

## II

*(Acts whose publication is not obligatory)*

## COMMISSION

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

## 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.
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

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**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

5 (12)

5.1 The person concerned ☐ has ☐ 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 <sup>(10)</sup> .....

6 (8)

6.1 The person concerned ☐ receives ☐ does not receive

6.2 ☐ an invalidity pension

6.3 ☐ an old-age pension

6.4 ☐ a survivor's pension

6.5 Date from which pension is paid .....

7 Institution issuing the certificate

7.1 Name .....

7.2 Address <sup>(5)</sup> .....

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.



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

### INVESTIGATION OF A CLAIM FOR AN OLD-AGE 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 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)	.....

#### A. Information concerning insured person (4)

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) since (11) .....	<input type="checkbox"/> separated since (11) .....										
	<input type="checkbox"/> married since (11) .....	<input type="checkbox"/> remarried (10) since (11) .....	<input type="checkbox"/> widow or widower since (11) .....										
	<input type="checkbox"/> cohabiting since (12) (4)	.....											
2.9	Taxpayer's number (13)	<table border="1"> <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"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
2.10	Sofi number (14)	<table border="1"> <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 (15)	.....	D.N.I. (16)	.....
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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.

## 5 Address and bank particulars

5.1 Address <sup>(3)</sup> <sup>(21)</sup> <sup>(22)</sup> .....

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 ☐ The insured person is still pursuing gainful employment☐ as an employed person☐ as a self-employed person☐ entailing compulsory pension insurance cover <sup>(23)</sup>7.2 ☐ The insured person ceased to pursue gainful employment☐ as an employed person☐ as a self-employed person since .....7.3 ☐ The insured person intends to retire from gainful employment☐ as an employed person☐ as a self-employed person on .....7.4 ☐ The insured person intends to take up gainful employment <sup>(24)</sup>☐ as an employed person☐ as a self-employed person (state nature of activity) .....7.5 Amount ☐ of salary☐ of professional income☐ of other income..... <sup>(25)</sup>

7.6 Nature of other income .....

7.7 ☐ The claimant states that he/she has no income <sup>(26)</sup>

## 8

8.1 The insured person

has applied  
for the following benefitsis receiving  
the following benefits

8.2 Continued wage or salary payments in case of illness

☐☐

8.3 Sickness insurance cash benefits for incapacity for work

☐☐

8.4 Rehabilitation allowances

☐☐8.5 Invalidity pension <sup>(27)</sup>☐☐8.6 Old-age pension <sup>(27)</sup>☐☐8.7 Survivor's pension <sup>(27)</sup>☐☐

8.8 Pension for accident at work or occupational disease

☐☐8.9 Pension-type benefit payable under compulsory motor insurance  
(road accident indemnity) <sup>(28)</sup>☐☐

8.10 Unemployment benefits or early retirement benefit

☐☐8.11 Family benefit <sup>(29)</sup>☐☐

8.12 Refund of contributions

☐☐8.13 Transfer of contributions <sup>(30)</sup>☐☐

8.14 Other benefits (please specify)

☐ Yes☐ No8.15 Institutions responsible for paying the benefits indicated in 8.3 to 8.11  
(name, address <sup>(3)</sup>)

8.....

8.....

8.....

8.....

## 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 determined
8.19 The benefit referred to in 8.6 or 8.7 is based on <sup>(31)</sup>:
☐ the claimant's own insurance periods: see E 205

☐ insurance periods completed by the (former) spouse: see E 205

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  
☐ Yes ☐ No ☐ Not yet determined
- 9.2 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 8 are taken into account  
     8 ..... 8 ..... 8 ..... 8 .....  
 — because of income other than the benefits specified at point 8  
☐ income from employment/self-employment  
☐ 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)  
☐ Yes ☐ No
- 9.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions  
☐ Yes ☐ 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 <sup>(33)</sup> ☐ declares that he/she is unfit for work (see medical report enclosed)  
☐ declares that he/she is not unfit for work
- 10.2 The claimant <sup>(33)</sup> <sup>(34)</sup> ☐ 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)  
☐ declares that he/she does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life  
☐ 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 <sup>(28)</sup>
- 10.3 The claimant <sup>(33)</sup> ☐ 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  
☐ Yes ☐ No ☐ 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  
☐ Yes ☐ No ☐ Not yet determined

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

<b>11</b>	<input type="checkbox"/> Spouse <span style="margin-left: 200px;"><input type="checkbox"/> Cohabiting partner (12) (35)</span>
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11.1	Surname (5) .....		
11.2	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Forenames .....</td> <td style="width: 50%;">Previous names .....</td> </tr> </table>	Forenames .....	Previous names .....
Forenames .....	Previous names .....		
11.3	Date of birth .....		
11.4	Nationality .....		
11.5	Address (3) .....		
11.6	Sofi number (14) .....		
11.7	Date of marriage/cohabiting .....		
11.8	The spouse/partner <span style="margin-left: 50px;"><input type="checkbox"/> pursues</span> <span style="margin-left: 50px;"><input type="checkbox"/> does not pursue gainful employment</span>		
11.9	If in the affirmative, state amount of <input type="checkbox"/> weekly earnings (36) ..... <span style="margin-left: 50px;"><input type="checkbox"/> annual earnings (37) .....</span>		
11.10	The spouse/partner aged between 60 and 65 declares himself/herself <input type="checkbox"/> fit for work <span style="margin-left: 100px;"><input type="checkbox"/> unfit for work (33)</span>		
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 <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> employed persons  <input type="checkbox"/> self-employed persons  <input type="checkbox"/> all residents         </div>		
11.12	Type of pension (38) .....		
11.13	Pension No (16) .....		
11.14	Institution responsible for payment .....		
11.15	Amount <span style="margin-left: 50px;"><input type="checkbox"/> monthly</span> <span style="margin-left: 50px;"><input type="checkbox"/> quarterly</span> <span style="margin-left: 50px;"><input type="checkbox"/> annual</span>		
11.16	The spouse/partner <input type="checkbox"/> unemployment <span style="margin-left: 50px;"><input type="checkbox"/> sickness</span> <span style="margin-left: 50px;"><input type="checkbox"/> receives</span> <span style="margin-left: 50px;"><input type="checkbox"/> does not receive other benefits (39)</span> <input type="checkbox"/> invalidity <span style="margin-left: 50px;"><input type="checkbox"/> other</span>		
11.17	Date of commencement .....		
11.18	Amount <span style="margin-left: 50px;"><input type="checkbox"/> monthly</span> <span style="margin-left: 50px;"><input type="checkbox"/> quarterly</span> <span style="margin-left: 50px;"><input type="checkbox"/> annual</span>		
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		

## 12 Children

12.1	Surname <sup>(5)</sup>	Forenames	Place and date of birth, marriage or death <sup>(41)</sup>	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 ..... <sup>(42)</sup>			
	.....			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos ..... of item 12.1 <sup>(43)</sup>			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address <sup>(3)</sup> <sup>(44)</sup> .....			
	.....			
	.....			
12.5	Remarks <sup>(45)</sup> <sup>(46)</sup> .....			
	.....			

## 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 <sup>(47)</sup>
	<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

- 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 .....

## 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 <sup>(3)</sup> .....



- (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.



**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.).



**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 .....

\_\_\_\_\_



## 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





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.

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 <sup>(19)</sup> ☐ is assumed ☐ is not assumed  
to have been the result of an accident at work <sup>(20)</sup> or of an occupational disease
- 8.3 Death <sup>(21)</sup> ☐ is assumed ☐ is not assumed  
to have been caused by a third party
- 8.4 Death <sup>(22)</sup> ☐ is assumed ☐ is not assumed  
to have been the result of a road accident (compulsory motor insurance) <sup>(22)</sup>
- 8.5 In the case of a missing person ☐ date last heard of .....
- ☐ date of death officially presumed <sup>(23)</sup> <sup>(24)</sup> .....

9

- 9.1 At the date of his/her marriage, the insured person <sup>(25)</sup> ☐ was ☐ was not  
receiving a pension under the scheme for ☐ employed persons ☐ self-employed persons
- 9.2 At the date of his/her death, the insured person ☐ was ☐ was not  
receiving a pension under the scheme for ☐ employed persons ☐ self-employed persons  
☐ all residents
- 9.3 At the time of death, the deceased (employed person) ☐ was ☐ was not  
insured under legislation for survivor's insurance <sup>(26)</sup>
- 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 <sup>(26)</sup>  
☐ the claimant's own insurance periods, see E 205  
☐ 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. Information concerning the claimants

11	<input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Other claimants, excluding children <sup>(27)</sup> <sup>(28)</sup> <sup>(29)</sup>												
11.1	Surname <sup>(4)</sup> .....												
11.2	Forenames .....	Previous names .....	Place of birth <sup>(15)</sup> .....										
11.3	Date of birth .....	Nationality .....	D.N.I. <sup>(13)</sup> .....										
11.4	Address <sup>(3)</sup> <sup>(30)</sup> .....												
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 <sup>(31)</sup> <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> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <sup>(32)</sup>												
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) <sup>(33)</sup>												
	<input type="checkbox"/> Yes <input type="checkbox"/> No												
11.9	Where applicable, date of <input type="checkbox"/> separation from bed and board <sup>(34)</sup> <input type="checkbox"/> divorce .....												
11.10	Where applicable, date of remarriage .....												
11.11	Surname and forenames of other spouse(s) <sup>(35)</sup> .....												
11.12	Is the widow/widower living together with another person as husband and wife <sup>(11)</sup>												
	<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) .....												

12

The person named in box 11

- 12.1 ☐ is engaged in ☐ is not engaged in gainful employment
- 12.2 ☐ is ☐ is not self-employed
- 12.3 ☐ states that he/she has no income <sup>(36)</sup>
- 12.4 Where appropriate, state amount of annual income <sup>(37)</sup> ..... in .....
- 12.5 The person named in box 11
- 12.6 ☐ was ☐ was not a dependant of the deceased insured person <sup>(38)</sup>
- 12.7 ☐ is ☐ is not
- ☐ permanently unfit for work
- ☐ temporarily unfit for work, namely for more than three months <sup>(39)</sup>
- 12.8 ☐ needs <sup>(40)</sup> ☐ does not need someone in constant attendance <sup>(41)</sup>
- 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
- ☐ receives a pension from ..... to .....
- ☐ does not receive a pension ☐ may qualify for a (survivor's) pension
- 12.11 Type of pension <sup>(42)</sup> .....
- 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 <sup>(43)</sup>
- ☐ is entitled to a survivor's pension under accident insurance from the following institution .....
- Pension No .....
- 12.16 The widow/widower <sup>(44)</sup>
- ☐ is raising a child ☐ is not raising a child
- for whom he/she receives a family allowance or an orphan's pension ☐ Yes ☐ 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
- ☐ Yes ☐ No ☐ Not yet determined

13

- 13.1 Other resources of the widow/widower <sup>(45)</sup> nature ..... amount <sup>(46)</sup> ..... in .....
- ☐ none
- 13.2 Other nature ..... amount <sup>(46)</sup> ..... in .....

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			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not yet determined	
14.2	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 12 are taken into account			
	12 .....	12 .....	12 .....	12 .....
	— because of income other than the benefits specified at point 12			
	<input type="checkbox"/> income from employment/self-employment			(47)
	<input type="checkbox"/> other .....			
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)			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
14.4	The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

15	Children <sup>(48)</sup> <sup>(49)</sup>				
15.1	Surname <sup>(4)</sup>	Forenames	Nationality	Place and date of birth, marriage or death <sup>(50)</sup>	Relationship (i.e.: legitimate, illegitimate, foster child) <sup>(51)</sup>
	1. ....	.....	.....	.....	.....
	2. ....	.....	.....	.....	.....
	3. ....	.....	.....	.....	.....
	4. ....	.....	.....	.....	.....
15.2	The following institution is competent to grant benefits pursuant to Art. 78 of Reg. 1408/71				
	<input type="checkbox"/> the investigating institution				
	<input type="checkbox"/> the institution designated as follows .....				
15.3	The investigating institution				
	<input type="checkbox"/> 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)		
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos .....		..... of item 15.1 <sup>(53)</sup>		
	<input type="checkbox"/> has not yet taken a decision concerning entitlement to benefits				
15.4	Address <sup>(3)</sup> <sup>(54)</sup> .....				
15.5	Remarks <sup>(55)</sup> <sup>(56)</sup> <sup>(57)</sup> .....				

## C. Miscellaneous information

- 16 ☐ Date of submission of this claim .....
- ☐ Date from which the pension is payable in the country of the investigating institution .....

The claimant has asked for payment <sup>(58)</sup>

- ☐ directly in the State of residence
- ☐ to a representative in the State of origin

Additional information for the purposes of the Finnish institutions

- ☐ The claimant wishes to have the decision ☐ in Finnish ☐ in Swedish

- 17 The investigating institution ☐ pays ☐ 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 ☐ There are grounds ☐ 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
- ☐ may ☐ may not  
be paid direct to the beneficiary

- 19.1 Attached forms ☐ E 205 ☐ E 206 ☐ E 207 <sup>(59)</sup>
- 19.2 Please send us your ☐ E 205 ☐ E 210 ☐ Decision ☐ Arrears

Remarks .....

.....

.....

20

 Investigating institution

- 20.1 Name .....
- 20.2 Address <sup>(3)</sup> .....
- 20.3 Stamp
- 20.4 Date .....
- 20.5 Signature .....

## 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.

- (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 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) .....

- (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.



- (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.



**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

<input type="checkbox"/> spouse	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> children	<input type="checkbox"/> yes	<input type="checkbox"/> no

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

<input type="checkbox"/> spouse	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> children	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> parents	<input type="checkbox"/> yes	<input type="checkbox"/> no

---



**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.).



**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 .....

\_\_\_\_\_





**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.

.....

.....

.....

\_\_\_\_\_



**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



**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

**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

.....

- 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

\_\_\_\_\_





E 204

(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)	<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) (12) (13) .....		
2.9	Taxpayer's number (14)	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> </div>	
	Code of tax district	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div>	
2.10	Sofi number (15)	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> </div>	

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.

**5** Address and bank particulars

5.1 Address <sup>(3)</sup> <sup>(22)</sup> <sup>(23)</sup> .....

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

☐ is still engaged in ☐ is no longer engaged in

☐ gainful employment ☐ self-employment

7.4 If he/she is engaged in gainful employment indicate <sup>(24)</sup>

Amount of wage/salary ..... No of hours worked per week .....

7.5 Date of cessation of gainful employment

☐ as an employed person .....

☐ 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 <sup>(25)</sup> .....

Nature of activity .....

7.8 Other known resources (amount and nature) <sup>(26)</sup> .....

7.9 ☐ The claimant states that he/she has no income <sup>(27)</sup> .....

7.10 The invalidity

☐ is assumed ☐ is not assumed to have been caused by a liable third party

☐ is the result of ☐ is not the result of an accident at work or an occupational disease <sup>(28)</sup>

☐ is the result of ☐ is not the result of an accident other than an accident at work or an occupational disease <sup>(29)</sup>

7.11 At the moment of commencement of incapacity for work, the claimant was

☐ insured as a worker against invalidity

☐ insured other than as a worker against invalidity

☐ not insured against invalidity

**8**

8.1 Since the commencement of incapacity for work, the person concerned

☐ has followed occupational rehabilitation courses

☐ 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 <sup>(3)</sup> .....

8.4 Date of commencement and of termination of this employment .....

9

9.1 The insured person has applied for the following benefits 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 allowances   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.5 Invalidity pension <sup>(30)</sup>  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.6 Old-age pension <sup>(30)</sup>   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.7 Survivor's pension <sup>(30)</sup>  | <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 or early retirement benefit   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.10 Benefits in respect of assistance by another person <sup>(31)</sup>  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.11 Family benefit <sup>(32)</sup>   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.12 Refund of contributions  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 9.13 Transfer of contributions <sup>(33)</sup>  | <input type="checkbox"/>     | <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<br>(name, address <sup>(3)</sup> ) |                              |                             |

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

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

11	<input type="checkbox"/> Spouse <sup>(13)</sup> <sup>(35)</sup> <input type="checkbox"/> Cohabiting partner <sup>(11)</sup>	
11.1	Surname <sup>(4)</sup> .....	
11.2	Forenames .....	Previous names .....
11.3	Date of birth .....	Place of birth <sup>(19)</sup> .....
11.4	Address <sup>(3)</sup> .....	
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 <sup>(36)</sup> ..... <input type="checkbox"/> monthly earnings <sup>(37)</sup> .....         annual earnings <sup>(38)</sup> .....	
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"/> receives a pension <input type="checkbox"/> self-employed persons <input type="checkbox"/> does not receive a pension	
	In the affirmative, indicate .....	
11.9	Type of pension .....	
11.10	Pension No <sup>(17)</sup> .....	
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 <sup>(39)</sup> <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 <sup>(40)</sup> .....	

12	Children <sup>(13)</sup>
----	--------------------------

12.1	Surname <sup>(4)</sup>	Forenames	Place and date of birth, marriage or death <sup>(41)</sup>	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 ..... <sup>(42)</sup>			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos ..... of item 12.1 <sup>(43)</sup>			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address <sup>(3)</sup> <sup>(44)</sup> .....			
12.5	Remarks <sup>(45)</sup> <sup>(46)</sup> .....			

13	Ascendants and other members of the household <sup>(47)</sup>
----	---

13.1	Surname <sup>(4)</sup>	Forenames	Date of birth	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
13.2	Address <sup>(3)</sup> <sup>(44)</sup> .....			
13.3	Remarks .....			

## C. Miscellaneous information

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

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 <sup>(49)</sup> ☐ E 213  
 17.2 Please send us your ☐ E 205 ☐ E 210 ☐ Decision ☐ Arrears

Remarks .....  
 .....  
 .....

## 18 Investigating institution

- 18.1 Name .....  
 .....  
 18.2 Address <sup>(3)</sup> .....  
 .....  
 18.3 Stamp .....  
 .....  
 18.4 Date .....  
 18.5 Signature .....  
 .....

## 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) .....



- (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.



**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.).



**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 .....

\_\_\_\_\_



## 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 .....

.....

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



# 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



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) .....			
	.....			

8

Year from 1 January to 31 December	Number of days		Occupation <sup>(15)</sup> <sup>(16)</sup>	Remarks <sup>(14)</sup> <sup>(**)</sup> <sup>(17)</sup>
	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				

8

(continued)

Year from 1 January to 31 December	Number of days		Occupation (15) (16)	Remarks (14) (**) (17)
	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)				

- 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.

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) .....			
	.....			

8.1 Total length of period of insurance under Danish social security schemes

8.2 Remarks <sup>(14)</sup>



- 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.



**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)			



- 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.



**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 ( <sup>2</sup> )	..... ..... .....

**Information concerning insured persons**

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

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

5	Address ( <sup>2</sup> )
..... .....	

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 ( <sup>13</sup> )			
7.1	Surname ( <sup>3</sup> ) .....			
7.2	Forenames	Surname at birth	Place of birth ( <sup>10</sup> )	
7.3	Date of birth	Sex	Nationality	D.N.I. ( <sup>8a</sup> )
7.4	Address ( <sup>2</sup> ) .....			

[illegible]



- 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.



**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	Surname at birth	Place of birth (10)	
	.....	.....	.....	
7.3	Date of birth	Sex	Nationality	D.N.I. (8a)
	.....	.....	.....	.....
7.4	Address (2)	.....		
		.....		



- 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.



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)			





- 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.



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) .....			
	.....			

[illegible]

- 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.



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)			





- 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	.....	10.4	Date	.....
10.2	Address (2)	.....	10.5	Signature	.....
10.3	Stamp				

### 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.



**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) .....
	.....

8

②

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.



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) .....
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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) .....			
	.....			

[illegible]



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

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: 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.

**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 ( <sup>2</sup> )	..... ..... .....

**Information concerning insured persons**

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

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

5	Address ( <sup>2</sup> )
..... ..... .....	

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 ( <sup>13</sup> )			
7.1	Surname ( <sup>3</sup> ) .....			
7.2	Forenames	Surname at birth	Place of birth ( <sup>10</sup> )	
7.3	Date of birth	Sex	Nationality	D.N.I. ( <sup>8a</sup> )
7.4	Address ( <sup>2</sup> ) ..... .....			



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

## INSTRUCTIONS

## NOTES

- ③



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)	.....		
		.....		





- 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.



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) .....			



[illegible]

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.

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) .....			





- 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.



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 Surname at birth Place of birth (10) .....  
7.3 Date of birth Sex Nationality D.N.I. (8a) .....  
7.4 Address (2) .....  
.....



- 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.



**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 .....
	Surname at birth .....
	Place of birth (10) .....
7.3	Date of birth .....
	Sex .....
	Nationality .....
	D.N.I. (8a) .....
7.4	Address (2) .....
	.....





- 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.



**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)			

Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions <sup>(15)</sup>	Remarks <sup>(17)</sup>
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			

8

(continued)

Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions <sup>(15)</sup>	Remarks <sup>(17)</sup>
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 .....		

- 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: 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.

**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)			

②



- 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.



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) .....			
	.....			

[illegible]

9 The periods of employment shown in item 8 were interrupted as follows <sup>(16)</sup>

[illegible]

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; 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.

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 .....
.....		

7	Information relating to all periods completed (periods of employment, self-employment, residence and training) <sup>(16)</sup>						
	Periods <sup>(17)</sup>		Type of period <sup>(18)</sup>	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 <sup>(19)</sup>	(a) Insurance institution or scheme <sup>(15)</sup> (b) Insurance number <sup>(20)</sup> (c) Type of insurance <sup>(21)</sup>	Place of residence during period of employment <sup>(22)</sup>
	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) .....	

..... Date

..... Signature

..... <sup>(23)</sup>



## 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]

In case of a survivor's pension the abovementioned periods refer to the deceased.

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



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: .....	
.....	
.....	
.....	
.....	
.....	

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

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: .....





E 211

(1)

SUMMARY OF DECISIONS

Reg. 574/72: Art. 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, together with a notice of appeals and periods allowed for appeals (an E 212 form). 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 (1b) (3)	
1.3	Date of birth	Sex	Nationality	D.N.I. (4)
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			

- 7 If you wish to appeal against the decisions given in your case by one or more of these institutions, you may do so in accordance with the procedures and within the time limits indicated on form E 212.

8	Investigating institution	
8.1	Name	.....
8.2	Address <sup>(5)</sup>	..... .....
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.
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- (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 (D.N.I.), if it exists, even if the card is out of date. Failing this, state 'None'.
- (5) Street, number, post code, town, country.
- (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.

APPEALS AND PERIODS ALLOWED FOR APPEALS

Reg. 574/72: Art. 48

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

1. State in writing the grounds for your appeal.
2. State the references on the notification relating to the contested decision. Attach a copy of this decision.
3. Sign the letter. If you cannot sign, make a cross and have the letter of appeal signed by two persons of full age, giving their surnames, forenames and addresses <sup>(2)</sup> <sup>(3)</sup>.
4. Ensure that, within the period mentioned in the notification of the contested decision, this letter is in the possession of the institution with which you lodge an appeal against the decision.

NB: This period starts on the date of the notification; under Art. 86 of Reg. 1408/71 any claim, declaration or appeal which should have been submitted, in order to comply with the legislation of one State, within a specified period to an authority, institution or court of that State shall be admissible if it is submitted within the same period to a corresponding authority, institution or court of another State.

To obtain the name and address of this authority, institution or court, enquire at the pension insurance institution of your place of residence.

B — 1. An appeal against a **Belgia** decision should, within one month of the date on which the decision is received, either be sent by registered letter, or delivered to the office of the clerk of the labour court in the area of jurisdiction:

- (1) where you reside, if you are resident in Belgium (labour court of .....);
- (2) of your or the insured person's last domicile or residence in Belgium, if you are resident abroad;
- (3) of the place where the insured person was last occupied in Belgium, if you and the insured person have never been domiciled or resident in Belgium.

2. An appeal against a **Danish** decision relating to entitlement to a pension should be lodged, within a period of four weeks of the date on which the decision is received, with the authority that took the decision. The authority will forward the appeal to the appropriate body.

An appeal against a Danish decision relating to entitlement to a pension under the legislation on supplementary pensions for employed persons (ATP) should be lodged, within a period of four weeks of the date on which the decision is received, with the 'Ankenævnet for Arbejdsmarkedets Tillægspension' (ATP Appeals Board), Ministry of Labour, Copenhagen. Address: Laksegade, 19, 1063 Copenhagen K (Denmark).

3. A protest against a decision taken by a **German** institution for pension insurance may be lodged within a period of one month of the date of notification of the decision.

The protest must be made in writing to .....  
.....  
(Address of German insurance institution from which the decision is received).  
You may also personally go to the institution and have your appeal recorded in writing there.

4. An appeal against a decision by a **Greek** institution should be lodged with the following authority either directly or via the institution of the place of residence within a period of ..... days of the date on which the decision is received:

.....

5. An appeal against a decision by a **Spanish** institution must be sent within 30 working days of the date on which notification of the decision was received to the following authority (name and address):

.....

.....

either directly or via the institution of your place of residence.

6. An appeal against a decision by a **French** institution should be lodged within a period of two months of the date on which it is received (if it is an administrative decision) with the Chairman of the Appeals Board, the address of which is given below, or (if it is a medical decision) to the Chairman of the Regional Technical Commission, the address of which is given below:
- .....
- .....

7. An appeal against an **Irish** decision should be sent to the Chief Appeals Officer, Social Welfare Appeals Office, D'Olier House, D'Olier Street, Dublin 2, within a period of 21 days of the date of notification of the decision.

8. An appeal against an **Italian** decision of the INPS should be sent to the 'Comitato provinciale' attached to the provincial office of the INPS in
- .....

within 90 days of the date on which the Summary of Decisions (E 211 form) is received.

If no decision has been received at the end of the period of 90 days, the person concerned may, within three years of the end of the said period, take legal action as provided for by law.

The above appeal procedures apply to claims for pensions which form the subject matter of a decision by the INPS in the context of general compulsory invalidity, old-age and survivor's insurance. Appeals against decisions taken in the context of special schemes of the INPS or of the other institutions are subject to different procedures of which the insured person will be notified separately.

9. An appeal against a **Luxembourg** decision should be sent in duplicate to the 'Conseil arbitral des assurances sociales' in Luxembourg, within a period of 40 days of the date on which the decision is received.

10. An appeal against a **Netherlands** decision should be sent in duplicate to the 'Arrondissementsrechtbank, Sector Bestuursrecht':
- .....

within six weeks of the date on which it is reasonably assumed you were aware of that decision.

Legal charges will have to be paid in connection with the dispute procedure; these charges will be reimbursed if the court finds in your favour. This does not apply to notifications concerning pensions under the special scheme for miners. These notifications include instructions as to what you should do if you disagree with the calculation of the pension.

11. You can appeal against a decision of an **Austrian** pension insurance institution within a time limit of three months without extension beginning with the delivery of the decision at the authority quoted in the decision under 'Klagerecht' ('legal information'), at the county court of your place of residence or place of employment, if the court mentioned in the decision is not located at your place of residence or place of employment or at the pension insurance institution which has issued the decision.

12. An appeal against a decision by a **Portuguese** institution must be sent:

- if permanent incapacity has not been recognized, to the National Pensions Centre (Centro Nacional de Pensoes), within 15 days (or 45 days in case of residence outside Portugal) of the day on which the conclusions of the Supervisory Board on Permanent Incapacity (Commissao de Verificacao de Incapacidades Permanentes) were notified; or
- if a claim for cash benefits has been rejected on administrative grounds, to the locally competent Administrative Tribunal (Tribunal Administrativo de Circulo) within two months (or four months in case of residence outside Portugal) of the day on which the notice of the decision was received.

13. An appeal against a **Finnish** decision relating to a pension under the legislation on Finnish employment pensions should be sent within a period of 30 days of the date on which the decision is received, to the address given below:
- .....

An appeal against a Finnish decision relating to a pension under the legislation on national pensions should be sent, within a period of 30 days of the date on which the decision was received, to 'Kansaneläkelaitos' (Social Insurance Institution), to the address given below:

.....

14. An appeal against a decision by a **Swedish** social insurance office must be sent to the social insurance office for reconsideration within two months from the date on which the decision was received.

15. An appeal against a decision of a **United Kingdom** institution should be sent, within a period of three months from the date shown on the decision letter, to the Department of Social Security, Benefits Agency, Pensions and Overseas Benefits Directorate, Newcastle-upon-Tyne or the Northern Ireland Social Security Agency, Overseas Branch, Belfast, as appropriate.

16. An appeal against an **Icelandic** decision relating to a pension under the legislation on social pension should be sent no later than three months after a decision was reached to 'Tryggingarad' (The State Social Security Board), Reykjavik.

Address: .....

An appeal against an Icelandic decision relating to a pension under the legislation on supplementary pension (pension funds) should be lodged within 'gerdardomur lifeyrissjodsins' (the court of arbitration of the relevant pension fund).

Address: .....

17. An appeal against a decision of the **Liechtenstein** old-age, survivor's or invalidity insurance must be sent by the applicant or all other persons who are concerned by this decision to the Liechtenstein old-age, survivor's or invalidity insurance, Vaduz, for reconsideration within 30 days from the date on which the decision was received.

An appeal against a Liechtenstein decision relating to the occupational scheme must be brought into the Liechtenstein court within three years in case of claims concerning periodical benefits.

18. An appeal against a **Norwegian** decision must be sent to the Norwegian social insurance office within six weeks after receiving notice of the decision.

### INSTRUCTIONS

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

### NOTES

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- (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 = Liechtenstien; N = Norway.
- (2) Street, number, post code, telephone number.
- (3) 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.



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 ☐ Insurance No

1.2.7 ☐ 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

Date \_\_\_\_\_

(date)

(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?

☐ 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

☐ on



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 .....

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  
Rotation ext./int.  
50-0-95°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Elbow joint  
Extension/Flexion  
10-0-150°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Wrist joint  
Extension/Flexion  
50-0-50°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Abduction/Adduction  
180-0-40°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Backwards/Forwards  
40-0-160°

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  
50-0-25°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Adduction  
30-60°

\_\_\_\_\_ °

Ext./Int. rot.  
35-0-45°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Knee joint  
Extension/Flexion  
5-0-150°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

Talocrural joint  
Extension/Flexion  
40-0-25°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

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)

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

R	L

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.) .....

.....

.....

.....

.....

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

.....

.....

.....

Surname, Forenames

Date

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

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

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 .....

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☐ partial

If 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



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

## 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

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- (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.
-

## ADDITIONAL INFORMATION FOR THE PURPOSES OF INSTITUTIONS IN THE NETHERLANDS

Questions	Answers				
Can the person insured	No	Incidentally	Sometimes	Regularly	No limit
<ol style="list-style-type: none"> <li>1. sit</li> <li>2. stand</li> <li>3. walk</li> <li>4. kneel/crawl/squat</li> <li>5. work with bent back</li> <li>6. bow or twist back often</li> <li>7. use the nape</li> <li>8. hold the arms extended</li> <li>9. hold the arms raised</li> <li>10. use his/her hands/fingers</li> <li>11. lift and carry . . . kg max.</li> <li>12. work under the following conditions: <ul style="list-style-type: none"> <li>— be exposed to sudden changes of temperatures</li> <li>— stand high humidity (&gt; 90 %)</li> <li>— stand low humidity (&lt; 35 %)</li> <li>— stand strong changes of climate</li> </ul> </li> <li>13. stand intensive (skin) contacts with solid and liquid substances</li> <li>14. stand vibrations</li> <li>15. wear protective gear</li> <li>16. maintain a demanding rhythm of work</li> <li>17. abide doing nothing</li> <li>18. handle conflicting demands arising from his/her functions</li> <li>19. handle conflicts</li> <li>20. perform monotonous work</li> <li>21. perform cyclical repeated work</li> <li>22. bear responsibility</li> <li>23. work alone</li> <li>24. work with others</li> </ol>					



**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

.....

.....

**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:

.....

.....

.....

.....



**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

.....

.....

.....

.....

.....

.....

.....

---





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 .....
	<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) .....
	.....
	.....

6 Spouse/cohabiting partner <sup>(9)</sup>

6.1	Surname <sup>(3)</sup>		
.....			
6.2	Forenames	Previous names	
.....			
6.3	Date of birth <sup>(15)</sup>	Place of birth <sup>(16)</sup>	
.....			
6.4	Address <sup>(2)</sup> <sup>(20)</sup>		
.....			
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 <sup>(21)</sup>	<input type="checkbox"/> monthly earnings <sup>(22)</sup>	<input type="checkbox"/> annual earnings <sup>(23)</sup>
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 <sup>(13)</sup>		
.....			
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 <sup>(24)</sup>	<input type="checkbox"/> receives other	<input type="checkbox"/> does not receive other benefits
		benefits	
	<input type="checkbox"/> unemployment	<input type="checkbox"/> namely for 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 <sup>(25)</sup>
		.....	.....

7 Children <sup>(26)</sup>

7.1	Surname <sup>(3)</sup>	Forenames	Date of birth <sup>(15)</sup>	Relationship
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
6.	.....	.....	.....	.....
7.2	Address <sup>(2)</sup> <sup>(27)</sup>			
.....				
7.3	Remarks <sup>(28)</sup> <sup>(29)</sup>			
.....				

8 Ascendants and other members of the household <sup>(30)</sup>

[illegible]

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 <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension <sup>(31)</sup>	<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 <sup>(2)</sup> )		
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

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"/> is engaged in self-employment <input type="checkbox"/> intends to pursue paid employment <sup>(32)</sup> <input type="checkbox"/> intends to pursue self-employment <sup>(32)</sup>
	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 <sup>(2)</sup> .....
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.

- (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.
- (28) 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.



**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