	<input type="checkbox"/>
9.13	Transfer of contributions ⁽³³⁾	<input type="checkbox"/>
9.14	Other benefits (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.15	Institutions responsible for paying the benefits indicated in 9.2 to 9.11 (name, address ⁽³⁾)	
9	.....
9	.....
9	.....
9	.....

9.16 Additional information on the benefits listed in 9.2 to 9.11

Re benefits in item	File reference No	Period or date on which due	Amount
9			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9			<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual

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- 9.17 The following are regarded as advances on the pension claimed
- ☐ sickness insurance benefits for incapacity for work
- ☐ unemployment benefits
- ☐
- 9.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution
- ☐ Yes ☐ No ☐ Not yet determined
- 9.19 The investigating institution awards an increase in benefit to the extent that the applicant is incapable of carrying out normal day-to-day activities unaided
- ☐ Yes ☐ No ☐ Not yet determined
- In addition to the benefit referred to at point 9, the applicant receives an additional benefit if he/she is incapable of carrying out normal day-to-day activities
- The additional benefit may be reduced if a similar benefit is granted by another institution concerned
- ☐ Yes ☐ No ☐ Not yet determined

10 Additional information for the application of provisions on overlapping benefits

- 10.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced
- ☐ Yes ☐ No ☐ Not yet determined
- 10.2 The pension calculated by the investigating institution may be reduced
- ☐ Yes ☐ No ☐ Not yet determined
- because one or several of the benefits specified at point 9 are taken into account
- 9 9 9 9
- because of income other than the benefits specified at point 9
- ☐ income from employment/self-employment
- ☐ other (34)
- 10.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210)
- ☐ Yes ☐ No
- 10.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions
- ☐ Yes ☐ No

▼B

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B. Information concerning the members of the insured person's family

11	<input type="checkbox"/> Spouse ⁽¹³⁾ ⁽³⁵⁾		<input type="checkbox"/> Cohabiting partner ⁽¹¹⁾	
11.1	Surname ⁽⁴⁾			
11.2	Forenames		Previous names	
11.3	Date of birth		Place of birth ⁽¹⁹⁾	
11.4	Address ⁽³⁾			
11.5	Date of marriage/cohabiting			
11.6	The spouse/partner		<input type="checkbox"/> pursues <input type="checkbox"/> does not pursue gainful employment <input type="checkbox"/> does <input type="checkbox"/> does not have other income	
11.7	Where appropriate, state amount of			
	<input type="checkbox"/> weekly earnings ⁽³⁶⁾		<input type="checkbox"/> monthly earnings ⁽³⁷⁾ annual earnings ⁽³⁸⁾	
11.8	The spouse/partner			
	<input type="checkbox"/> has submitted a claim for a pension under the scheme for		<input type="checkbox"/> employed persons <input type="checkbox"/> self-employed persons <input type="checkbox"/> does not receive a pension	
	<input type="checkbox"/> receives a pension			
	In the affirmative, indicate			
11.9	Type of pension			
11.10	Pension No ⁽¹⁷⁾			
11.11	Institution responsible for payment			
11.12	Amount		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual	
11.13	The spouse/partner		<input type="checkbox"/> receives <input type="checkbox"/> does not receive other benefits ⁽³⁹⁾ <input type="checkbox"/> unemployment <input type="checkbox"/> sickness <input type="checkbox"/> invalidity <input type="checkbox"/> other	
11.14	Date of commencement			
11.15	Amount		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual	
11.16	Other known resources		Type	
			Amount ⁽⁴⁰⁾	

▼B

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12	Children ⁽¹³⁾			
12.1	Surname ⁽⁴⁾	Forenames	Place and date of birth, marriage or death ⁽⁴¹⁾	Relationship (i.e.: legitimate, illegitimate, foster child)
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
12.2	The following institution is competent to grant benefits pursuant to Art. 77 of Reg. 1408/71			
	<input type="checkbox"/> the investigating institution			
	<input type="checkbox"/> the institution designated as follows			
12.3	The investigating institution			
	<input type="checkbox"/> for the children referred to in line Nos of item 12.1, is granting benefits until inclusive			
	amount of family allowance and/or orphan's pension per child ⁽⁴²⁾			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos of item 12.1 ⁽⁴³⁾			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address ⁽³⁾ ⁽⁴⁴⁾			
12.5	Remarks ⁽⁴⁵⁾ ⁽⁴⁶⁾			

13	Ascendants and other members of the household ⁽⁴⁷⁾			
13.1	Surname ⁽⁴⁾	Forenames	Date of birth	Relationship

13.2	Address ⁽³⁾ ⁽⁴⁴⁾			
13.3	Remarks			

▼ **B****E 204****C. Miscellaneous information**

14.	<input type="checkbox"/> Date of submission of this claim
	<input type="checkbox"/> Date from which the pension is payable in the country of the investigating institution
14.1	The claimant has asked for payment ⁽⁴⁸⁾
	<input type="checkbox"/> directly in the State of residence
	<input type="checkbox"/> to a representative in the State of origin

15.	<input type="checkbox"/> The investigating institution	<input type="checkbox"/> pays	<input type="checkbox"/> does not pay
	benefits on a provisional basis under Art. 45.1 of Reg. 574/72		
15.1	If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Art. 45.2 of Reg. 574/72		

16	<input type="checkbox"/> There are grounds	<input type="checkbox"/> There are no grounds
	for making deductions to compensate for overpayment in accordance with Art. 111 of Reg. 574/72	
16.1	Any pension arrears	
	<input type="checkbox"/> can	<input type="checkbox"/> cannot
	be paid direct to the beneficiary	

17.1	Attached forms	<input type="checkbox"/> E 205	<input type="checkbox"/> E 206	<input type="checkbox"/> E 207 ⁽⁴⁹⁾	<input type="checkbox"/> E 213
17.2	Please send us your	<input type="checkbox"/> E 205	<input type="checkbox"/> E 210	<input type="checkbox"/> Decision	<input type="checkbox"/> Arrears

Remarks

.....

.....

18	Investigating institution	
18.1	Name	.....
18.2	Address ⁽³⁾
18.3	Stamp	.....
	18.4	Date
	18.5	Signature



E 204

INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of 9 pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) Where the form is being sent to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the Finnish population register number; to a Swedish institution, indicate the Swedish personal number; to an Icelandic institution, indicate the Icelandic personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Norwegian institution, indicate the Norwegian personal identification number (fødselsnummer).
- (3) Street, number, post code, town, country, telephone number.
- (4) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The 'surname at birth' must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (5) Give all forenames in the order in which they appear on the birth certificate.
- (6) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (7) Put M for male and F for female.
- (8) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (9) Complete where possible if the form is being sent to a German, French, Italian, Luxembourg, Netherlands, Austrian or Liechtenstein institution. If the sending institution does not have this information available, the competent institution should contact the person concerned directly.
- (10) For the purposes of Belgian, Swedish, United Kingdom and Liechtenstein institutions, specify also the date beside the corresponding box.
- (11) For the purposes of Belgian, Netherlands, Finnish, Icelandic and Norwegian institutions.
- (12) This information is based on a statement from the person concerned.
 Under the Netherlands General Law on Old-Age Insurance the following persons are also regarded as 'married' or 'spouse': unmarried persons of the same or different sexes who are living in a joint household on a permanent basis, unless they are persons who are blood relations of first or second degree. A joint household means that two unmarried persons are jointly providing for their housing with each contributing to the costs of the household or providing for each other's upkeep in another way.
- (13) For the purposes of Norwegian institutions, please complete form E 204/additional page No 5.
- (14) To be completed only if the form is to be forwarded to a Portuguese institution.
- (15) To be completed for the purposes of Netherlands institutions, if known.
- (16) Where appropriate, indicate the date of naturalization.
- (17) In the case of Spanish nationals, state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (18) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (19) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (20) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province. In the case of Netherlands towns state also the name of the municipality.
- (21) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (22) If the form is being sent to a German, Austrian or Liechtenstein institution, state — if applicable — the address of the legal representative (legal counsellor, guardian, curator ...) in the box below.

Address (3)



E 204

- (23) If the form is being sent to a Danish, French, Finnish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below.

Address (3)

- (24) Complete if the form is being sent to a Belgian, Danish, German, Greek, French, Italian, Luxembourg, Netherlands, Austrian, Swedish, United Kingdom, Icelandic or Norwegian institution.
- (25) Complete if the form is being sent to a Belgian, Danish, German, Greek, Spanish, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- (26) Complete if the form is being sent to a Danish, Spanish, Italian, Austrian, Portuguese, Icelandic or Norwegian institution. If the form is being sent to an Italian institution all income should be indicated with the exception of the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (27) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (28) Complete if the form is being sent to a Belgian, German, Greek, Spanish, French, Italian, Luxembourg, Austrian, Portuguese or Norwegian institution.
- (29) Complete only if the form is being sent to a Greek, Spanish or Luxembourg institution.
- (30) For the purposes of Liechtenstein institutions indicate also if the insured person applied for ☐ or received ☐ the pension of the occupational scheme as cash compensation.
- (31) For the purposes of Portuguese institutions, where the insured person needs the assistance of another person, also complete additional page No 2.
- (32) To be completed for Italian institutions.
- (33) For the purposes of Liechtenstein institutions.
- (34) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (35) For the purposes of a Liechtenstein institution, box 11 on page 5 is to be completed for each divorced or separated wife.
- (36) Complete if the form is being sent to an Irish, Austrian or United Kingdom institution.
- (37) Complete if the form is being sent to a Belgian institution.
- (38) Complete if the form is being sent to a Danish, French, Italian, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution.
- (39) Complete if the form is being sent to a Belgian, Danish, German, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- (40) Complete if the form is being sent to a Danish, Italian, Spanish, Netherlands, Icelandic or Norwegian institution (annual amount); to a French institution (quarterly amount) or to a Belgian, German, Greek or Austrian institution (monthly amount).
- (41) Indicate with the following symbols which date you are referring to: * birth, ♂ marriage, † death.
- (42) Provide details of rates from date of pension award with any subsequent change of rate.
- (43) Please complete additional page No 1 enclosed if the form is being sent to a German, Italian or Norwegian institution.
- (44) Indicate the common address. If one of the children or ascendants lives at a different address, state this address in the box below.

Surname and forenames

Address (3)

- (45) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student, or if he/she receives a benefit or has his/her own source of income. For the purposes of a Liechtenstein institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25.
- (46) For the purposes of Spanish and Norwegian institutions, please state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives an invalidity pension in his or her own right.
- (47) Complete if the form is being sent to a Belgian or United Kingdom institution.
- (48) To be completed for Italian and Greek institutions.
- (49) If form E 204 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.

▼B

E 204 additional page No 1

ITEM 12 'CHILDREN'
ADDITIONAL INFORMATION
 (complete a separate page for each child)

- 1 ☐ The child named in line No of item 12.1
☐ pursues gainful employment ☐ does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state:
 Type of occupation (employed or self-employed)
 Amount of income ⁽¹⁾ per ☐ week ☐ month ☐ year
- 2 ☐ The child named in line No of item 12.1
☐ has other sources of income ☐ does not have any other sources of income
- 2.1 If the answer is in the affirmative, please specify
 — nature of income
☐ social security benefits
 amount per ☐ week ☐ month ☐ year
☐ other income ⁽²⁾
 amount per ☐ week ☐ month ☐ year
- 3 In respect of the children named in line No of item 12.1 the following person
 (surname, forename)
 (address)

 is entitled to family benefits or allowances by virtue of his/her pursuit of a professional activity or trade
 (Art. 79.3 of Reg. 1408/71)
 Amount
 Commencing on
- 3.1 The following institutions are responsible for paying these family benefits or allowances:
 (name)
 (address)

 (name)
 (address)

- 4 The child named in line No of item 12.1 is unfit for work. Form E 404 is enclosed.

⁽¹⁾ All income should be declared with the exception of severance payments, family benefits, wage arrears, life annuities for accidents at work or occupational disease, war pensions, pensions for disablement sustained during military service, attendance allowance, travel allowance.

⁽²⁾ 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).

▼ **B**

E 204 additional page No 2

ITEM 9 (9.10)
ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS

To be completed where the claimant has declared that he/she needs the assistance of another person to perform the ordinary activities of everyday life.

1 Identity of the other person

1.1 Surname

Forenames

1.2 Address (street, number, post code, district, country)

.....

2 Information provided by the investigating institution

2.1 ☐ We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)

2.2 ☐ Assistance provided by the other person referred to above has not been ascertained

3 Has the need for assistance been caused by a third party?

☐ Yes

☐ No

4 Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?

☐ Yes

☐ No

4.1 Name and address of paying institution

.....

4.2 Monthly amount

▼B

E 204 additional page No 3

ADDITIONAL INFORMATION FOR THE PURPOSES OF FINNISH INSTITUTIONS

- 1 The claimant wishes to have the decision

☐ in Finnish☐ in Swedish

Item 9 'Insured person'

- 2 Is the claimant receiving or applying for any periodical pension-type benefits not reported in item 9 of the E 204 form (for example benefits payable under compulsory motor insurance due to a road accident)?

If in the affirmative, please specify

- 2.1 Type of the benefit
- 2.2 Monthly gross amount of the benefit
- 2.3 Institution paying the benefit

Item 2 'Insured person'

- 3 The claimant's education and training

3.1 Basic education

3.2 Further education and training (degrees, vocational training, courses; please give dates)

.....

.....

- 4 Employment — the latest contract of service

4.1 Primary occupation of the claimant

4.2 Length of service in primary occupation

- 4.3 Please check the alternatives that best characterize the claimant's work

☐ light ☐ part time; please indicate the number of hours per day

☐ moderately hard ☐ full time ☐ sedentary work ☐ day work

☐ hard ☐ time wages ☐ standing work ☐ night work

☐ indoor work ☐ piece wages

☐ outdoor work

- 4.4 Description of work (duties, working positions, tempo of work)

.....

.....

- 4.5 Description of work environment and circumstances (noise, dust, draught, heat, cold, potentially harmful substances, risk of accident, etc.)

.....

.....

- 4.6 Have the claimant's duties undergone a change?

☐ No ☐ Yes. Please indicate when and in what way

.....

①

▼B

E 204 additional page No 3 (cont'd)

4.7 Has the claimant voluntarily taken a reduction in his or her working hours?

☐ No

☐ Yes. Please indicate how and when the claimant's occupational activity was reduced, as well as to what extent the claimant remains employed and what work he or she does (number of hours per week/month, amount of pay and fringe benefits)

.....

4.8 Name and address of the claimant's latest employer

.....

4.9 Claimant's duties in his or her latest occupation

.....

4.10 When did the claimant's latest contract of service begin?

.....

4.11 In the case the contract of service is still in force, please indicate when it is to end (if known)

.....

5 Self-employment

5.1 Has the claimant been self-employed?

☐ No → please move to item 6

☐ Yes

5.2 If in the affirmative, please indicate since when

.....

5.3 Is the claimant currently self-employed?

☐ No

☐ Yes

5.4 Ownership particulars

☐ business is still owned by the claimant or his/her spouse

☐ business has been sold

☐ business has been leased

6 Unemployment

6.1 Has the claimant been unemployed during the last three years?

☐ No

☐ Yes

6.2 If in the affirmative, has the claimant received or applied for unemployment benefits during the last three years?

☐ No

☐ The claimant has received or is currently receiving unemployment benefits

☐ The claimant is applying for unemployment benefits; please indicate the benefit and the institution

7 Pensioners' care allowance under the National Pensions Act

The pensioners' care allowance may be awarded to persons whose functional capacity has on account of an illness or injury diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided, or that the illness or injury imposes an added long-term financial strain.

7.1 Is the claimant applying for the pensioners' care allowance?

☐ No

☐ Yes

▼B

E 204 additional page No 4

ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

- 1 The claimant
- 1.1 ☐ The claimant has been employed/self-employed
Income during the period immediately preceding present disability per year
Weekly working hours preceding disability
- 1.2 ☐ The claimant has, during the period immediately preceding present disability, been occupied partly by domestic work, partly been employed/self-employed
- 1.3 The claimant has applied for is receiving
- 1.3.1 Basic benefit covering extra expenses due to permanent illness ☐ ☐
- 1.3.2 Assistance benefit ☐ ☐
- 2 The spouse
- ☐ has applied for a pension as a non-working person
- ☐ is receiving a pension as a non-working person
- ☐ is not receiving a pension as a non-working person
- 3 Children
- 3.1 Are all of the children supported by the claimant? ☐ Yes ☐ No
- If 'No', state the name of the child (children) and the amount of the child's income per year
.....
- 3.2 If the parents are married
Do all the children live with both parents? ☐ Yes ☐ No
- If 'No', state which child (children)
.....
.....
- 3.3 If the parents are not married
Do all the children live with both parents? ☐ Yes ☐ No
- If 'Yes', give information about the other parent
Name
Date of birth
Income per year (All kinds. Specify)
.....
- Name of the child (children) if not all children are concerned
.....
.....
- 4 Cohabiting partner
- 4.1 Has the claimant previously been married to the cohabiting partner?
- ☐ Yes ☐ No
- 4.2 Does the claimant have or has he/she had children by the cohabiting partner?
- ☐ Yes ☐ No



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 4

E 205

B ⁽¹⁾

CERTIFICATE CONCERNING INSURANCE HISTORY IN BELGIUM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address ⁽²⁾

Information concerning insured persons

2	
2.1	Surname ⁽³⁾
2.2	Surname at birth ⁽³⁾
2.3	Forenames ⁽⁴⁾
2.4	Previous names ⁽⁵⁾
2.5	Sex ⁽⁶⁾
2.6	Father's surname and forenames ⁽⁷⁾
2.7	Mother's surname and forenames ⁽⁷⁾

3	Nationality ⁽⁸⁾ D.N.I. ^(8a)
----------	---

4	Details of birth
4.1	Date of birth ⁽⁹⁾
4.2	Place of birth ⁽¹⁰⁾
4.3	Province, department, county ⁽¹¹⁾
4.4	Country ⁽¹²⁾

5	Address ⁽²⁾

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant ⁽¹³⁾
7.1	Surname ⁽³⁾
7.2	Forenames Surname at birth Place of birth ⁽¹⁰⁾
7.3	Date of birth Sex Nationality D.N.I. ^(8a)
7.4	Address ⁽²⁾

▼B

E 205

B

8				
Year from 1 January to 31 December	Number of days		Occupation ⁽¹⁵⁾ ⁽¹⁶⁾	Remarks ⁽¹⁴⁾ ^(**) ⁽¹⁷⁾
	Insurance periods	Equivalent periods		
Before 1926				
1926				
1927				
1928				
1929				
1930				
1931				
1932				
1933				
1934				
1935				
1936				
1937				
1938				
1939				
1940				
1941				
1942				
1943				
1944				
1945				
1946				
1947				
1948				
1949				
1950				
1951				
1952				
1953				
1954				
1955				
1956				
1957				
1958				

▼B

E 205

B

8 (continued)		Number of days		Occupation ⁽¹⁵⁾ ⁽¹⁶⁾	Remarks ⁽¹⁴⁾ ^(*) ⁽¹⁷⁾
Year from 1 January to 31 December	Insurance periods	Equivalent periods			
1959					
1960					
1961					
1962					
1963					
1964					
1965					
1966					
1967					
1968					
1969					
1970					
1971					
1972					
1973					
1974					
1975					
1976					
1977					
1978					
1979					
1980					
1981					
1982					
1983					
1984					
1985					
1986					
1987					
1988					
1989					
8.1 Total period of insurance under the Belgian social security scheme for employed persons — self-employed persons					
				+ notional additional days (*)	
8.2 Remarks: (*) Equivalent periods for which no dates are specified (**) Additional insurance periods, early retirement pension (Article 5a, Royal Decree No 50)					

▼ **B****E 205****B**

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names at birth.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) In 8.2 indicate the nature of the periods treated as periods of employment.
- (15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.
- (16) For Greek and Spanish institutions, specify where possible the type of work in question.
- (17) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

DK

(¹)

CERTIFICATE CONCERNING PERIODS OF INSURANCE AND PERIODS OF RESIDENCE IN DENMARK

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
----------	------------------------------------	--------------------------------

4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)			
7.1	Surname (³)			
7.2	Forenames	Surname at birth	Place of birth (¹⁰)	
7.3	Date of birth	Sex	Nationality	D.N.I. (^{8a})
7.4	Address (²)			
			

DK

8

[illegible]

▼ **B****E 205****DK**

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: DK = Denmark.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

D

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN GERMANY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
----------	------------------------------------	--------------------------------

4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
	Surname at birth
	Place of birth (¹⁰)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (^{8a})
7.4	Address (²)

D

8

[illegible]

▼B

E 205

D

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
	
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	.....

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: D = Germany.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.
- (15) After the number of months treated as such put 'A' for periods of interruption which are taken into account for the calculation of the amount of the benefit but not for the acquisition of the right.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

GR

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN GREECE

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	Names
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames Surname at birth Place of birth (¹⁰)
7.3	Date of birth Sex Nationality D.N.I. (^{8a})
7.4	Address (²)

▼B

E 205

GR

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
10.3	Stamp	
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: GR = Greece.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.
- (15) In 8.2 indicate the nature of the periods treated as insurance periods.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) Specify the type of work and indicate the category.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

E

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN SPAIN

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning the insured person

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
7.3	Date of birth
7.4	Address (²)

Surname at birth	Place of birth (¹⁰)	
Sex	Nationality	D.N.I. (^{8a})

E

8

[illegible]

▼B

E 205

E

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
	
10.3	Stamp	
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: E = Spain.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the number of voluntary insurance years or days put 'V' in order to avoid any confusion with compulsory insurance.
- (15) In 8.3 indicate the nature of the periods treated as periods of employment.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) For Greek institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

F

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN FRANCE

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning the insured person

2	Names
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)			
7.1	Surname (³)			
7.2	Forenames	Surname at birth	Place of birth (¹⁰)	
7.3	Date of birth	Sex	Nationality	D.N.I. (^{8a})
7.4	Address (²)			
			

▼ **B**

E 205

F

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: F = France.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the periods of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance. After periods referred to in Article 15 (2) of Regulation 574/72 put 'S'.
- (15) In 8.2 indicate the nature of the periods treated as insurance periods.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) For Greek institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
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EEA*

See 'Instructions' on page 3

E 205

IRL (1)

CERTIFICATE CONCERNING INSURANCE HISTORY IN IRELAND

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (2)

Information concerning insured persons

2	Names
2.1	Surname (3)
2.2	Surname at birth (3)
2.3	Forenames (4)
2.4	Previous names (5)
2.5	Sex (6)
2.6	Father's surname and forenames (7)
2.7	Mother's surname and forenames (7)

3	Nationality (8)	D.N.I. (8a)
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4	Details of birth
4.1	Date of birth (9)
4.2	Place of birth (10)
4.3	Province, department, county (11)
4.4	Country (12)

5	Address (2)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (13)			
7.1	Surname (3)			
7.2	Forenames	Surname at birth	Place of birth (10)	
7.3	Date of birth	Sex	Nationality	D.N.I. (8a)
7.4	Address (2)			
			

▼B

E 205

IRL

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4 Date	.....
	10.5 Signature	.....

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: IRL = Ireland.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the insured person is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.
- (15) Indicate whether the periods in question are periods of illness, unemployment, etc.
- (16) In the case of insured persons who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

I

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN ITALY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	Names
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
	Surname at birth
	Place of birth (¹⁰)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (^{8a})
7.4	Address (²)

1

8

[illegible]

▼B

E 205

I

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4 Date	.....
	10.5 Signature	.....

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: I = Italy.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the number of weeks or months put 'P' for periods of compulsory insurance in order to avoid any confusion with periods of voluntary insurance.
- (15) In 8.2 indicate the nature of the periods treated as insurance periods.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

L

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN LUXEMBOURG

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)	
1.1	Name	.....
1.2	Address (²)	..... ..... .....

Information concerning the insured person

2	Names	
2.1	Surname (³)	.....
2.2	Surname at birth (³)	.....
2.3	Forenames (⁴)	.....
2.4	Previous names (⁵)	.....
2.5	Sex (⁶)	.....
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth	
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)	.....

5	Address (²)
.....	

6		
6.1	Insurance No at the investigating institution	.....
6.2	Reference No of file at the investigating institution	.....
6.3	Reference No of file at the institution concerned	.....

7	Rightful claimant (¹³)			
7.1	Surname (³)			
7.2	Forenames	Surname at birth	Place of birth (¹⁰)	
7.3	Date of birth	Sex	Nationality	D.N.I. (^{8a})
7.4	Address (²)			



E 205

L

- 9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: L = Luxembourg.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) In 8.2 indicate the nature of the periods treated as periods of employment.
- (15) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.
- (16) For Greek and Spanish institutions, specify where possible the type of work in question.
- (17) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 4

E 205

NL

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE NETHERLANDS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	Names
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
----------	------------------------------------	--------------------------------

4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
	Surname at birth
	Place of birth (¹⁰)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (^{8a})
7.4	Address (²)

▼B**E 205****NL**

9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive

☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
	
10.3	Stamp	
	10.4	Date
	10.5	Signature
	



E 205

NL

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: NL = the Netherlands.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The surname at birth must always be given; if same as current surname put 'IDEM'. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) AOW = law on general old-age insurance
 AWW = law on general widows' and orphans' insurance
 WAO = law on insurance against incapacity for work for employed persons
 AAW = law on general incapacity for work
- (15) Use the following symbols in order to indicate the type of insurance period
 P = compulsory insurance
 V = voluntary insurance
 G = periods treated as periods of insurance
- (16) For Greek and Spanish institutions, specify where possible the type of work in question.
- (17) Since the Netherlands insurance scheme does not provide for registration of the insured person, it may happen that our statistics may contain references to periods in respect of which it can only be assumed that the person concerned was insured in the Netherlands. In the case where it is established that the person concerned was insured during the periods of insurance stated by us in the Netherlands under the legislation of your country, you should, without consulting us, deduct the periods in question from the total number of periods of insurance stated in point 8.1 of this form.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

A

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN AUSTRIA

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸) D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames Surname at birth Place of birth (¹⁰)
7.3	Date of birth Sex Nationality D.N.I. (^{8a})
7.4	Address (²)

A

8

[illegible]

▼B

E 205

A

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: A = Austria.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.
 Furthermore, put 'FS' for periods of self-insurance, which are taken into account for the calculation of the amount of the benefit, but not for the acquisition of the right.
- (15) After the number of months treated as such put 'E' for periods treated as periods of insurance which are taken into account for the acquisition of the right, but not for the calculation of the amount of the benefit. Furthermore, the nature of the periods treated as such (Ersatzzeiten) must be indicated in 8.2 ('Remarks').
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

P ⁽¹⁾

CERTIFICATE CONCERNING INSURANCE HISTORY IN PORTUGAL

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address ⁽²⁾

Information concerning insured persons

2	
2.1	Surname ⁽³⁾
2.2	Surname at birth ⁽³⁾
2.3	Forenames ⁽⁴⁾
2.4	Previous names ⁽⁵⁾
2.5	Sex ⁽⁶⁾
2.6	Father's surname and forenames ⁽⁷⁾
2.7	Mother's surname and forenames ⁽⁷⁾

3	Nationality ⁽⁸⁾ D.N.I. ^(8a)
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4	Details of birth
4.1	Date of birth ⁽⁹⁾
4.2	Place of birth ⁽¹⁰⁾
4.3	Province, department, county ⁽¹¹⁾
4.4	Country ⁽¹²⁾

5	Address ⁽²⁾

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant ⁽¹³⁾
7.1	Surname ⁽³⁾
7.2	Forenames Surname at birth Place of birth ⁽¹⁰⁾
7.3	Date of birth Sex Nationality D.N.I. ^(8a)
7.4	Address ⁽²⁾

▼B

E 205

P

- 9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
	
10.3	Stamp	
	10.4 Date	.....
	10.5 Signature	.....

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (¹) Symbol of the country to which the institution completing the form belongs: P = Portugal.
- (²) Street, number, post code, town, country, telephone number.
- (³) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names at birth.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (⁴) Give all forenames in the order in which they appear on the birth certificate.
- (⁵) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (⁶) Put M for male and F for female.
- (⁷) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (⁸) Where appropriate, indicate the date of naturalization.
- (^{8a}) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (⁹) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (¹⁰) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (¹¹) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (¹²) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (¹³) Complete where appropriate.
- (¹⁴) In 8.2 indicate the nature of the periods treated as periods of employment.
- (^{14a}) This information is given on the basis of particulars provided by the worker.
- (^{14b}) After periods referred to in Art. 15.2 of Reg. 574/72 put 'S'.
- (¹⁵) In the case of workers who were employed in mines or in undertakings treated as such, attach an E 206 form.
- (¹⁶) For Greek and Spanish institutions, specify where possible the nature of the work.
- (¹⁷) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 4

E 205

FIN

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN FINLAND

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname
7.2	Forenames Surname at birth Place of birth (¹⁰)
7.3	Date of birth (⁹) Sex Nationality D.N.I. (^{8a})
7.4	Address (²)

FIN

8

[illegible]

▼B

E 205

FIN

- 9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive

☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

(1) Symbol of the country to which the institution completing the form belongs: FIN = Finland.

(2) Street, number, post code, town, country, telephone number.

(3) — For surname please state usual surname or surname acquired by marriage. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.

— The surname at birth must always be given; if same as current surname put 'IDEM'. In cases where the insured person or the rightful claimant is a married woman or a woman who was married before, maiden name for surname at birth.

— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

— In the case of Spanish nationals state both names at birth.

— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give all forenames in the order in which they appear on the birth certificate.

(5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

(6) Put M for male and F for female.

(7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.

(8) Where appropriate, indicate the date of naturalization.

(8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.

(9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).

(10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.

(11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.

(12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.

(13) Complete where appropriate.

(14) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

S

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN SWEDEN

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)			
7.1	Surname (³)			
7.2	Forenames	Surname at birth	Place of birth (¹⁰)	
7.3	Date of birth	Sex	Nationality	D.N.I. (^{8a})
7.4	Address (²)			
			

▼B

E 205

S

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: S = Sweden.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

GB

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN THE UNITED KINGDOM

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	Names
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
----------	------------------------------------	--------------------------------

4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
7.3	Date of birth
7.4	Address (²)

Surname at birth	Place of birth (¹⁰)	D.N.I. (^{8a})
Sex	Nationality	

GB

8

[illegible]

▼B

E 205

GB

- 9 An insured person showing proof that he has completed an insurance period of less than one year
- ☐ may receive ☐ may not receive
- a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
	
10.3	Stamp	
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: GB = United Kingdom.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921)
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) Indicate the periods of voluntary insurance in the next column.
- (15) Indicate whether the periods in question are periods of illness, unemployment, etc.
- (16) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form. These data may be issued only on the basis of information supplied by the employee.
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

IS

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN ICELAND

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
7.3	Date of birth
7.4	Address (²)

Surname at birth	Place of birth (¹⁰)
Sex	Nationality
D.N.I. (^{8a})	

▼B

E 205

IS

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: IS = Iceland.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state, only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 4

E 205

FL

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN LIECHTENSTEIN

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5

Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
	Surname at birth
	Place of birth (¹⁰)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (^{8a})
7.4	Address (²)

▼B

E 205

FL

8			
Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions ⁽¹⁵⁾	Remarks ⁽¹⁷⁾
1954			
1955			
1956			
1957			
1958			
1959			
1960			
1961			
1962			
1963			
1964			
1965			
1966			
1967			
1968			
1969			
1970			
1971			
1972			
1973			
1974			
1975			
1976			
1977			
1978			
1979			
1980			
1981			
1982			
1983			
1984			
1985			

▼B

E 205

FL

8	(continued)		
Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions ⁽¹⁵⁾	Remarks ⁽¹⁷⁾
1986			
1987			
1988			
1989			
1990			
1991			
1992			
1993			
1994			
1995			
1996			
1997			
1998			
1999			
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			
2014			
2015			
2016			
8.1	Total period of insurance months		
8.2	Remarks		

▼B

E 205

FL

- 9 An insured person showing proof that he has completed an insurance period of less than one year

☐ may receive ☐ may not receive

a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (?)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: FL = Liechtenstein.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
— The surname at birth must always be given; if same as current surname put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— In the case of Spanish nationals state both names at birth.
— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) In 8.2 indicate the nature of the periods treated as periods of employment.
- (15) Kind of insurance periods/kind of contribution:
 - 1 — contributions from employment
 - 2 — contributions from a voluntary-insured person
 - 3 — contributions from self-employment
 - 4 — contributions from non-active persons
 - 10 — periods of insurance without contribution obligation
- (16) For Greek and Spanish institutions, specify where possible the type of work in question.
- (17) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 205

N

(¹)

CERTIFICATE CONCERNING INSURANCE HISTORY IN NORWAY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

To be drawn up by the investigating institution for insurance periods completed under the legislation which it administers; where appropriate, to be attached to form E 202, E 203 or E 204. Each institution concerned should draw up a form for the periods completed under the legislation which it administers and send it to the investigating institution.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (²)

Information concerning insured persons

2	
2.1	Surname (³)
2.2	Surname at birth (³)
2.3	Forenames (⁴)
2.4	Previous names (⁵)
2.5	Sex (⁶)
2.6	Father's surname and forenames (⁷)
2.7	Mother's surname and forenames (⁷)

3	Nationality (⁸)	D.N.I. (^{8a})
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4	Details of birth
4.1	Date of birth (⁹)
4.2	Place of birth (¹⁰)
4.3	Province, department, county (¹¹)
4.4	Country (¹²)

5	Address (²)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (¹³)
7.1	Surname (³)
7.2	Forenames
	Surname at birth
	Place of birth (¹⁰)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (^{8a})
7.4	Address (²)

N

8

[illegible]

▼ **B****E 205****N**

- 9 An insured person showing proof that he has completed an insurance period of less than one year
☐ may receive ☐ may not receive
 a pension under national legislation (Art. 48.1 of Reg. 1408/71)

10	Institution completing the form	
10.1	Name	.....
10.2	Address (2)	.....
10.3	Stamp	.....
	10.4	Date
	10.5	Signature
	

INSTRUCTIONS

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 even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: N = Norway.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.
 — The surname at birth must always be given; if same as current surname put 'IDEM'.
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 4

E 206

☐ (1)

CERTIFICATE CONCERNING PERIODS OF EMPLOYMENT IN MINES AND SIMILAR UNDERTAKINGS

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 43.1 to 3; Art. 69

This form should be completed by each institution concerning the periods of insurance completed under the legislation administered by it.

1	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name
1.2	Address (2)

Information concerning insured persons

2	
2.1	Surname (3)
2.2	Surname at birth (3)
2.3	Forenames (4)
2.4	Previous names (5)
2.5	Sex (6)
2.6	Father's surname and forenames (7)
2.7	Mother's surname and forenames (7)

3	Nationality (8)	D.N.I. (8a)
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4	Details of birth
4.1	Date of birth (9)
4.2	Place of birth (10)
4.3	Province, department, county (11)
4.4	Country (12)

5	Address (2)

6	
6.1	Insurance No at the investigating institution
6.2	Reference No of file at the investigating institution
6.3	Reference No of file at the institution concerned

7	Rightful claimant (13)
7.1	Surname (3)
7.2	Forenames
	Previous names
	Place of birth (10)
7.3	Date of birth
	Sex
	Nationality
	D.N.I. (8a)
7.4	Address (2)

8

②

▼ **B**

E 206

9	The periods of employment shown in item 8 were interrupted as follows ⁽¹⁶⁾		
Periods of interruption		Reason for interruption (sickness, leave, military service, active service, unemployment, medical treatment, rehabilitation, unpaid leave, etc.)	
from	to		
Day/Month/Year	Day/Month/Year		

10	Institution completing the form	
10.1	Name	.....
10.2	Address ⁽²⁾
	
10.3	Stamp	
	10.4	Date
	10.5	Signature
	



E 206

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Complete where appropriate.
- (14) Indicate the undertakings in which the person concerned was employed and the substance extracted or processed.
- (15) Specify type of work and indicate whether performed at the surface or underground, or whether it concerns periods treated as periods of employment.
- (16) Complete only if the form is to be sent to German, Spanish and Austrian institutions.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on page 3

E 207

(¹)

INFORMATION CONCERNING THE INSURED PERSON'S INSURANCE HISTORY

Reg. 1408/71: Art. 38; Art. 45; Art. 48; Art. 57.5
 Reg. 574/72: Art. 42.1; Art. 69

To be completed by the investigating institution and to be attached to forms E 202, E 203 and E 204.

The information in box 7 has been obtained from the person concerned and will be sent to the institution concerned.

Information concerning insured persons (²)

1		
1.1	Surname (³)	.....
1.2	Surname at birth (³)	.....
1.3	Forenames (⁴)	.....
1.4	Previous names (⁵)	.....
1.5	Sex (⁶)	.....
1.6	Father's surname and forenames (⁷)	.....
1.7	Mother's surname and forenames (⁷)	.....
2	Nationality (⁸)	..... D.N.I. (^{8a})
3	Details of birth	
3.1	Date of birth (⁹)	.....
3.2	Place of birth (¹⁰)	.....
3.3	Province, department, county (¹¹)	.....
3.4	Country (¹²)	.....
4	Address (¹³) (¹⁴)	
.....		
.....		
5	Insurance No of investigating institution (¹⁵)	
6	Investigating institution	
6.1	Name	.....
6.2	Address (¹³)	.....
.....		
6.3	Stamp	.....
	6.4 Date	.....
	6.5 Signature	.....

▼B

E 207

7	Information relating to all periods completed (periods of employment, self-employment, residence and training) ⁽¹⁶⁾						
	Periods ⁽¹⁷⁾		Type of period ⁽¹⁸⁾	Name of employer and place of registered office or type of activity carried out as self-employed person	Place and country where activity is carried out ⁽¹⁹⁾	(a) Insurance institution or scheme ⁽¹⁵⁾ (b) Insurance number ⁽²⁰⁾ (c) Type of insurance ⁽²¹⁾	Place of residence during period of employment ⁽²²⁾
	from	to					
	1	2	3	4	5	6	7
1						(a) (b) (c)	
2						(a) (b) (c)	
3						(a) (b) (c)	
4						(a) (b) (c)	
5						(a) (b) (c)	
6						(a) (b) (c)	
7						(a) (b) (c)	
8						(a) (b) (c)	

②

.....
Date

.....
Signature

.....
⁽²³⁾



E 207

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of four pages, none of which may be left out even if it does not contain any relevant information. If the space provided on page 2 is not sufficient to indicate all stages of the insurance history of the person concerned, insert one or more identical pages, changing the numbers at the extreme left-hand side (substituting 9, 10, 11 ... for 1, 2, 3 ...)

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing Part A of the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) If the form is being sent to a Swedish institution please complete additional page No 1.
- (3) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
 — The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
 — Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
 — In the case of Spanish nationals state both names at birth.
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required where the worker is a Spanish national, or a French national born outside metropolitan France.
- (8) Where appropriate, indicate the date of naturalization.
- (8a) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (9) The day and the month should be shown by two digits and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (10) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (11) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (12) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (13) Street, number, post code, town, country, telephone number.
- (14) For the purpose of Norwegian institutions, please state actual address and last address in Norway with date of emigration.
- (15) For Spanish institutions enclose a photocopy of the Spanish sailor's book or books if the relevant institution is the ISM (Instituto Nacional de la Marina/Mariners' Social Institute) or if the relevant scheme is the Special Scheme for Mariners.
- (16) Attach certified copies of documentary evidence for each period (e.g. pension cards, salary slips, contribution vouchers).
- (17) If the form is to be sent to a Danish, Netherlands, Finnish, Icelandic, Liechtenstein or Norwegian institution, indicate also all periods of residence completed by the worker in Denmark, the Netherlands, Finland, Iceland, Liechtenstein or Norway. For this purpose, give the exact address in the corresponding State.
- (18) Indicate the type of work performed (employed or self-employed), e.g. mechanic, shop assistant, self-employed farmer. Where applicable: school or vocational training: (specify type of course and diplomas obtained); periods without paid employment (e.g. housewife, unemployed, sickness, etc.); military service (country). If the person concerned served in the armed forces in Italy, a copy of his service book ('foglio matricolare') or of his service record ('stato di servizio') should be enclosed where possible with the E 207 form.
- (19) Where the activity is carried out in France, give the name of the department.
- (20) If the form is to be sent to a Danish institution, indicate the CPR number.
 Where the form is to be sent to an Icelandic institution, the Icelandic personal identification number must be indicated.
 If the form is to be sent to a Liechtenstein institution, insert the AHV insurance number.
- (21) Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.
- (22) For Greece, indicate the commune and department where the person concerned is insured with OGA.
- (23) If page 2 is completed by the claimant him/herself the claimant's signature and date must be given. In the case of Ireland, a copy of the national form completed by the claimant will be attached.

ADDITIONAL INFORMATION FOR SWEDISH INSTITUTIONS

[illegible]

If the claimant/the deceased has been employed/self-employed in Sweden before 1960 proof of employment should be enclosed if possible.



EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

E 210

☐ Symbol of
the country

NOTIFICATION OF DECISION CONCERNING A CLAIM FOR A PENSION
Application of Reg. 1408/71 and Reg. 574/72

for ☐ old age ☐ invalidity ☐ survivor

Award or rejection

Each of the institutions concerned should complete this form and send it to the investigating institution together with a copy of the formal decision. One extra copy should be added for any additional institution concerned.

1	Investigating institution to which the form is addressed
1.1	Name:
1.2	Address:
1.3	Number of insured person/reference number of file:

2	Information concerning the insured person
2.1	Surname:
2.2	Surname at birth:
2.3	Forenames:
2.4	Previous names:
2.5	Date of birth:
2.6	Identification No:

3	Information concerning the entitled person
3.1	Surname:
3.2	Surname at birth:
3.3	Forenames:
3.4	Previous names:
3.5	Date of birth:
3.6	Family relationship or other connection with the deceased insured person (box 2):

4	Address <input type="checkbox"/> of insured person <input type="checkbox"/> of entitled person
.....	

5	The claim is rejected
Reasons:	

▼B**E 210**

6 A pension is awarded

6.1. This benefit is awarded pursuant to:

☐ Art. 46.1.a.i of Reg. 1408/71 (national)

☐ Art. 46.1.a.ii of Reg. 1408/71 (pro rata)

☐ Art. 46.2 of Reg. 1408/71 (pro rata)

6.2 For the award of the benefit, a rule against overlapping was applied from taking account of:

☐ benefit of the same kind

..... (state type of benefit)

☐ benefit of a different kind

..... (state type of benefit)

☐ other sources of income

☐ professional or trade activity

☐ other (state the income concerned)

6.3 The effect of the rule against overlapping was limited by the application of provisions of:

☐ Art. 46a.3.d of Reg. 1408/71

☐ Art. 46c of Reg. 1408/71 because one or more institutions took account of:

☐ a benefit of a different kind

☐ other sources of income

☐ professional trade or activity

☐ other (please specify)

.....

☐ Art. 7.1 of Reg. 574/72

▼B

E 210

6.4 Number of monthly payments per year

☐ 12 ☐ 13 ☐ 14

6.5 From

6.6 Monthly amount, where appropriate, for the application of Art. 46a.3.d, Art. 46c of Reg. 1408/71, or Art. 7.1 of Reg. 574/72

6.7 Part of the amount awarded on the basis of voluntary insurance (Art. 46a.3.c of Reg. 1408/71) (to be completed only at the request of the investigating institution)

6.8 Monthly amount before deduction of taxes, etc. (Art. 46a.3.b of Reg. 1408/71), where appropriate, following application of Art. 46c of Reg. 1408/71 or of Art. 7.1 of Reg. 574/72

6.9 Monthly amount due (amount paid after deduction of taxes, etc.)

6.10 To be filled in by Swedish institutions

Monthly amount from the basic pension scheme

Monthly amount from the supplementary pension scheme

7 Institution concerned

7.1 Name:

7.2 Address:

7.3 Number of insured person/reference number of file:

7.4 Stamp:

7.4 Date:

7.5 Signature:

▼ **M1**

EUROPEAN COMMUNITIES
Social Security Regulations
EEA *

See 'Instructions' overleaf

E 211

(1)

SUMMARY OF DECISIONS

Regulation (EEC) No 574/72, Article 48

The investigating institution should complete this form and send a copy to the claimant in his own language attaching a copy of each of the formal decisions. The investigating institution should also send a copy of an E 211 form to each of the institutions concerned, attaching a copy of its own decision and of the decisions of the other institutions concerned.

1.	Claimant		
1.1.	Surname ⁽²⁾ :		
1.2.	Forenames:	Previous names ⁽²⁾ :	Place of birth ⁽³⁾ :
1.3.	Date of birth:	Sex:	Nationality:
1.4.	Address ⁽⁵⁾ :		

2. Your claim for a pension for

2.1. ☐ old age☐ invalidity☐ survivor

2.2. has been examined by the following institutions:

3.	Institutions concerned:		
	Country	Institution	File reference
3.1.	.....	.....	.....
3.2.	.....	.....	.....
3.3.	.....	.....	.....
3.4.	.....	.....	.....
3.5.	.....	.....	.....

4. These institutions have taken the following decisions (see original decisions attached)

5.	Your claim has been rejected	
5.1.	Concerning ⁽⁶⁾ : Reason:	
5.2.	Concerning ⁽⁶⁾ : Reason:	

6.	A pension ⁽⁷⁾ has been awarded to you		
	Concerning ⁽⁶⁾ :	Annual amount in currency of country responsible for payment ⁽⁸⁾ ⁽⁹⁾ :	Payable from (date):
6.1.	.....	.....	.....
6.2.	.....	.....	.....
6.3.	.....	.....	.....
6.4.	.....	.....	.....
6.5.	.....	.....	.....

▼ **M1****E 211**

7 If you do not agree with the decision or decisions taken, you may appeal. For this purpose you should, for each contested decision:

1. clearly state the grounds for your appeal in a letter, which you must sign.
2. if you cannot sign, you may make a cross and have the letter signed by two persons of full age, who must give their surnames, forenames and full addresses.
3. in this letter you must give the references of the notification relating to the contested decision and attach a copy of the decision.
4. the letter must be sent to the authority mentioned in the decision within the period indicated in the decision.
5. in accordance with Article 48(1) of Regulation (EEC) No 574/72, this period commences on the date of receipt of the summarised statement.

IT IS ESSENTIAL TO COMPLY WITH THE TIME PERIODS INDICATED IN EACH DECISION.

6. In accordance with Article 86 of Regulation (EEC) No 1408/71, appeals which would have been submitted within the period stipulated by the legislation of one State are admissible if they are submitted within the same period to the corresponding authority of another State.

8.	Investigating institution
8.1.	Name:
8.2.	Address ⁽⁵⁾ :
8.3.	Stamp:
8.4.	Date:
8.5.	Signature:

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only

NOTES

- (*) EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the investigating institution belongs : B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) In the case of Spanish nationals state both names at birth.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (3) In the case of Portuguese districts state also the parish and the local authority.
- (4) In the case of Spanish nationals state the number appearing on the national identity card (DNI), if it exists, even if the card is out of date. Failing this, state 'None'.
- (5) Street, number, post code, town, country, telephone number.
- (6) Indicate country and where necessary the scheme concerned.
- (7) Or cash compensation in Liechtenstein.
- (8) Where rates of pensions are upgraded by virtue of national legislation, the amount indicated above will be changed. The new amount will not be communicated to any other institution.
- (9) It is possible that this amount is reduced by taxes and contributions payable by the pensioner.



EUROPEAN COMMUNITIES
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See 'Instructions' on page 12

E 213



(1)

DETAILED MEDICAL REPORT

Reg. 1408/71: Art. 39 to 41; Art. 87

1.1 Institution to which the report is addressed

1.1.1	Name	.....
1.1.2	Address (2)	.....
1.1.3	Reference	.....

1.2 Person examined

1.2.1	Surname (3)			.....
1.2.2	Forenames	Previous names (3)	Place of birth (4)	.....
1.2.3	Date of birth	Sex	Nationality	D.N.I. (5)
1.2.4	Address (2)			
1.2.5	Last occupation (6)			
1.2.6	<input type="checkbox"/> Insurance No			
1.2.7	<input type="checkbox"/> Pension No			
1.2.8	File No			
1.2.9	Date of submission of pension claim			
1.2.10	Date of submission of request for review on grounds of aggravation			

1.3 Doctor who drew up the report

1.3.1	Surname	Forenames
1.3.2	Address (2)	
1.3.3	Examining doctor of (7)	

1.4 Institution which requested the examination

1.4.1	Name	
1.4.2	Address (2)	
1.4.3	Reference number of file	
1.4.4	Stamp	1.4.6 Date
		1.4.6 Signature

▼B

E 213

Surname, Forenames

Date

2.1 Opinion based on the own examination of:

(date)

2.2 Opinion based on medical report of

(date)

3 Patient's history

3.1 Medical history

3.2 Current chief complaints

3.2.1 Doctor currently treating the patient

3.3 Current treatment

3.4 Social and employment history ⁽⁶⁾

3.4.1 Is the insured person currently gainfully employed?

☐ Yes☐ No☐ Number of working hours

Type of actual employment

3.4.2 Accidents at work/Occupational diseases

3.4.3 Type of last employment

3.4.4 Unfit for work

☐ since

Cessation of work

☐ on

▼B

E 213

Surname, Forenames

Date

4 Findings

4.1 General conditions

Height cm

Weight kg

Nutritional condition: ☐ good ☐ overweight ☐ underweight

Mucous membranes

Skin

Mental status, mood

Remarks

4.2 Head

4.2.1 Vision

4.2.2 Hearing

4.2.3 Other sensory organs

4.3 Neck (external findings)

4.3.1 Review of thyroid gland

4.3.2 Lymphatic nodes

4.3.3 Others

4.4 Respiratory organs

4.5 Circulatory system

4.5.1 Heart

4.5.2 Pulse

4.5.3 Blood pressure (at rest)

4.5.4 Blood pressure (second measurement)

4.5.5 Peripheral blood vessels

4.5.6 Oedema

4.5.7 ECG (at rest)

4.6 Abdomen

4.6.1 Digestive system and linked intra-abdominal organs

4.6.2 Liver

4.6.3 Spleen

4.6.4 Endocrine system

4.7 Genito-urinary system

▼ **B****E 213**

Surname, Forenames

Date

Additional page for Neutral-0 method

4. Measurements of locomotor system (neutral-zero method)

Indicate only pathological findings or normal findings that should be specifically recorded.

 Extension/Flexion 40°-0°-40° Chin-sternum distance _____ cm	 Spine Rotation R/L 60°-0°-60°	 Lateral inclination R/L 40°-0°-40°																									
 Lumbar spinal mobility test 8-10-15 cm -10- _____ cm FBA _____ cm	 Rotation R/L 50°-0°-50°	 Lateral inclination R/L 30°-0°-30°																									
Shoulder joint Abduction/Adduction 180°-0°-40° R _____ ° L _____ ° Backwards/Forwards 40°-0°-160° R _____ ° L _____ °	Elbow joint Extension/Flexion 10°-0°-150° R _____ ° L _____ °	Wrist joint Extension/Flexion 50°-0°-50° R _____ ° L _____ ° Supination/Pronation 85°-0°-85° R _____ ° L _____ ° Abduction/Adduction 35°-0°-25° R _____ ° L _____ °																									
Hip joint Extension/Flexion 10°-0°-130° R _____ ° L _____ °	 Abduction/Adduction 30°-0°-30° R _____ ° L _____ °	 Ext./Int. rot. 35°-0°-45° R _____ ° L _____ °	Knee joint Extension/Flexion 5°-0°-140°-160° R _____ ° L _____ °	Talocrural joint Extension/Flexion 40°-0°-25° R _____ ° L _____ °																							
 Circumference in cm Upper arm (15 cm above lateral epic.) Elbow joint Forearm (10 cm below lateral epic.) Wrist Metacarpus (without thumb)	<table border="1"> <thead> <tr> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	R	L											 Circumference in cm Thigh 20 cm above medial knee-joint space Mid patella Lower leg (15 cm below medial joint space) Lower leg (smallest circumference) Malleolus	<table border="1"> <thead> <tr> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	R	L										
R	L																										
R	L																										

▼ B

E 213

Surname, Forenames

Date

4.8 Locomotor system (if necessary use Neutral-0 method, page 4)

4.8.1 Spine
.....
.....
.....
.....

4.8.2 Upper limbs
.....
.....
.....
.....
.....

4.8.3 Lower limbs
.....
.....
.....
.....
.....

4.9 Presence of lymphatic nodes
.....
.....

4.10 Neurologic findings
Movement (power and tone): ☐ unremarkable ☐ stiff ☐ slowed ☐ weak

Gait: ☐ unremarkable ☐ ponderous ☐ impaired on right ☐ impaired on left

.....
Reflexes
.....

4.11 Psychoautonomic symptoms or psychologically determined physical symptoms
.....
.....
.....

4.12 Other (Allergies etc.)
.....
.....
.....
.....

▼**B**

E 213

Surname, Forenames

Date

5 Function and other tests (when necessary)

5.1 Lung function

.....
.....
.....
.....
.....

5.2 Cardiac function/exercise ECG

.....
.....
.....

5.3 Doppler ultrasonography (Heart and vessels)

.....
.....
.....

5.4 Imaging studies (please specify date)

5.4.1 Findings in today's X-rays examination

.....
.....
.....
.....
.....

5.4.2 Earlier findings/X-ray examinations done elsewhere

.....
.....
.....
.....
.....

5.4.3 Ultrasonography (abdomen *et al.*)

.....
.....
.....
.....

5.4.4 MRI and special investigations

.....
.....
.....

5.5 Laboratory results

.....
.....
.....

5.6 Other tests

.....
.....
.....

▼B

E 213

Surname, Forenames

Date

6 Additional sheet for further specialists' findings (shall be completed only if relevant)

▼B

E 213

Surname, Forenames

Date

7 Diagnosis

.....

.....

(ICD code recommended)

8 Summary

.....

.....

.....

Course of disease

.....

.....

.....

Damage to health

.....

.....

.....

Functional deficits

.....

.....

.....

.....

Compared with previous report (dated

improvement ☐

worsening ☐

no change ☐

9 The insured person is still capable of regularly performing the following types of work

heavy ☐

average ☐

light ☐

▼ **B****E 213**

Surname, Forenames

Date

10 The following restrictions should be taken into account

10.1 Work can only be performed without

Damp	<input type="checkbox"/>	Cold	<input type="checkbox"/>
Heat	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Smoke, gases, vapours	<input type="checkbox"/>		
Shifts	<input type="checkbox"/>	Nightshifts	<input type="checkbox"/>
Frequent bending, lifting, carrying objects	<input type="checkbox"/>		
Climbing ramps, ladders or stairs	<input type="checkbox"/>	Danger of falling	<input type="checkbox"/>

10.2 Work can only be performed under the following conditions

Only in seated position	<input type="checkbox"/>	Only with additional breaks	<input type="checkbox"/>
Only indoors	<input type="checkbox"/>	(in addition to the usual breaks) number and length of breaks	
Work with varying body posture	<input type="checkbox"/>	Work varying between walking, standing, sitting	<input type="checkbox"/>
Work only without particular time pressure	<input type="checkbox"/>		

10.3 The work performance is reduced because the insured person is restricting in using
his/her sensory organs, hands, etc.
is allergic to

11. Additional questions

11.1 Can the insured person do video-screen work?

Yes ☐ No ☐

If 'No', please specify the reason

11.2 Can the insured person work without the support of another person at the working place?

Yes ☐ No ☐

If 'No', please specify the reason

11.3 Can the insured person work without the support of another person at home?

Yes ☐ No ☐

If 'No', please specify the reason

▼B

E 213

Surname, Forenames

Date

11.4 Can the insured person work full time in his/her last occupation as

Yes ☐No ☐

If 'No', please specify maximum working time (in hours or percentages of a working day)

11.5 Can adapted work be performed?

Yes ☐No ☐

If 'Yes', please indicate some examples of adapted work

11.6 Can adapted work be performed full time?

Yes ☐No ☐

If 'No', specify maximum working time (in hours or percentages of a working day)

11.7 The invalidity for the last occupation is, under the legislation of the country of residence,

☐ total☐ partialIf partial, indicate the degree
(Does not concern Germany and the Netherlands)11.8 Degree of invalidity for any other work with reference to the aptitudes of the person concerned under the legislation of the country of residence
(Does not concern Germany, Ireland, Luxembourg and the Netherlands)11.9 Category of invalidity under the legislation of the country of residence
(Complete only if the medical examination was carried out with a view to the decision to be taken on a disability or invalidity pension claim)
(Does not concern Germany and the Netherlands)

11.10 The established restrictions

(a) have been permanent since

(b) are temporary, from

to

11.11 Would it be possible to improve the present state of health?

Yes ☐No ☐No answer possible ☐

If 'Yes', indicate the measures

▼ B

E 213

Surname, Forenames

Date

11.12 Are there possibilities to ameliorate the work capacity through

☐ medical training

☐ vocational training

Yes ☐

No ☐

No answer possible ☐

12. Is re-examination necessary in the future?

Yes ☐

No ☐

If 'Yes', please state when

.....

Doctor's signature

Stamp

▼ B

E 213

INSTRUCTIONS

Please complete this form in block letters or typewriting. It consists of 13 pages, none of which may be left out even if it does not contain any relevant information.

NOTES

- * EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
 - (1) Symbol of the country in which the form is completed: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; UK = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
 - (2) Street, number, post code, town, country, telephone number.
 - (3) In the case of Spanish nationals state both names.
In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
 - (4) In the case of Portuguese districts state also the parish and the local authority.
 - (5) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
 - (6) Please list as far as possible all the occupations in which the insured person has worked. This information is given after the statement of the person concerned. Where necessary, insert extra pages.
 - (7) Not relevant for Norway.
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E 213 additional page No 1

ADDITIONAL INFORMATION FOR THE PURPOSES OF INSTITUTIONS IN THE NETHERLANDS

Questions	Answers				
Can the person insured	No	Incidentally	Sometimes	Regularly	No limit
1. sit 2. stand 3. walk 4. kneel/crawl/squat 5. work with bent back 6. bow or twist back often 7. use the nape 8. hold the arms extended 9. hold the arms raised 10. use his/her hands/fingers 11. lift and carry . . . kg max. 12. work under the following conditions: — be exposed to sudden changes of temperatures — stand high humidity (> 90 %) — stand low humidity (< 35 %) — stand strong changes of climate 13. stand intensive (skin) contacts with solid and liquid substances 14. stand vibrations 15. wear protective gear 16. maintain a demanding rhythm of work 17. abide doing nothing 18. handle conflicting demands arising from his/her functions 19. handle conflicts 20. perform monotonous work 21. perform cyclical repeated work 22. bear responsibility 23. work alone 24. work with others					

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E 213 additional page No 2

ADDITIONAL PAGE FOR THE PURPOSES OF THE UNITED KINGDOM INSTITUTIONS**A. Complete in all cases**

1. Name and address of the doctor of the person named in item 1.2

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.....

B. Complete in cases where the person suffers from a mental health problem

2. Tick one of the boxes below if the person has any of the following illnesses or disabling conditions

- ☐ a psychiatric illness (if yes, please specify)
- ☐ a significant degree of personality disorder
- ☐ a severe learning disability
- ☐ alcohol or substance abuse
- ☐ impairment of brain function consequent to organic disease or traumatic brain injury

If any box in item 2 above is ticked, complete boxes 3 to 7

3. Has the person exhibited paranoid features, delusions, hallucinations, or other frankly psychotic symptoms/behaviour at any time during the past six months?

☐ Yes ☐ No

4. Is the person receiving neuroleptic drug and/or mood altering drugs which could be given orally or as depot (long term injected treatment)?

☐ Yes ☐ No

5. Does the person need continual care or supervision because of the effects of the condition(s) ticked at item 2 above?

☐ Yes ☐ No

If 'Yes', is the person being looked after in home surroundings or in sheltered care?

☐ Home ☐ Sheltered care

6. Is the person attending a day care centre (where constant qualified nursing care is available) for at least one day a week?

☐ Yes ☐ No

7. Name and address of Consultant Psychiatrist

.....

.....

8. Add any comments which may assist in determining the severity of the person's mental health problem even if none of the boxes in item 2 have been ticked:

.....

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E 213 additional page No 3

ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

- 1 If there are causes of incapacity for work other than illness, please give a brief description and the degree of contribution
-
-
-
-
-
- 2 During the period immediately preceding the present disability has the patient been partly occupied by domestic work and partly been employed/self-employed?
- ☐ Yes ☐ No
- 3 Due to the illness and on a permanent basis does the patient have extra expenses for transport needs, dietary needs, etc., which are not covered in full or in part by any social security scheme?
- ☐ Yes ☐ No

If 'Yes', state types and costs of extra expenses

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EUROPEAN COMMUNITIES
Social Security Regulations
EEA*

See 'Instructions' on pages 4 and 5

E 215

(1)

ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER

Reg. 574/72: Art. 40; Art. 51

1	Institution to which the form is addressed
1.1	Name
1.2	Address (2)

2	Pensioner
2.1	Surname (3)
2.2	Surname at birth (3)
2.3	Forenames (4)
2.4	Previous names (5)
2.5	Sex (6)
2.6	Father's surname and forenames (7)
2.7	Mother's surname and forenames (7)
2.8	Civil status
	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> living in separation from spouse
	since since since
	<input type="checkbox"/> married <input type="checkbox"/> remarried (8) <input type="checkbox"/> widower/widow
	since since since
	<input type="checkbox"/> cohabiting since (9) (10)
2.9	Insurance No at investigating institution
2.10	Insurance No at other institution concerned (11)
2.11	Type of pension

3	Nationality (12) D.N.I. (13)
---	--

4	Details of birth
4.1	Date of birth (14) (15)
4.2	Place of birth (16)
4.3	Province, department, county (17)
4.4	Country (18)

5	Address (2) (19)

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6	Spouse/cohabiting partner ⁽⁹⁾			
6.1	Surname ⁽³⁾			
6.2	Forenames	Previous names		
6.3	Date of birth ⁽¹⁵⁾	Place of birth ⁽¹⁶⁾		
6.4	Address ⁽²⁾ ⁽²⁰⁾			
6.5	Date of marriage/cohabiting			
6.6	The spouse/partner <input type="checkbox"/> is <input type="checkbox"/> is not pursuing a professional activity or trade			
6.7	If in the affirmative, state amount of			
	<input type="checkbox"/> weekly earnings ⁽²¹⁾	<input type="checkbox"/> monthly earnings ⁽²²⁾	<input type="checkbox"/> annual earnings ⁽²³⁾	
6.8	The spouse/partner <input type="checkbox"/> receives <input type="checkbox"/> does not receive a pension			
	from a scheme for <input type="checkbox"/> employed persons	<input type="checkbox"/> self-employed persons		
	If in the affirmative, indicate			
6.9	Type of pension			
6.10	Pension No ⁽¹³⁾			
6.11	Institution responsible for pension payment			
6.12	Amount	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> annually
6.13	The spouse/partner ⁽²⁴⁾ <input type="checkbox"/> receives other <input type="checkbox"/> does not receive other benefits			
	benefits			
	namely for			
	<input type="checkbox"/> unemployment	<input type="checkbox"/> sickness	<input type="checkbox"/> invalidity	<input type="checkbox"/> other
6.14	Date of commencement			
6.15	Amount <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually			
6.16	Other known resources			
	Type	Amount ⁽²⁵⁾		

7	Children ⁽²⁶⁾			
7.1	Surname ⁽³⁾	Forenames	Date of birth ⁽¹⁵⁾	Relationship
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
7.2	Address ⁽²⁾ ⁽²⁷⁾			
7.3	Remarks ⁽²⁸⁾ ⁽²⁹⁾			

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8	Ascendants and other members of the household ⁽³⁰⁾			
8.1	Surname ⁽³⁾	Forenames	Date of birth ⁽¹⁵⁾	Relationship

8.2	Address ⁽²⁷⁾			
8.3	Remarks			

9	Benefits		
9.1	The pensioner	has applied for the following benefits	and/or receives the following benefits
9.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Rehabilitation allowance	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Invalidity pension ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
9.9	Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
9.10	Institutions responsible for paying the benefits listed in 9.3 to 9.9 (name, address ⁽²⁾)		
	9..... ..		
	9..... ..		
	9..... ..		
	9..... ..		

9.11 Additional information on the benefits listed in 9.3 to 9.9

	Reference No	Period or date	Amount
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual

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10	Activity pursued, if any	
10.1	The pensioner	
	<input type="checkbox"/> is unemployed	
	<input type="checkbox"/> is engaged in paid employment	<input type="checkbox"/> intends to pursue paid employment ⁽³²⁾
	<input type="checkbox"/> is engaged in self-employment	<input type="checkbox"/> intends to pursue self-employment ⁽³²⁾
	Type of work	
10.2	Date of commencement of present work	
10.3	No of hours worked per week	
10.4	Amount of	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly earnings
10.5	Earnings	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly
	of a healthy person employed in the same activity with a normal working period	
	of	hours
	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly	.....
10.6	Period in which the income mentioned in 10.4 was earned	
11	The pensioner died on	
12	Remarks, if any	
13	Institution which drafted the report	
13.1	Name	
13.2	Address ⁽²⁾	
13.3	Stamp	
	13.4	Date
	13.5	Signature

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of six pages, none of which may be left out even if it does not contain any relevant information.

NOTES

* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.

(1) Symbol of the country to which the institution completing the form belongs: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

(2) Street, number, post code, town, country, telephone number.

(3) — For surname, please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.

— The surname at birth must always be given; if same as current surname put 'IDEM'. If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the maiden name for surname at birth.

— Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.

— In the case of Spanish nationals state both names.

— In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.



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- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) Previous names should be stated particularly in the case of adoption or in the case of other names in current use. Expressions such as 'called ...' or 'alias ...' must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required for a Spanish national, or a French national born outside metropolitan France.
- (8) Complete, where possible, for Belgian, German, French, Italian, Luxembourg, Netherlands, Austrian and Portuguese institutions. If this information is not available from the investigating institution, the competent institution should contact the person concerned.
- (9) For the purposes of Belgian, Danish, Netherlands, Finnish, Icelandic and Norwegian institutions.
- (10) This information is based on a statement from the person concerned.
- (11) If the form is being sent to a Danish institution, indicate the CPR number.
If the form is being sent to an Icelandic institution, the Icelandic personal identification number must be indicated.
- (12) Where appropriate, indicate the date of naturalization.
- (13) In the case of Spanish nationals state the number appearing on the national identity card (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (14) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01. 08. 1921).
- (15) Where the form is being sent to a Finnish institution give population register (identity) number where applicable.
- (16) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority.
- (17) Must be stated for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person, in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain state only the province.
- (18) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (19) If the form is being sent to a Danish, Finnish, Icelandic or Norwegian institution, give the claimant's last address in the correspondent State in the box below.

Address (2)

- (20) Complete only if the form is being sent to a Danish, Icelandic or Norwegian institution.
- (21) Complete only if the form is being sent to an Irish, United Kingdom or Austrian institution.
- (22) Complete if the form is being sent to a Belgian institution.
- (23) Complete if the form is being sent to a Danish, Spanish, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- (24) Does not apply to Luxembourg institutions.
- (25) Complete for Belgian, German, Italian, Austrian or Portuguese (monthly amount), French (quarterly amount), Danish, Spanish, Netherlands, Icelandic or Norwegian (annual amount) institutions.
- (26) For the purposes of Norwegian institutions, complete also form E 215/additional page No 1.
- (27) Indicate the common address. If one of the children or ascendants lives at a different address, indicate in the box below.

Surname and forenames

Address (2)

- (28) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.
- (29) For the purposes of Spanish and Norwegian institutions state whether the invalid child receives an invalidity pension in his or her own right.
- (30) Complete if the form is being sent to a Belgian, German, French or Austrian institution.
- (31) For the purposes of Liechtenstein institutions, indicate also if the person applied for or received the pension as cash compensation.
- (32) For the purposes of Spanish institutions state whether this occupation entails compulsory pension insurance cover.

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E 215 additional page No 1

ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

-
- 1 Children
- 1.1 Name Forename Date of birth
Income per year (All kinds)
- 1.2 Name Forename Date of birth
Income per year (All kinds)
- 1.3 Name Forename Date of birth
Income per year (All kinds)
- 1.4 Name Forename Date of birth
Income per year (All kinds)
- 1.5 Name Forename Date of birth
Income per year (All kinds)
- 1.6 Name Forename Date of birth
Income per year (All kinds)
- 2 Does the child share the household with both parents?
☐ Yes ☐ No
 If 'No', state which of the children, if not all children are concerned
- 3 If the parents are not married and the child (children) shares the household with both parents, give information about the other parent
 Name
 Date of birth
 Income per year (All kinds. Specify)
 Name of the child (children) if not all children are concerned
4. Cohabitant
- 4.1 Has the pensioner previously been married to the cohabitant?
☐ Yes ☐ No
- 4.2 Does the pensioner have or has she/he had children by the cohabitant?
☐ Yes ☐ No
-