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**DECISION No 184  
of 10 December 2001  
on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and  
(EEC) No 574/72 (E 201 to E 207, E 210, E 213 and E 215)**

(Text with EEA relevance)

(2002/864/EC)

(OJ L 304, 6.11.2002, p. 1)

Corrected by:

► C1 Corrigendum, OJ L 315, 19.11.2002, p. 22 (2002/864/EC)



**DECISION No 184**  
**of 10 December 2001**

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**(Text with EEA relevance)**

(2002/864/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 <sup>(1)</sup> of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their families 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 <sup>(2)</sup>, 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 its Decision No 158 <sup>(3)</sup> on the model forms necessary for the application of Council Regulations (EEC) No 1408/71 and (EEC) No 574/72 (E201 to E 215),

Having regard to Council Regulation (EC) No 1606/98 <sup>(4)</sup> amending Regulations (EEC) No 1408/71 and (EEC) No 574/72 with a view to extending them to cover special schemes for civil servants,

Having regard to Council Regulation (EC) No 307/1999 <sup>(5)</sup> amending Regulations (EEC) No 1408/71 and (EEC) No 574/72 with a view to extending them to cover students,

Having regard to Council Regulation (EC) No 1399/1999 <sup>(6)</sup> amending Regulations (EEC) No 1408/71 and (EEC) No 574/72,

Whereas;

- (1) The Agreement on the European Economic Area of 2 May 1992, as supplemented 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.
- (2) 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 shall be adapted and used within the European Economic Area.
- (3) For practical reasons identical forms should be used within the Community and within the European Economic Area.
- (4) 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.
- (5) The language in which the forms should be drawn up has been decided by recommendation No 15 of the Administrative Commission,

<sup>(1)</sup> OJ L 149, 5.7.1971, p. 2.

<sup>(2)</sup> OJ L 74, 27.3.1972, p. 1.

<sup>(3)</sup> OJ L 336, 27.12.1996, p. 1.

<sup>(4)</sup> OJ L 209, 25.7.1998, p. 1.

<sup>(5)</sup> OJ L 38, 12.2.1999, p. 1.

<sup>(6)</sup> OJ L 164, 30.6.1999, p. 1.

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HAS DECIDED AS FOLLOWS:

1. The model forms E 201, E 202, E 203, E 204, E 205 (Belgium (B), Denmark (DK), Germany (D), Greece (GR), Spain (E), France (F), Ireland (IRL), Italy (I), Luxembourg (L), the Netherlands (NL), Austria (A), Portugal (P), Finland (FIN), Sweden (S), United Kingdom (GB), Iceland (IS), Liechtenstein (FL) and Norway (N), E 206, E 207, E 210, E 213 and E 215 printed in Decision No 158 of 27 November 1995 shall be replaced by the model appended hereto.
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 forms printed in their own language.
4. This Decision shall be published in the *Official Journal of the European Communities*. It shall be applicable from the first day of the month following its publication.

*The Chairman*  
*of the Administrative Commission*  
J. DONIS

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**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
 EEA\*

See 'Instructions' overleaf

**E 201**  (1)

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

Reg. 1408/71: Art. 9.2; Art. 15.3  
 Reg. 574/72: Art. 6.2

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

<b>1</b>	Insured person
1.1	Surname (1a) .....
1.2	Forenames .....
	Previous names (1a) .....
	Place of birth (1) .....
1.3	Date of birth .....
	Sex .....
	Nationality (1) .....
	D.N.I. (1) .....
1.4	Address (1) .....
1.5	Insurance No .....

<b>2</b>	Last employment entailing compulsory insurance (1)
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 (1) .....

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

<b>4</b>	The worker named in box 1 completed the following periods of residence (1)			
	from	to	Duration	
	.....	.....	Years	Months
	.....	.....	Days	.....
	.....	.....	.....	.....
	.....	.....	.....	.....

▼ **B****E 201**

5	( <sup>12</sup> )
5.1	The person concerned <input type="checkbox"/> has <input type="checkbox"/> has not submitted an application in another Member State for registration for voluntary or optional continued insurance.
	If he/she has, state
5.2	the country .....
5.3	the risk ( <sup>13</sup> ) .....

6	( <sup>9</sup> )
6.1	The person concerned <input type="checkbox"/> receives <input type="checkbox"/> does not receive
6.2	<input type="checkbox"/> an invalidity pension
6.3	<input type="checkbox"/> an old-age pension
6.4	<input type="checkbox"/> a survivor's pension
6.5	Date from which pension is paid .....

7	Institution issuing the certificate
7.1	Name .....
7.2	Address ( <sup>6</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.
- (<sup>1</sup>) 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.
- (<sup>14</sup>) 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.
- (<sup>5</sup>) In the case of Portuguese districts state also the parish and the local authority.
- (<sup>6</sup>) Where applicable, indicate the date of naturalisation.
- (<sup>7</sup>) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (<sup>8</sup>) Street, number, post code, town, country, telephone number.
- (<sup>9</sup>) 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.
- (<sup>10</sup>) Indicate the number of quarters, months, weeks, days, in accordance with the provisions of national legislation.
- (<sup>11</sup>) Complete only if the form is being sent to a German, Greek, Spanish, Luxembourg, Austrian, Liechtenstein or Norwegian institution.
- (<sup>12</sup>) Indicate the type of insurance by using the following symbols:  
A = compulsory  
B = voluntary  
C = optional continued  
D = assimilated periods
- (<sup>13</sup>) Indicate the risks covered by using the following symbols:  
E = invalidity  
F = old age  
G = death.
- (<sup>14</sup>) Complete only if the certificate is issued by a Danish, Finnish, Swedish, Icelandic or Norwegian institution.
- (<sup>15</sup>) In Norway this information must be given by the insured person.

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**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on pages 8 and 9

<b>E 202</b>		(*)
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Country	Identification No (°)	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 51a; 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.

<b>1</b>	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name .....
1.2	Address (°) .....

**A. Information concerning insured person (°)**

<b>2</b>											
2.1	Surname (°) .....										
2.2	Surname at birth (°) .....										
2.3	Forenames (°) .....										
2.4	Previous names (°) .....										
2.5	Sex (°) .....										
2.6	Father's surname and forenames (°) .....										
2.7	Mother's surname and forenames (°) .....										
2.8	Civil status										
	<input type="checkbox"/> single <span style="margin-left: 150px;"><input type="checkbox"/> divorced (°) since (°) .....</span> <span style="margin-left: 150px;"><input type="checkbox"/> separated since (°) .....</span>										
	<input type="checkbox"/> married since (°) ..... <span style="margin-left: 150px;"><input type="checkbox"/> remarried (°) since (°) .....</span> <span style="margin-left: 150px;"><input type="checkbox"/> widow or widower since (°) .....</span>										
	<input type="checkbox"/> cohabiting since (°) (°) .....										
2.9	Taxpayer's number (°) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>										
	Code of tax district <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>										
2.10	Insurance number (°) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>										

<b>3</b>	Nationality (°) .....	D.N.I. (°) .....
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<b>4</b>	Details of birth
4.1	Date of birth (°) .....
4.2	Place of birth (°) .....
4.3	Province, department, county (°) .....
4.4	Country (°) .....

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

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5	Address and bank particulars	
5.1	Address <sup>(1)</sup> <sup>(2)</sup> .....	
	.....	
	.....	
5.2	Bank particulars or address for direct payment	
	Name of the beneficiary as recognised by the bank .....	
	Name of the bank .....	
	Address of the bank .....	
	Bank identification code .....	
	Bank account .....	

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

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

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

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8.16 Additional information on the benefits listed in 8.3 to 8.10

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

8.17 The following are regarded as advances on the pension claimed

- sickness insurance benefits for incapacity for work
- unemployment benefits
- .....

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

- Yes
- No
- Not yet determined

8.19 The benefit referred to in 8.6 or 8.7 is based on <sup>(1)</sup>:

- the claimant's own insurance periods: see E 205
- insurance periods completed by the (former) spouse: see E 205



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

10	Information to be supplied if the form is to be sent to Danish (10.1, 10.2 and 10.3), German, Greek, Spanish, Austrian (10.1 and 10.2), French (10.1, 10.2 and 10.4), Icelandic (10.2 and 10.3), Portuguese, Finnish or Norwegian (10.2) institutions
10.1	The claimant <sup>(23)</sup> <input type="checkbox"/> declares that he/she is unfit for work (see medical report enclosed) <input type="checkbox"/> declares that he/she is not unfit for work
10.2	The claimant <sup>(24)</sup> <input type="checkbox"/> declares that he/she needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed) <input type="checkbox"/> declares that he/she does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life <input type="checkbox"/> declares that his or her functional capacity has on account of an illness or injury diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided or that the illness or injury imposes an added long-term financial strain <sup>(25)</sup>
10.3	The claimant <sup>(26)</sup> <input type="checkbox"/> declares that he/she does not have sufficient means of subsistence
10.4	The investigating institution awards an increase in benefits to the extent that the applicant is incapable of carrying out normal day-to-day activities unaided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined — In addition to the benefit referred to at point 8 ....., the applicant receives an additional benefit if he/she is incapable of carrying out normal day-to-day activities — The additional benefit may be reduced if a similar benefit is granted by another institution concerned <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined

▼ **B**

**E 202**

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

<b>11</b>	<input type="checkbox"/> Spouse <span style="margin-left: 200px;"><input type="checkbox"/> Cohabiting partner <sup>(13)</sup> <sup>(65)</sup></span>	
11.1	Surname <sup>(6)</sup> .....	
11.2	Forenames <sup>(6)</sup> .....	Previous names <sup>(7)</sup> .....
11.3	Date of birth .....	Place of birth <sup>(16)</sup> .....
11.4	Nationality <sup>(16)</sup> .....	
11.5	Address <sup>(6)</sup> .....	
11.6	Sofi number <sup>(14)</sup> .....	
11.7	Date of marriage/cohabiting .....	
11.8	The spouse/partner <input type="checkbox"/> pursues <input type="checkbox"/> does not pursue gainful employment	
11.9	If in the affirmative, state amount of <input type="checkbox"/> weekly earnings <sup>(66)</sup> <input type="checkbox"/> annual earnings <sup>(67)</sup> .....	
11.10	The spouse/partner aged between 60 and 65 declares himself/herself <input type="checkbox"/> fit for work <input type="checkbox"/> unfit for work <sup>(68)</sup>	
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"/> employed persons <input type="checkbox"/> civil servants <input type="checkbox"/> self-employed persons <input type="checkbox"/> all residents
	<input type="checkbox"/> does not receive a pension	
	Where appropriate, indicate	
11.12	Type of pension <sup>(69)</sup> .....	
11.13	Pension No <sup>(15)</sup> .....	
11.14	institution responsible for payment .....	
11.15	Amount <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual .....	
11.16	The spouse/partner <input type="checkbox"/> receives <input type="checkbox"/> does not receive other benefits <sup>(69)</sup>	
	<input type="checkbox"/> unemployment <input type="checkbox"/> sickness <input type="checkbox"/> occupational accident <input type="checkbox"/> invalidity <input type="checkbox"/> other or illness	
11.17	Date of commencement .....	
11.18	Amount <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annual .....	
11.19	Other known resources Type .....	
	Amount <sup>(40)</sup> .....	
11.20	The benefit referred to in 11.11 is based on <sup>(61)</sup> : <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	

▼ **B****E 202**

12	Children			
12.1	Surname (*)	Forenames	Place and date of birth, marriage or death (*)	Relationship (i.e.: own child, adopted child, 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 lines No ..... of item 12.1, is granting benefits until ..... inclusive.			
	amount of pension increase and family allowance per child ..... (42)			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in lines No ..... of item 12.1 (43)			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address (*) (44) .....			
12.5	Remarks (45) (46) .....			

**C. Miscellaneous information**

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

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**E 202**

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 <sup>(46)</sup>  
 17.2 Please send us your  E 205  E 210  Decision  Arrears

Remarks .....

.....

.....

18 Investigating institution

18.1 Name .....

18.2 Address (°) .....

.....

18.3 Stamp

18.4 Date .....

18.5 Signature .....

.....



E 202

## INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of nine 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.
- (f) 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); to a German institution of the general social security scheme, indicate the insurance number (VSNR); to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr.), to a Portuguese institution indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal.
- (g) Street, number, post code, town, country, telephone number.
- (f) For the purpose of Norwegian institutions, complete also form E 202/additional page No 3. For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants.
- (f) — 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.
- (f) Give all forenames in the order in which they appear on the birth certificate.
- (f) 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.
- (g) Put M for male and F for female.
- (f) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (g) 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.
- (1) For the purposes of Belgian, United Kingdom, Liechtenstein and Netherlands institutions, specify also the date beside the corresponding box.
- (g) 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. 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) For the purposes of Netherlands institutions complete Sofi number, if known. For the purpose of Belgian institutions complete national social security number (NISS).
- (15) Where appropriate, indicate the date of naturalisation.
- (16) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, 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 (21) .....



E 202

- <sup>(62)</sup> 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 <sup>(63)</sup> .....
.....

- <sup>(63)</sup> For the purposes of Spanish institutions.
- <sup>(64)</sup> Complete if the form is being sent to a Belgian, German, Spanish, Irish, Luxembourg, Portuguese, Austrian or Norwegian institution.
- <sup>(65)</sup> 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.
- <sup>(66)</sup> 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.
- <sup>(67)</sup> 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.
- <sup>(68)</sup> For the purposes of Finnish institutions.
- <sup>(69)</sup> Complete if the form is being sent to an Italian institution.
- <sup>(70)</sup> For the purposes of Liechtenstein institutions.
- <sup>(71)</sup> To be completed for Netherlands institutions.
- <sup>(72)</sup> State the type of income taken into account by the investigating institution in applying its overlapping rules.
- <sup>(73)</sup> The Greek, Spanish, French and Austrian institutions may subsequently request an E 213 form.
- <sup>(74)</sup> For the purposes of Portuguese institutions, complete also form E 202/additional page No 2.
- <sup>(75)</sup> For the Netherlands institutions a form E 205 for the (former) spouse/partner should be submitted at the same time.
- <sup>(76)</sup> Complete also if the form is being sent to an Irish, Austrian or United Kingdom institution.
- <sup>(77)</sup> 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.
- <sup>(78)</sup> For Spanish, French, Austrian or Liechtenstein institutions, indicate the nature of the risk (invalidity, old age) and the type of entitlement (direct or indirect).
- <sup>(79)</sup> Complete if the form is being sent to a Belgian, Danish, Spanish, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- <sup>(80)</sup> 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).
- <sup>(81)</sup> Indicate with the following symbols which date you are referring to: \* birth, ° marriage, † death.
- <sup>(82)</sup> Provide details of rates from date of pension award with any subsequent change of rate.
- <sup>(83)</sup> 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.
- <sup>(84)</sup> Indicate the common address. If any of the children live at a different address, indicate in the box below.

Surname and forenames .....
Address <sup>(85)</sup> .....
.....

- <sup>(85)</sup> 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.
- <sup>(86)</sup> 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.
- <sup>(87)</sup> Complete if the form is being sent to an Italian or Greek institution.
- <sup>(88)</sup> If form E 202 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.

▼ **B**

E 202 additional page No 1

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

- 1 The child named in line No ..... of item 12.1  
 pursues gainful employment  does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state  
 Type of occupation (employed or self-employed) .....
- Amount of income (€) 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 (€)  
 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 or 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.

(<sup>1</sup>) 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.

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

▼B

E 202 additional page No 2

**ITEM 10.2**  
**ADDITIONAL INFORMATION FOR THE PURPOSES OF PORTUGUESE INSTITUTIONS**

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

- 1 Identity of the other person
- 1.1 Surname .....
- Forenames .....
- 1.2 Address (street, number, post code, district, country) .....
- .....
- 2 Information provided by the investigating institution
- 2.1  We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)
- 2.2  Assistance provided by the other person referred to above has not been ascertained
- 3 Has the need for assistance been caused by a third party?
- Yes  No
- 4 Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?
- Yes  No
- 4.1 Name and address of paying institution .....
- .....
- 4.2 Monthly amount .....
- .....



▼B

E 202 additional page No 3

## ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS

- 1 The claimant has applied 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
- .....

▼ **B**

**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on pages 7, 8 and 9

**E 203**  (1)

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

**INVESTIGATION OF A CLAIM FOR A SURVIVOR'S PENSION**

*Reg. 1408/71: Art. 44 to 51a; Art. 78, 78a, 79 and 79a  
 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 (4)**

**2**

2.1 Surname (5) .....

2.2 Surname at birth (5) .....

2.3 Forenames (5) .....

2.4 Previous names (5) .....

2.5 Sex (5) .....

2.6 Father's surname and forenames (5) .....

2.7 Mother's surname and forenames (5) .....

2.8 Civil status

single  divorced (6)  separated since (10) .....

married since (10) .....

remarried (6) since (10) .....

widowed since (10) .....

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 (8) (18)

.....

.....

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





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12	The person named in box 11	
12.1a	<input type="checkbox"/> is engaged in	<input type="checkbox"/> is not engaged in gainful employment
12.1b	<input type="checkbox"/> is engaged in	<input type="checkbox"/> is not engaged in an activity covered under a special scheme for civil servants
12.2	<input type="checkbox"/> is	<input type="checkbox"/> is not self-employed
12.3	<input type="checkbox"/> states that he/she has no income <sup>(25)</sup>	
12.4	Where appropriate, state amount of annual income <sup>(27)</sup> ..... in .....	
12.5	The person named in box 11	
12.6	<input type="checkbox"/> was	<input type="checkbox"/> was not a dependant of the deceased insured person <sup>(26)</sup>
12.7	<input type="checkbox"/> is	<input type="checkbox"/> is not
	<input type="checkbox"/> permanently unfit for work	
	<input type="checkbox"/> temporarily unfit for work, namely for more than three months <sup>(28)</sup>	
12.8	<input type="checkbox"/> needs <sup>(29)</sup>	<input type="checkbox"/> does not need someone in constant attendance <sup>(31)</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	..... to .....
	<input type="checkbox"/> receives a pension from	
	<input type="checkbox"/> does not receive a pension	<input type="checkbox"/> may qualify for a (survivor's) pension
12.11	Type of pension <sup>(32)</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>(33)</sup>	
	<input type="checkbox"/> is entitled to a survivor's pension under accident insurance from the following institution	.....
	Pension No	.....
12.16	The widow/widower <sup>(34)</sup>	
	<input type="checkbox"/> is raising a child	<input type="checkbox"/> is not raising a child
	for whom he/she receives a family allowance or an orphan's pension	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.17	Institution responsible for payment thereof	.....
12.18	If the person named in box 11 is pregnant, give the expected date of her confinement	.....
12.19	The person named in box 11 is entitled to sickness benefits in kind under the legislation administered by the investigating institution	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not yet determined

13	13.1 Other resources of the widow/widower <sup>(35)</sup>	
	nature	.....
	amount <sup>(36)</sup>	..... in .....
	<input type="checkbox"/> none	
13.2	Other	
	nature	.....
	amount <sup>(36)</sup> :	..... in .....

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

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

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

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

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

15 Children <sup>(13)</sup> <sup>(48)</sup> <sup>(49)</sup>

15.1	Surname <sup>(5)</sup>	Forenames	Nationality	Place and date of birth, marriage or death <sup>(6)</sup>	Relationship (i.e.: own child, adopted child, foster child) <sup>(5)</sup>
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....

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

15.3 The investigating institution  
 in respect of the children referred to in lines No ..... of item 15.1 is granting benefits until ..... inclusive  
 amount of orphan's pension and family allowance per child ..... <sup>(55)</sup>  
 is not granting benefits in respect of the children referred to in lines No ..... of item 15.1 <sup>(53)</sup>  
 has not yet taken a decision concerning entitlement to benefits

15.4 Address <sup>(7)</sup> <sup>(54)</sup> .....

15.5 Remarks <sup>(56)</sup> <sup>(58)</sup> <sup>(57)</sup> .....

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

16	<input type="checkbox"/> Date of submission of this claim .....
	<input type="checkbox"/> Date from which the pension is payable in the country of the investigating institution .....
The claimant has asked for payment <sup>(*)</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

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

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

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

Remarks .....

.....

.....

20	Investigating institution
20.1	Name .....
20.2	Address <sup>(*)</sup> .....
20.3	Stamp .....
	20.4 Date .....
	20.5 Signature .....



E 203

## INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of nine 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.
- (<sup>1</sup>) 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.
- (<sup>2</sup>) 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); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general social security scheme, indicate the insurance number (VSNR); to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr.); to a Portuguese institution indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal.
- (<sup>3</sup>) Street, number, post code, town, country, telephone number.
- (<sup>4a</sup>) For Germany and Austria the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants.
- (<sup>4</sup>) — 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.
- (<sup>5</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>6</sup>) 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.
- (<sup>7</sup>) Put M for male and F for female.
- (<sup>8</sup>) This information is required where the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>9</sup>) Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Swedish, Liechtenstein or Norwegian institution.
- (<sup>10</sup>) For the purposes of Belgian, Netherlands, Swedish, United Kingdom and Liechtenstein institutions, specify also the date beside the corresponding box.
- (<sup>11</sup>) This information is based on a statement from the person concerned. For the purposes of Norwegian institutions, complete also additional page No 5. For the Netherlands, it should be noted that under the General Surviving Dependents' Insurance Act (Algemene Nabestaandenwet), the following persons are also regarded as married or spouses: single persons of the same or different sex permanently sharing a household, unless they are blood relations of first degree. A shared household means that two persons together provide for their home, and that each contributes towards the household costs or makes other provision for their subsistence costs.
- (<sup>12</sup>) Where appropriate, indicate the date of naturalisation.
- (<sup>13</sup>) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (<sup>14</sup>) 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).
- (<sup>15</sup>) 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.
- (<sup>16</sup>) 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.
- (<sup>17</sup>) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (<sup>18</sup>) 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 (<sup>18</sup>) .....

- (<sup>19</sup>) 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.
- (<sup>20</sup>) For the purposes of the Belgian and Luxembourg institutions, mark the first box for any accident, irrespective of its nature.



▼ **B**

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- (<sup>61</sup>) Complete if the form is being sent to a German, Greek, Spanish, Luxembourg, Austrian, Portuguese or Liechtenstein institution.
- (<sup>62</sup>) Complete if the form is being sent to a Finnish institution.
- (<sup>63</sup>) 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.
- (<sup>64</sup>) For the purposes of Spanish, Finnish, Swedish or Liechtenstein institutions, state also the circumstances of the disappearance.
- (<sup>65</sup>) Complete if the form is being sent to a Greek, French, Luxembourg or Austrian institution.
- (<sup>66</sup>) This information is required by the Netherlands institutions.
- (<sup>67</sup>) 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.
- (<sup>68</sup>) 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.
- (<sup>69</sup>) 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>69</sup> ) .....
.....

- (<sup>70</sup>) 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 ( <sup>69</sup> ) .....
.....

- (<sup>71</sup>) To be completed only if the form is to be forwarded to a Portuguese institution.
- (<sup>72</sup>) To be completed for the purposes of Netherlands institutions, if known.
- (<sup>73</sup>) For the purposes of Netherlands institutions complete Sofi number, if known. For the purposes of Belgian institutions complete national social security number (NISS).
- (<sup>74</sup>) For the purposes of Spanish or Swedish institutions, state whether the separation is a *de facto* or *de jure*.
- (<sup>75</sup>) For the purposes of a Liechtenstein institution, state also the date of birth of the spouse.
- (<sup>76</sup>) Complete if the form is being sent to an Italian, Netherlands 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.
- (<sup>77</sup>) Complete if the form is being sent to a Belgian, Danish, Portuguese, Spanish, French, Italian, Luxembourg, Netherlands, 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.
- (<sup>78</sup>) Complete if the form is being sent to a German, Greek, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Finnish, Swedish, Icelandic institution.
- (<sup>79</sup>) Complete if the form is being sent to a Belgian, Netherlands or Swedish institution (add form E 213).
- (<sup>80</sup>) For the purposes of Portuguese institutions, complete also additional page No 3.
- (<sup>81</sup>) Complete if the form is being sent to a Greek, French, Irish, Netherlands, Austrian or United Kingdom institution.
- (<sup>82</sup>) If the form is being sent to a Belgian, German, Spanish, French, Italian, Netherlands, Austrian, Portuguese or Finnish institution, please specify whether this is a personal or a survivor's pension.
- (<sup>83</sup>) Complete if the form is being sent to a Belgian, German, Luxembourg, Austrian, Portuguese or Finnish institution.
- (<sup>84</sup>) Complete if the form is being sent to a Belgian, German, French, Italian, Luxembourg, Netherlands, Austrian, Finnish, Swedish, Icelandic or Norwegian institution.
- (<sup>85</sup>) For the purposes of Finnish institutions, please state income from interest, rent and dividend.
- (<sup>86</sup>) Complete if the form is being sent to a Danish, Spanish, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount) to an French institution (quarterly amount) or to an Italian institution (monthly amount).
- (<sup>87</sup>) State the type of income taken into account by the investigating institution in applying its overlapping rules.

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- <sup>(48)</sup> 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. If the form is being sent to a Spanish institution, E 203/additional page No 2 should also be completed.
- <sup>(49)</sup> For Norwegian institutions, state only the children of the deceased.
- <sup>(50)</sup> 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.
- <sup>(51)</sup> 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.
- <sup>(52)</sup> This information should be provided from the date of the parent's death, showing any subsequent change in rate.
- <sup>(53)</sup> 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.
- <sup>(54)</sup> Indicate the common address. If any of the children live at a different address, indicate in the box below.

Surname and forenames .....
Address (°) .....
.....

- <sup>(55)</sup> 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.
- <sup>(56)</sup> 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.
- <sup>(57)</sup> 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 .....	
— Forename .....	
Legal representative	
— Surname .....	
— Forenames .....	
— Address (°) .....	
.....	

- <sup>(58)</sup> To be completed for the Italian and Greek institutions.
- <sup>(59)</sup> 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.

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E 203 additional page No 1

**ITEM 11 'RIGHTFUL CLAIMANTS OTHER THAN CHILDREN'  
ADDITIONAL INFORMATION FOR ITALIAN INSTITUTIONS**

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

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

spouse  yes  no

children  yes  no

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

spouse  yes  no

children  yes  no

parents  yes  no

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**E 203 additional page No 2**

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

- 1  The child named in line No ..... of item 15.1  
 pursues gainful employment  does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state  
 Type of occupation (employed or self-employed)  
 Amount of income (€) 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 (€)  
 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.

(<sup>1</sup>) 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.  
 (<sup>2</sup>) 'Other income' means income from real estate or capital (bank or postal deposits or current accounts, government stock, investment funds, shares, bonds, etc.).

▼ **B**

E 203 additional page No 3

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

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

1 Identity of the other person

1.1 Surname .....

Forenames .....

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

.....

2 Information provided by the investigating institution

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

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

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

Yes

No

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

Yes

No

4.1 Name and address of paying institution .....

.....

4.2 Monthly amount .....

\_\_\_\_\_

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E 203 additional page No 4

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

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

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

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

\_\_\_\_\_

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E 203 additional page No 5

**ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

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

1.1 Was the claimant previously married to the deceased?

Yes  No

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

Yes  No

2 To be completed if the widow/widower is living 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

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E 203 additional pages No 6 to 8

**ITEM 11**  
**ADDITIONAL INFORMATION FOR THE PURPOSES OF SWEDISH INSTITUTIONS**

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

No  Yes

2 Does the claimant have a child by the deceased?

No  Yes

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

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

No  Yes Since .....

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

No  Yes

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

No  Yes

Name of the youngest child .....

Swedish personal number/date of birth .....

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

5 Did the claimant after having ceased living with the spouse but before his/her death lived 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



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E 203 additional pages No 6 to 8

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

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

 No  Yes

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

 No  Yes

12 Was the claimant living 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 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 judgment 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 number: 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 .....

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E 203 additional pages No 6 to 8

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

No

Yes

**To be completed if the claimant was married to the deceased on 31 December 1989**

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

No

Yes

22 After ceasing to live with her husband but before his death did the claimant live 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 the time of death the claimant had not been married to or living with the deceased for at least five years**

Please answer the questions number: 16 to 18

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5	Address and bank particulars
5.1	Address <sup>(2)</sup> <sup>(23)</sup> .....
5.2	Bank particulars or address for direct payment
	Name of the beneficiary as recognised by the bank .....
	Name of the bank .....
	Address of the bank .....
	Bank identification code .....
	Bank account .....

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

7	
7.1	Date which has been determined as the commencement of invalidity .....
7.2	Date of commencement of incapacity for work followed by invalidity: .....
7.3	The person concerned
	<input type="checkbox"/> is still engaged in <input type="checkbox"/> is no longer engaged in
	<input type="checkbox"/> gainful employment <input type="checkbox"/> activity as a civil servant <input type="checkbox"/> self employment
7.4	If he/she is engaged in gainful employment or in an activity as a civil servant indicate <sup>(24)</sup>
	Amount of wage/salary ..... No of hours worked per week .....
7.5	Date of cessation of gainful employment
	<input type="checkbox"/> as an employed person .....
	<input type="checkbox"/> as a self-employed person .....
	<input type="checkbox"/> as a civil servant .....
7.6	Type of activity <sup>(24)</sup> .....
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	<input type="checkbox"/> The claimant states that he/she has no income <sup>(27)</sup>
7.10	The invalidity
	<input type="checkbox"/> is assumed <input type="checkbox"/> is not assumed to have been caused by a liable third party
	<input type="checkbox"/> is the result of <input type="checkbox"/> is not the result of an accident at work or an occupational disease <sup>(28)</sup>
	<input type="checkbox"/> is the result of <input type="checkbox"/> is not the result of an accident other than an accident at work or an occupational disease <sup>(28)</sup>
7.11	At the moment of commencement of incapacity for work, the claimant was
	<input type="checkbox"/> insured as a worker against invalidity
	<input type="checkbox"/> insured other than as a worker against invalidity
	<input type="checkbox"/> not insured against invalidity

8	
8.1	Since the commencement of incapacity for work, the person concerned
	<input type="checkbox"/> has followed occupational rehabilitation courses
	<input type="checkbox"/> has not followed occupational rehabilitation courses
	Where appropriate, indicate
8.2	for what kind of occupation .....
8.3	the employer for whom he/she works in this new occupation
	Name of employer or firm .....
	Address <sup>(2)</sup> .....
8.4	Date of commencement and of termination of this employment .....

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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 of work	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Invalidity pension <sup>(20)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension <sup>(20)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension <sup>(20)</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>(21)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.11	Family benefit <sup>(22)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.12	Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
9.13	Transfer of contributions <sup>(23)</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 [name, address <sup>(24)</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

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- 9.17 The following are regarded as advances on the pension claimed  
 sickness insurance benefits for incapacity for work  
 unemployment benefits  
 .....
- 9.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution  
 Yes  No  Not yet determined
- 9.19 The investigating institution, or other 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 .....
- 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

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

<b>11</b>	<input type="checkbox"/> Spouse <sup>(15)</sup> <sup>(17)</sup> <sup>(26)</sup>		<input type="checkbox"/> Cohabiting partner <sup>(11)</sup>	
11.1	Surname <sup>(4)</sup> <sup>(17)</sup> .....			
11.2	Forenames .....		Previous names .....	
11.3	Date of birth .....		Place of birth <sup>(19)</sup> .....	
11.4	Address <sup>(7)</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>(26)</sup> .....		<input type="checkbox"/> monthly earnings <sup>(27)</sup> .....	
			<input type="checkbox"/> annual earnings <sup>(28)</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"/> civil servants <input type="checkbox"/> self-employed persons <input type="checkbox"/> does not receive a pension	
	<input type="checkbox"/> Receives a pension In the affirmative, indicate			
11.9	Type of pension .....			
11.10	Pension No <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>(29)</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> .....	

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12	Children <sup>(1)</sup> <sup>(17)</sup>			
12.1	Surname <sup>(1)</sup> <sup>(17)</sup>	Forenames	Place and date of birth, marriage or death <sup>(1)</sup>	Relationship (i.e.: own child, adopted child, 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 lines No ..... 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 lines No ..... of item 12.1 <sup>(43)</sup>			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits			
12.4	Address <sup>(1)</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>(1)</sup>	Forenames	Date of birth	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
13.2	Address <sup>(1)</sup> <sup>(44)</sup> .....			
13.3	Remarks .....			



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**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>(49)</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 (\*) .....

18.3 Stamp .....

18.4 Date .....

18.5 Signature .....



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**INSTRUCTIONS**

**Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of nine 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), to a German institution of the general social security scheme, indicate the insurance number (VSNR); to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr.), to a Portuguese institution indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal.
- (3) Street, number, post code, town, country, telephone number.
- (4) For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants.
- (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 when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (10) Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Swedish, Liechtenstein or Norwegian institution.
- (11) For the purposes of Belgian, Netherlands, Swedish, United Kingdom and Liechtenstein institutions, specify also the date beside the corresponding box.
- (12) For the purposes of Belgian, Netherlands, Finnish, Icelandic and Norwegian institutions.
- (13) 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.
- (14) For the purposes of Norwegian institutions, please complete form E 204/additional page No 5.
- (15) To be completed only if the form is to be forwarded to a Portuguese institution.
- (16) For the purposes of Netherlands institutions complete Sofi number, if known. For the purposes of Belgian institutions complete national social security number (NISS).
- (17) Where appropriate, indicate the date of naturalisation.
- (18) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (19) 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).
- (20) 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.
- (21) 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.
- (22) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (23) 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 (23) .....



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- <sup>(62)</sup> 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 <sup>(1)</sup> .....

- <sup>(63)</sup> 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.
- <sup>(64a)</sup> For the purposes of Portuguese institutions indicate the type of activity in which the person concerned was engaged during his/her last three years of activity.
- <sup>(65)</sup> Complete if the form is being sent to a Belgian, Danish, German, Greek, Spanish, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- <sup>(66)</sup> 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.
- <sup>(67)</sup> 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.
- <sup>(68)</sup> Complete if the form is being sent to a Belgian, German, Greek, Spanish, French, Italian, Luxembourg, Austrian, Portuguese or Norwegian institution.
- <sup>(69)</sup> Complete only if the form is being sent to a Greek, Spanish or Luxembourg institution.
- <sup>(70)</sup> 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.
- <sup>(71)</sup> For the purposes of Portuguese institutions, where the insured person needs the assistance of another person, also complete additional page No 2.
- <sup>(72)</sup> To be completed for Italian institutions.
- <sup>(73)</sup> For the purposes of Liechtenstein institutions.
- <sup>(74)</sup> State the type of income taken into account by the investigating institution in applying its overlapping rules.
- <sup>(75)</sup> For the purposes of a Liechtenstein institution, box 11 on page 5 is to be completed for each divorced or separated wife.
- <sup>(76)</sup> Complete if the form is being sent to an Irish, Austrian or United Kingdom institution.
- <sup>(77)</sup> Complete if the form is being sent to a Belgian institution.
- <sup>(78)</sup> Complete if the form is being sent to a Danish, French, Italian, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution.
- <sup>(79)</sup> Complete if the form is being sent to a Belgian, Danish, German, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- <sup>(80)</sup> 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).
- <sup>(81)</sup> Indicate with the following symbols which date you are referring to: \* birth, ° marriage, † death.
- <sup>(82)</sup> Provide details of rates from date of pension award with any subsequent change of rate.
- <sup>(83)</sup> Please complete additional page No 1 enclosed if the form is being sent to a German, Italian or Norwegian institution.
- <sup>(84)</sup> 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 <sup>(1)</sup> .....

- <sup>(85)</sup> 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/she 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.
- <sup>(86)</sup> 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.
- <sup>(87)</sup> Complete if the form is being sent to a Belgian or United Kingdom institution.
- <sup>(88)</sup> To be completed for Italian and Greek institutions.
- <sup>(89)</sup> If form E 204 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.

▼B

E 204 additional page No 1

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

- 1 The child named in line No ..... of item 12.1  
 pursues gainful employment  does not pursue gainful employment
- 1.1 If the answer is in the affirmative, please state:  
 Type of occupation (employed or self-employed) .....
- Amount of income (°) per  week  month  year .....
- 2 The child name 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 (°)  
 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.

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

▼B

E 204 additional page No 2

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

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

- 1 Identity of the other person
  - 1.1 Surname .....
  - Forenames .....
  - 1.2 Address (street, number, post code, district, country) .....
  - .....
  
- 2 Information provided by the investigating institution
  - 2.1  We have ascertained that the person referred to above is the other person who actually assists the claimant in performing the ordinary activities of everyday life (personal hygiene, feeding, movement, etc.)
  - 2.2  Assistance provide by the other person referred to above has not been ascertained.
  
- 3 Has the need for assistance been caused by a third party?
 

Yes                                       No
  
- 4 Is the person concerned in receipt of an allowance for assistance by a third party or a similar benefit?
 

Yes                                       No
  
- 4.1 Name and address of paying institution .....
- .....
- 4.2 Monthly amount .....

▼B

E 204 additional page No 3

**ADDITIONAL INFORMATION FOR THE PURPOSE 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 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 characterise 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 .....

▼B

E 204 additional page No 3 (cont'd)

- 4.7 Has the claimant voluntarily taken a reduction in his or her working hours?
- No
- Yes. Please indicate how and when the claimant's occupational activity was reduced, as well as to what extent the claimant remains employed and what work he or she does (number of hours per week/month, amount of pay and fringe benefits)
- .....
- .....
- 4.8 Name and address of the claimant's latest employer .....
- 4.9 Claimant's duties in his or her latest occupation .....
- 4.10 When did the claimant's latest contract of service begin? .....
- 4.11 If 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 go 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
- \_\_\_\_\_

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E 204 additional page No 4

**ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

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





**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 4

**E 205** **B** <sup>(1)</sup>

**CERTIFICATE CONCERNING INSURANCE HISTORY IN BELGIUM**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; Art. 57.5*  
*Reg. 574/72; Art. 42.1; Art. 43.1 to 3; Art. 69*

<b>1</b>	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       Information concerning deceased insured persons

<b>2</b>	
2.1	Surname <sup>(3)</sup> .....
2.2	Surname at birth <sup>(3)</sup> .....
2.3	Forenames <sup>(3)</sup> .....
2.4	Previous names <sup>(3)</sup> .....
2.5	Sex <sup>(3)</sup> .....
2.6	Father's surname and forenames <sup>(3)</sup> .....
2.7	Mother's surname and forenames <sup>(3)</sup> .....
2.8	National social security number (NISS) <sup>(3)</sup> .....

<b>3</b>	Nationality <sup>(3)</sup> : .....	D.N.I. <sup>(3)</sup> .....
----------	------------------------------------	-----------------------------

<b>4</b>	Details of birth
4.1	Date of birth <sup>(3)</sup> .....
4.2	Place of birth <sup>(3)</sup> .....
4.3	Province, department, county <sup>(3)</sup> .....
4.4	Country <sup>(3)</sup> .....

<b>5</b>	Address <sup>(3)</sup>
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant <sup>(3)</sup>			
7.1	Surname <sup>(3)</sup> .....			
7.2	Forenames .....	Surname at birth .....	Place of birth <sup>(3)</sup> .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. <sup>(3)</sup> .....
7.4	Address <sup>(3)</sup> .....			

▼ **B**

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**B**

8

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

▼ **B**

**E 205** **B**

8	(continued)			
Year from 1 January to 31 December	Number of days		Occupation <sup>(15)</sup> <sup>(16)</sup>	Remarks <sup>(14)</sup> <sup>(1)</sup> <sup>(17)</sup>
	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. ( <sup>1</sup> ) Additional insurance periods, early retirement pension (Article 5a, Royal Decree No 50)				

▼ **B**

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B

8a **Admissible periods of service for the purpose of calculating pension under a special pension scheme in the public sector**

Period	Number of months of effective service <sup>(18)</sup>	Number of months of other admissible periods <sup>(19)</sup>	Occupation	Increment <sup>(20)</sup>	Remarks <sup>(21)</sup>
	Total	Total			
General 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 <sup>(2)</sup>	.....			
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 when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) For workers subject to Belgian legislation, State worker's national social security number (NISS).
- (9) Where appropriate indicate the date of naturalisation.
- (10) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (11) 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).
- (12) 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.
- (13) 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.
- (14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (15) Complete where appropriate.
- (16) In 8.2 indicate the nature of the periods treated as periods of employment.
- (17) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.
- (18) For Greek and Spanish institutions, specify where possible the type of work in question.
- (19) 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.
- (20) For part-time work, the time to be indicated is the reduced time.
- (21) Other periods actually taken into account in calculating the pension (including imputed periods for study and military service and periods counting for more than their simple duration).
- (22) Increment: the denominator of the fraction assigned per year of service. The usual increment is 1/60 per year of service.
- (23) Any information which may be of interest to the foreign institution and which is not apparent from the other columns.

④



**EUROPEAN COMMUNITIES**  
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**EEA\***

See 'Instructions' on page 3

**E 205**

**DK**

(<sup>1</sup>)

**CERTIFICATE CONCERNING PERIODS OF INSURANCE AND PERIODS OF RESIDENCE IN DENMARK**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>6c</sup> ) .....
4.4	Country ( <sup>6d</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant ( <sup>8</sup> )			
7.1	Surname ( <sup>9</sup> ) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth ( <sup>10</sup> ) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. ( <sup>5a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			



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DK

- 9 An insured person giving 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 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.
- (°) Symbol of the country to which the institution completing the form belongs DK = Denmark.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**D**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN GERMANY**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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 (<sup>2a</sup>)**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>2a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>5</sup> ) .....
4.2	Place of birth ( <sup>6</sup> ) .....
4.3	Province, department, county ( <sup>11</sup> ) .....
4.4	Country ( <sup>12</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> ) .....
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	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>2a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			





▼B

E 205

D

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs D = Germany.
- (°) Street, number, post code, town, country, telephone number.
- (°) The term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.
- (°) 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.
- (°) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**GR**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN GREECE**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>11</sup> ) .....
4.4	Country ( <sup>12</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	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>5a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			



▼ B

E 205

GR

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (*)	.....	
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.
- (\*) Symbol of the country to which the institution completing the form belongs GR = Greece.
- (†) Street, number, post code, town, country, telephone number.
- (‡) — 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.
- (§) Give all forenames in the order in which they appear on the birth certificate.
- (¶) 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.
- (‡) Put M for male and F for female.
- (§) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (¶) Where appropriate, indicate the date of naturalisation.
- (¶) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (¶) 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).
- (¶) 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.
- (†) 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.
- (‡) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (§) Complete where appropriate.
- (¶) After the period of voluntary insurance, put 'V' for voluntary insurance in order to avoid any confusion with compulsory insurance.
- (¶) In 8.2 indicate the nature of the periods treated as insurance periods.
- (¶) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (†) Specify the type of work and indicate the category.
- (¶) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

<b>E 205</b>	<b>E</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN SPAIN**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. or passport/N.I.F. (tax identity number) <sup>(5a)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(3)</sup> .....
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> .....
7.2	Forenames ..... Surname at birth ..... Place of birth <sup>(16)</sup> .....
7.3	Date of birth ..... Sex ..... Nationality ..... D.N.I. <sup>(5a)</sup> .....
7.4	Address <sup>(3)</sup> .....
	.....



▼B

E 205

E

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

10	Institution completing the form	
10.1	Name	.....
10.2	Address (°)	..... .....
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.
- (°) Symbol of the country to which the institution completing the form belongs E = Spain.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) After the number of voluntary insurance years or days put 'V' in order to avoid any confusion with compulsory insurance.
- (°) In point 8.3 indicate only the insurance periods taken into account for the pension calculation.
- (°) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.





**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

<b>E 205</b>	<b>F</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN FRANCE**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. <sup>(5)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(3)</sup> .....
.....	
.....	

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(3)</sup> .....
7.2	Forenames ..... Surname at birth ..... Place of birth <sup>(16)</sup> .....
7.3	Date of birth ..... Sex ..... Nationality ..... D.N.I. <sup>(5)</sup> .....
7.4	Address <sup>(3)</sup> .....
.....	



▼ B

E 205

F

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs F = France.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) 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'.
- (°) In 8.2 indicate the nature of the periods treated as insurance periods.
- (°) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

<b>E 205</b>	<b>IRL</b>	(*)
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN IRELAND**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	Institution to which the form is addressed (institution concerned or investigating institution, as applicable)
1.1	Name .....
1.2	Address (*) .....
.....	
.....	

**Information concerning insured persons**

<b>2</b>	Names
2.1	Surname (*) .....
2.2	Surname at birth (*) .....
2.3	Forenames (*) .....
2.4	Previous names (*) .....
2.5	Sex (*) .....
2.6	Father's surname and forenames (*) .....
2.7	Mother's surname and forenames (*) .....

<b>3</b>	Nationality (*) .....	D.N.I. (*) .....
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<b>4</b>	Details of birth
4.1	Date of birth (*) .....
4.2	Place of birth (*) .....
4.3	Province, department, county (*) .....
4.4	Country (*) .....

<b>5</b>	Address (*)
.....	
.....	

<b>6</b>	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 .....

<b>7</b>	Rightful claimant (*)			
7.1	Surname (*) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth (*) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. (*) .....
7.4	Address (*) .....			
.....				



▼ **B**

E 205

IRL

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs IRL = Ireland.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) After the number of weeks put 'V' where the periods in question are periods of voluntary insurance.
- (°) Indicate whether the period in question are periods of illness, unemployment, etc.
- (°) 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.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

<b>E 205</b>	<b>I</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN ITALY**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. <sup>(5)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(3)</sup> .....
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	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>(5)</sup> .....
7.4	Address <sup>(3)</sup> .....
	.....





▼ **B**

E 205

I

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs I = Italy.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. In case the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) 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.
- (°) In 8.2 indicate the nature of the periods treated as insurance periods.
- (°) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**L**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LUXEMBOURG**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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 the insured persons**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>6c</sup> ) .....
4.4	Country ( <sup>6d</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant ( <sup>8</sup> )			
7.1	Surname ( <sup>9</sup> ) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth ( <sup>10</sup> ) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. ( <sup>9a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			



▼ **B**

E 205

L

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs: L = Luxembourg.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) In 8.2 indicate the nature of the periods treated as periods of employment.
- (°) In the case of persons who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 4

**E 205**

**NL**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE NETHERLANDS**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>6c</sup> ) .....
4.4	Country ( <sup>6d</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant ( <sup>8</sup> )			
7.1	Surname ( <sup>8</sup> ) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth ( <sup>8b</sup> ) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. ( <sup>8a</sup> ) .....
7.4	Address ( <sup>8</sup> ) .....			
	.....			



▼B

E 205

NL

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

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



E 205

NL

## INSTRUCTIONS

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

## NOTES

- \* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: NL = the Netherlands.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname of 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 when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) Where appropriate, indicate the date of naturalisation.
- (9) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (10) 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).
- (11) 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.
- (12) 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.
- (13) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (14) Complete where appropriate.
- (15) AOW = law on general old-age insurance  
 ANW = the General Surviving Dependents' Insurance Act  
 WAO = law on insurance against incapacity for work for employed persons  
 AAW = law on general incapacity for work  
 WAZ = the Invalidity Insurance (self-employed persons) Act
- (16) 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
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) 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 period 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.
- (19) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.





**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**A** <sup>(1)</sup>

**CERTIFICATE CONCERNING INSURANCE HISTORY IN AUSTRIA**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> .....	D.N.I. <sup>(5)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> : .....
4.2	Place of birth <sup>(6)</sup> : .....
4.3	Province, department, county <sup>(7)</sup> : .....
4.4	Country <sup>(8)</sup> : .....

<b>5</b>	Address <sup>(9)</sup>
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant <sup>(10)</sup>			
7.1	Surname <sup>(3)</sup> .....			
7.2	Forenames .....	Surname at birth .....	Place of birth <sup>(6)</sup> .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. <sup>(5)</sup> .....
7.4	Address <sup>(9)</sup> .....			
	.....			



▼ **B**

E 205

A

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

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

#### INSTRUCTIONS

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

#### NOTES

- \* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs: A = Austria.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage.  
 — The surname at birth must always be given; if same as current surname, put 'IDEM'.  
 — Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.  
 — In the case of Spanish nationals state both names at birth.  
 — In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) Where appropriate, indicate the date of naturalisation.
- (9) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (10) 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).
- (11) 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.
- (12) 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.
- (13) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (14) Complete where appropriate.
- (15) After the number of insurance months put 'F' (voluntary) for periods of voluntary insurance in order to avoid any confusion with compulsory insurance.  
 Furthermore, put 'FS' for periods of self-insurance, which are taken into account for the calculation of the amount of the benefit, but not for the acquisition of the right.
- (16) After the number of months treated as such put 'E' for periods treated as periods of insurance which are taken into account for the acquisition of the right, but not for the calculation of the amount of the benefit. Furthermore, the nature of the periods treated as such (Ersatzzeiten) must be indicated in 8.2 ('Remarks').
- (17) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (18) For Greek and Spanish institutions, specify where possible the type of work in question.
- (19) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

<b>E 205</b>	<b>P</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN PORTUGAL**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. <sup>(5a)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(7)</sup>
.....	
.....	

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant <sup>(13)</sup>
7.1	Surname <sup>(8)</sup> .....
7.2	Forenames ..... Surname at birth ..... Place of birth <sup>(10)</sup> .....
7.3	Date of birth ..... Sex ..... Nationality ..... D.N.I. <sup>(9a)</sup> .....
7.4	Address <sup>(7)</sup> .....
.....	



▼ **B**

E 205

P

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	..... .....	
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.
- (°) Symbol of the country to which the institution completing the form belongs: P = Portugal.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) In 8.2 indicate the nature of the periods treated as periods of employment.
- (°) This information is given on the basis of particulars provided by the worker.
- (°) After periods referred to in Art. 15.2 of Reg. 574/72 put 'S'.
- (°) In the case of workers who were employed in mines or in undertakings treated as such, add an E 206 form.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on pages 3 and 4

**E 205**

**FIN**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN FINLAND**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>6c</sup> ) .....
4.4	Country ( <sup>6d</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> ) .....
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant ( <sup>8</sup> )			
7.1	Surname ( <sup>9</sup> ) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth ( <sup>10</sup> ) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. ( <sup>5a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			







E 205

FIN

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

may receive  may not receive

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

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

#### INSTRUCTIONS

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

#### NOTES

- \* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: FIN = Finland.
- (<sup>2</sup>) Street, number, post code, town, country, telephone number.
- (<sup>3</sup>) — 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.
- (<sup>4</sup>) Give all forenames in the order in which they appear on the birth certificate.
- (<sup>5</sup>) 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.
- (<sup>6</sup>) Put M for male and F for female.
- (<sup>7</sup>) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (<sup>8</sup>) Where appropriate, indicate the date of naturalisation.
- (<sup>9</sup>) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (<sup>10</sup>) 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).
- (<sup>11</sup>) 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.
- (<sup>12</sup>) 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.
- (<sup>13</sup>) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (<sup>14</sup>) Complete where appropriate.
- (<sup>15</sup>) 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.
- (<sup>16</sup>) The classification variables for the insurance periods as expressed in the note CA.SS.TM 186/87 and in its later updates, and, as regards the total amount, in the specification of entry 'contribution type 5049' in the code list for message SSRECH used in the technical data exchange.

Key to contribution codes used in form E 205

#### COLUMN 20 - TYPE OF PERIOD

00 Period of compulsory in insurance (for the acquisition of entitlement and the calculation)  
03 Equivalent period (for the acquisition of entitlement and the calculation)  
40 Period of compulsory insurance (for the purposes of acquiring entitlement)

#### COLUMN 21 - NATURE

00 Period of insurance based on residence  
10 Period of employment  
30 Period of unemployment  
40 Period of rehabilitation  
50 Period of vocational training for adults  
70 The projected period to old-age pension

**▼B****E 205****FIN**

## COLUMN 22 - TYPE OF INSURANCE SCHEME

- 00 The pension schemes for residence based pension
- 10 The pension schemes for employed pensions
- 20 The pension schemes for self-employed persons
- 90 The pension schemes for employed persons as well as self-employed persons

## TOTALS BY CONTRIBUTION TYPE

- 107 Periods of residence for calculation and entitlement
- 108 Periods of residence for entitlement only
- 109 Periods of employment for calculation and entitlement
- 111 Periods of employment for entitlement only



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**S**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN SWEDEN**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>11</sup> ) .....
4.4	Country ( <sup>12</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	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>5a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			



▼ **B**

E 205

S

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

 may receive  may not receive

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs S = Sweden.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 3

**E 205**

**GB**

(<sup>1</sup>)

**CERTIFICATE CONCERNING INSURANCE HISTORY IN THE UNITED KINGDOM**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality ( <sup>4</sup> ) .....	D.N.I. ( <sup>5a</sup> ) .....
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<b>4</b>	Details of birth
4.1	Date of birth ( <sup>6</sup> ) .....
4.2	Place of birth ( <sup>6b</sup> ) .....
4.3	Province, department, county ( <sup>6c</sup> ) .....
4.4	Country ( <sup>6d</sup> ) .....

<b>5</b>	Address ( <sup>7</sup> )
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	Rightful claimant ( <sup>8</sup> )			
7.1	Surname ( <sup>9</sup> ) .....			
7.2	Forenames .....	Surname at birth .....	Place of birth ( <sup>10</sup> ) .....	
7.3	Date of birth .....	Sex .....	Nationality .....	D.N.I. ( <sup>9a</sup> ) .....
7.4	Address ( <sup>7</sup> ) .....			
	.....			



▼ B

E 205

GB

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs GB = United Kingdom.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) Indicate the period of voluntary insurance in the next column.
- (°) Indicate whether the period in question are periods of illness, unemployment, etc.
- (°) 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.
- (°) For Greek and Spanish institutions, specify where possible the type of work in question.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.





**EUROPEAN COMMUNITIES**  
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See 'Instructions' on page 3

<b>E 205</b>	<b>IS</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN ICELAND**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. <sup>(5)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(3)</sup> .....
.....	
.....	

<b>6</b>	
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 .....

<b>7</b>	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>(5)</sup> .....
7.4	Address <sup>(3)</sup> .....
.....	



▼ **B**

E 205

IS

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

 may receive  may not receive

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs: IS = Iceland.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
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See 'Instructions' on page 4

**E 205**   **FL**   <sup>(1)</sup>

**CERTIFICATE CONCERNING INSURANCE HISTORY IN LIECHTENSTEIN**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

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

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

<b>6</b>	
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 .....

<b>7</b>	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>(3*)</sup> .....
7.4	Address <sup>(2)</sup> .....			
	.....			

▼B

E 205

FL

8

Year from 1 January to 31 December	Number of months	Type of insurance periods Type of contributions <sup>(6)</sup>	Remarks <sup>(7)</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			

▼B

E 205

FL

8	<i>(continued)</i>		
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 .....		

▼ **B**

E 205

FL

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address <sup>(1)</sup>	.....	
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 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 when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) Where appropriate, indicate the date of naturalisation.
- (9) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (10) 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).
- (11) 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.
- (12) 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.
- (13) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (14) Complete where appropriate.
- (15) In 8.2 indicate the nature of the periods treated as periods of employment.
- (16) 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
- (17) For Greek and Spanish institutions, specify where possible the type of work in question.
- (18) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
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See 'Instructions' on page 3

<b>E 205</b>	<b>N</b> <sup>(1)</sup>
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**CERTIFICATE CONCERNING INSURANCE HISTORY IN NORWAY**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

<b>3</b>	Nationality <sup>(4)</sup> ..... D.N.I. <sup>(5)</sup> .....
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<b>4</b>	Details of birth
4.1	Date of birth <sup>(6)</sup> .....
4.2	Place of birth <sup>(6)</sup> .....
4.3	Province, department, county <sup>(11)</sup> .....
4.4	Country <sup>(12)</sup> .....

<b>5</b>	Address <sup>(3)</sup> .....
.....	
.....	

<b>6</b>	
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 .....

<b>7</b>	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>(5)</sup> .....
7.4	Address <sup>(3)</sup> .....
.....	



▼ B

E 205

N

Insurance periods based on residence and periods treated as such			Insurance years with income as employed or self-employed, giving points for supplementary pension	Sum of each insurance period		
Year	from	to		Year	Months	Days
8.1 Total number of insurance years as employed or self-employed, counting, as basis for calculation of supplementary pension ..... years						
8.2 Total insurance period under the pension scheme in Norway						
Total insurance period, according to Norwegian legislation						
8.3 Remarks (") .....						
.....						

▼ **B**

E 205

N

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

10	Institution completing the form		
10.1	Name	.....	
10.2	Address (°)	.....	
		.....	
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.
- (°) Symbol of the country to which the institution completing the form belongs N = Norway.
- (°) Street, number, post code, town, country, telephone number.
- (°) — 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.
- (°) Give all forenames in the order in which they appear on the birth certificate.
- (°) 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.
- (°) Put M for male and F for female.
- (°) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (°) Where appropriate, indicate the date of naturalisation.
- (°) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (°) 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).
- (°) 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.
- (°) 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.
- (°) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (°) Complete where appropriate.
- (°) For Spanish institutions, in the case of seamen a photocopy of the sailor's book or books of the country issuing the certificate should be enclosed.



**EUROPEAN COMMUNITIES**  
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See 'Instructions' on page 4

**E 206**  (1)

**CERTIFICATE CONCERNING PERIODS OF EMPLOYMENT IN MINES AND SIMILAIR UNDERTAKINGS**

*Reg. 1408/71: Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; 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.*

<b>1</b>	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**

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

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

<b>5</b>	Address (3)
	.....
	.....

<b>6</b>	
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 .....

<b>7</b>	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. (3a) .....
7.4	Address (3) .....			
	.....			



▼B

E 206

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

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

▼B

E 206

## INSTRUCTIONS

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

## NOTES

- \* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing the form belongs B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = The Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.
- (2) Street, number, post code, town, country, telephone number.
- (3) — For surname please state usual surname or surname acquired by marriage. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname.
- The surname at birth must always be given; if same as current surname, put 'IDEM'. If the form is being completed by a Netherlands institution in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put maiden name for surname at birth.
- Expressions such as 'called ...' or 'alias ...' and all prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- In the case of Spanish nationals state both names at birth.
- In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (4) Give all forenames in the order in which they appear on the birth certificate.
- (5) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) Where appropriate, indicate the date of naturalisation.
- (8a) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, 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 on the surface or underground, or whether it concerns periods treated as periods of employment.
- (16) Complete only if the form is to be sent to German, Spanish and Austrian institutions.



**EUROPEAN COMMUNITIES**  
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**EEA\***

See 'Instructions' on page 3

**E 207**  (1)

**CERTIFICATE CONCERNING THE INSURED PERSON'S INSURANCE HISTORY**

*Reg. 1408/71; Art. 38; Art. 43a; Art. 45; Art. 48; Art. 51a; Art. 57.5*  
*Reg. 574/72; Art. 42.1; Art. 43.1 to 3; 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 (\*)**

<b>1</b>		
1.1	Surname (*)	.....
1.2	Surname at birth (*)	.....
1.3	Forenames (*)	.....
1.4	Previous names (*)	.....
1.5	Sex (*)	.....
1.6	Father's surname and forenames (*)	.....
1.7	Mother's surname and forenames (*)	.....
1.8	National social security number (NISS) (*)	.....
<b>2</b>	Nationality (*)	..... D.N.I. (*) .....
<b>3</b>	Details of birth	
1.1	Date of birth (*)	.....
1.2	Place of birth (*)	.....
1.3	Province, department, county (*)	.....
1.4	Country (*)	.....
<b>4</b>	Address (*) (*)	
.....		
<b>5</b>	Insurance No at the registering institution (*) .....	
<b>6</b>	Investigating institution	
6.1	Name	.....
6.2	Address (*)	.....
.....		
6.3	Stamp	.....
	6.4	Date .....
	6.5	Signature .....
.....		

▼B

E 207

7 Information relating to all periods completed (periods as civil servant or periods of employment, self-employment, residence and training) <sup>(*)</sup>							
	Period <sup>(*)</sup>		Type of period <sup>(**)</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>(*)</sup>	(a) Insurance institution or scheme <sup>(**)</sup> (b) Insurance number <sup>(**)</sup> (c) Type of insurance <sup>(*)</sup>	Place of residence during period of employment <sup>(*)</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>(\*\*)</sup>





E 207

## INSTRUCTIONS

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

## NOTES

- \* EEA Agreement on the European Economic Area, Annex VI, Social Security: for the purposes of this Agreement the present form shall also apply to Iceland, Liechtenstein and Norway.
- (1) Symbol of the country to which the institution completing 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) For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. 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 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.
- (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 when the worker is a Spanish national, or when the form is to be sent to a French institution, regardless of the worker's nationality.
- (8) For workers subject to Belgian legislation, state worker's national social security number (NISS); for the purposes of the Netherlands' institutions state the Sofi number.
- (9) Where appropriate, indicate the date of naturalisation.
- (10) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (11) 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).
- (12) 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.
- (13) 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.
- (14) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (15) Street, number, post code, town, country, telephone number.
- (16) For the purposes of Norwegian institutions, please state actual address and last address in Norway with date of emigration.
- (17) 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.
- (18) Attach certified copies of documentary evidence for each period (e.g. pension cards, salary slips, contribution vouchers).
- (19) If the form is being 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.
- (20) 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 Spanish armed forces, enclose a copy of the service record book (cartilla militar) with form E 207. Failing this, provide the following information: year of conscription, service branch, function, province of recruitment and place of residence immediately after discharge. 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.
- (21) Where the activity is carried out in France, give the name of the department.
- (22) 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.
- (23) Specify whether compulsory insurance, voluntary insurance, optional continued insurance or period uninsured.
- (24) For Greece, indicate the commune and department where the person concerned is insured with OGA.
- (25) 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.



▼ B

**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

**E 210**

Symbol  
of the country

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

for  old age  invalidity  survivor

Award or rejection

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

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

<b>2</b>	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: .....

<b>3</b>	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): .....

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

<b>5</b>	The claim is rejected
Reasons: ..... ..... ..... ..... ..... ..... .....	

▼ **B**

E 210

6. A pension is awarded

6.1 This benefit is awarded pursuant to:

- Art. 46.1.a.i. of Reg. 1408/71 (national)
- Art. 46.1.a.ii of Reg. 1408/71 (pro rata)
- Art. 46.2 of Reg. 1408/71 (pro rata)
- Art. 51a.2 of Reg. 1408/71

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 / activity as a civil servant 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 / activity as a civil servant other (please specify)

.....

 Art. 7.1 of Reg. 574/72

②

▼B

E 210

6.4 Number of monthly payments per year  
 12       13       14

6.5 From .....

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

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

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

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


6.10 To be filled in by Swedish institutions

Monthly amount from the basic pension scheme .....

Monthly amount from the supplementary pension scheme .....

7	Institution concerned
7.1	Name: .....
7.2	Address: .....
7.3	Number of insured person/reference number of file: .....
4.4	Stamp: .....
	7.5 Date: .....
	7.6 Signature: .....

▼C1

▼B

**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on page 12

**E 213**

(1)

**DETAILED MEDICAL REPORT**

*Reg. 1408/71: Art. 39 to 41; Art. 43a; Art. 87*

1.1 Institution to which the report is addressed

1.1.1	Name	.....
1.1.2	Address (1)	.....
1.1.3	Reference	.....

1.2 Person examined

1.2.1	Surname (1)	.....
1.2.2	Forenames	.....
	Previous names (1)	.....
	Place of birth (1)	.....
1.2.3	Date of birth	.....
	Sex	.....
	Nationality	.....
	D.N.I. (1)	.....
1.2.4	Address (1)	.....
1.2.5	Last occupation (1)	.....
1.2.6	<input type="checkbox"/> Insurance No	.....
1.2.7	<input type="checkbox"/> Pension No	.....
1.2.8	File No	.....
1.2.9	Date of submission of pension claim	.....
1.2.10	Date of submission of request for review on grounds of aggravation	.....

1.3 Doctor who drew up the report

1.3.1	Surname	.....	Forenames	.....
1.3.2	Address (1)	.....		
1.3.3	Examining doctor of (1)	.....		

1.4 Institution which requested the examination

1.4.1	Name	.....
1.4.2	Address (1)	.....
1.4.3	Reference number of file	.....
1.4.4	Stamp	.....
1.4.5	Date	.....
1.4.6	Signature	.....

▼ **B**

E 213

Surname, Forenames	Date
2.1 Opinion based on the own examination of:	(date)
2.2 Opinion based on medical report of:	(date)

3 Patient's history

3.1 Medical history .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

3.2 Current chief complaints .....

.....

.....

.....

.....

.....

.....

.....

3.2.1 Doctor currently treating the patient .....

.....

3.3 Current treatment .....

.....

.....

.....

.....

3.4 Social and employment history (\*) .....

.....

.....

.....

.....

.....

.....

3.4.1 Is the insured person currently gainfully employed?

Yes                       No                       Number of working hours .....

Type of actual employment .....

.....

3.4.2 Accidents at work/Occupational diseases .....

.....

.....

3.4.3 Type of last employment .....

.....

3.4.4 Unfit for work                       since .....

Cessation of work                       on .....



E 213

Surname, Forenames

Date

4 Findings

4.1 General conditions

Height ..... cm      Weight ..... kg  
 Nutritional condition:     good                       overweight                       underweight

Mucous membranes .....

Skin .....

Mental status, mood .....

Remarks .....

.....

.....

.....

4.2 Head

4.2.1 Vision .....

4.2.2 Hearing .....

4.2.3 Other sensory organs .....

.....

4.3 Neck (external findings)

4.3.1 Review of thyroid gland .....

4.3.2 Lymphatic nodes .....

4.3.3 Others .....

.....

4.4 Respiratory organs

.....

.....

.....

.....

4.5 Circulatory system

4.5.1 Heart .....

4.5.2 Pulse .....

4.5.3 Blood pressure (at rest) .....

4.5.4 Blood pressure (second measurement) .....

4.5.5 Peripheral blood vessels .....

4.5.6 Oedema .....

4.5.7 ECG (at rest) .....

4.6 Abdomen

4.6.1 Digestive system and linked intra-abdominal organs .....

.....

4.6.2 Liver .....

4.6.3 Spleen .....

4.6.4 Endocrine system .....

4.7 Genito-urinary system

.....

.....

.....



▼ **B**

**E 213**

Surname, Forenames \_\_\_\_\_

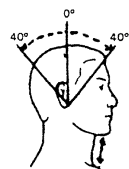
Date \_\_\_\_\_

Additional page for Neutral-0 method

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

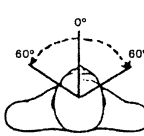
Indicate only pathological findings or normal findings that should be specifically recorded.

**Spine**



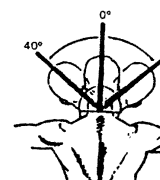
Extension/Flexion  
40-0-40°

Chin-sternum distance \_\_\_\_\_ cm




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°

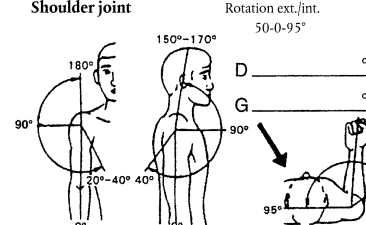
\_\_\_\_\_ °



Lateral inclination  
R/L  
30-0-30°

\_\_\_\_\_ °

**Shoulder joint**



Rotation ext./int.  
50-0-95°

150°-170°

180°

90°

20°-40° 40°

Abduction/Adduction  
180-0-40°

Backward/Forward  
40-0-160°

95°

40°-60°

90°

5-10°

150°

5-10°

80-90°

60-90°

35°-80°

25°-30°

30°-40°

50°-80°

Extension/Flexion  
50-0-50°

R \_\_\_\_\_ °

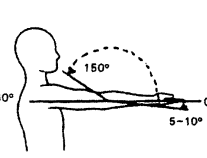
L \_\_\_\_\_ °

Abduction/Adduction  
30-0-25°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

**Elbow joint**

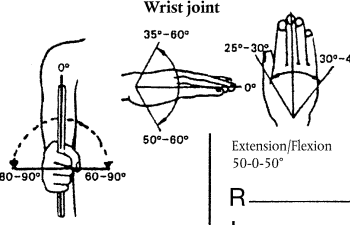


Extension/Flexion  
10-0-150°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

**Wrist joint**

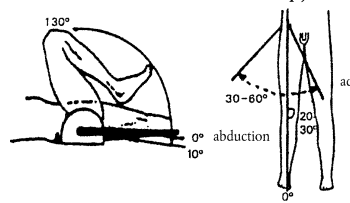


Supination/Pronation  
85-0-85°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

**Hip joint**



130°

30-60°

20°

30°

10°

0°

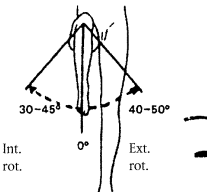
10°

Ext./Flexion  
10-0-130°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

**Knee joint**



30-45°

40-50°

Int. rot.

0°

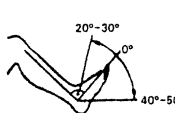
Ext. rot.

Ext./Flexion  
5-0-150°

R \_\_\_\_\_ °

L \_\_\_\_\_ °

**Talocrural joint**



20°-30°

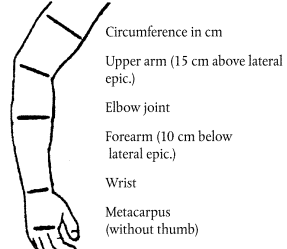
0°

40°-50°

Ext./Flexion  
40-0-25°

R \_\_\_\_\_ °

L \_\_\_\_\_ °



Circumference in cm

Upper arm (15 cm above lateral epic.)

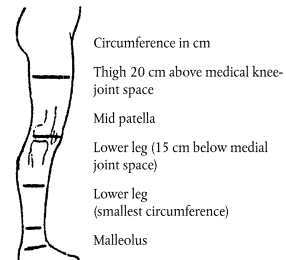
Elbow joint

Forearm (10 cm below lateral epic.)

Wrist

Metacarpus (without thumb)

D G

Circumference in cm

Thigh 20 cm above medical knee-joint space

Mid patella

Lower leg (15 cm below medial joint space)

Lower leg (smallest circumference)

Malleolus

D G


▼B

E 213

Surname, Forenames

Date

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

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

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

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

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

4.10 Neurologic findings .....  
Movement (power and tone):  unremarkable  stiff  slowed  weak  
Gait:  unremarkable  ponderous  impaired on right  impaired on left

Reflexes .....  
.....

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

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

▼B

E 213

Surname, Forenames

Date

5 Function and other tests (when necessary)

5.1 Lung function

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

5.2 Cardiac function/exercise ECG

.....  
.....

5.3 Doppler ultrasonography (Heart and vessels)

.....  
.....

5.4 Imaging studies (please specify date)

5.4.1 Findings in today's X-ray examination

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

5.4.2 Earlier finding/X-ray examinations done elsewhere

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

5.4.3 Ultrasonography (abdomen, et al.)

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

5.4.4 MRI and special investigations

.....  
.....

5.5 Laboratory results

.....  
.....

5.6 Other tests

.....  
.....

▼B

E 213

Surname, Forenames

Date

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

▼B

E 213

Surname, Forenames

Date

7 Diagnosis

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

(ICD code recommended)


8 Summary

.....  
 .....

Course of disease

.....  
 .....

Damage to health

.....  
 .....

Functional deficits

.....  
 .....

Compared with previous report (dated .....,)

Improvement

worsening

no change

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

heavy

average

light



**E 213**

Surname, Forenames

Date

10 The following restrictions should be taken into account

10.1 Work can only be performed without

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

10.2 Work can only be performed under the following conditions

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Only in seated position                    | <input type="checkbox"/> | Only with additional breaks                                      | <input type="checkbox"/> |
| Only indoors                               | <input type="checkbox"/> | (in addition to the usual breaks)<br>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 restricted in using his/her sensory organs, hands, etc. ....

.....  
is allergic to .....

11 Additional questions

11.1 Can the insured person do video-screen work?

Yes  No

If 'No', please specify the reason .....

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

Yes  No

If 'No', please specify the reason .....

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

Yes  No

If 'No', please specify the reason .....

▼B

E 213

Surname, Forenames

Date

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

Yes  No 

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

11.5 Can adapted work be performed?

Yes  No 

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

11.6 Can adapted work be performed full time?

Yes  No 

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

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

 total  partialIf partial, indicate the degree  
(Does not concern Germany and the Netherlands)

11.8 Degree of invalidity for any other work with reference to the aptitudes of the person concerned under the legislation of the country of residence

(Does not concern Germany, Ireland, Luxembourg and the Netherlands)

11.9 Category of invalidity under the legislation of the country of residence

(Complete only if the medical examination was carried out with a view to the decision to be taken on a disability or invalidity pension claim)

(Does not concern Germany and the Netherlands)

11.10 The established restrictions

(a) have been permanent since .....

(b) are temporary, from ..... to .....

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

Yes  No  No answer possible 

If 'Yes', indicate the measures

▼B

**E 213**

Surname, Forenames

Date

11.12 Are there possibilities to ameliorate the work capacity through

medical training

vocational training

Yes

No

No answer possible

12 Is re-examination necessary in the future?

Yes

No

If 'Yes', please state when

.....

Doctor's signature

Stamp



▼B

E 213

**INSTRUCTIONS**

**Please complete this form in block letters or typewriting. It consists of 12 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.
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- (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.
-



E 213 additional page No 1
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ADDITIONAL INFORMATION FOR THE PURPOSES OF INSTITUTIONS IN THE NETHERLANDS

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

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E 213 additional page No 2

ADDITIONAL PAGE FOR THE PURPOSES OF THE UNITED KINGDOM INSTITUTIONS

A. Complete in all cases

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

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

2. Tick one of the boxes below if the person has any of the following illnesses or disabling conditions  
 a psychiatric illness (if yes, please specify) .....  
 a significant degree of personality disorder  
 a severe learning disability  
 alcohol or substance abuse  
 impairment of brain function consequent to organic disease or traumatic brain injury

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

3. Has the person exhibited paranoid features, delusions, hallucinations, or other frankly psychotic symptoms/behaviour at any time during the past six months?  
 Yes  No

4. Is the person receiving neuroleptic drug and/or mood altering drugs which could be given orally or as depot (long-term injected treatment)?  
 Yes  No

5. Does the person need continual care or supervision because of the effects of the condition(s) ticked at item 2 above?  
 Yes  No  
If 'Yes', is the person being looked after in home surroundings or in sheltered care?  
 Home  Sheltered care

6. Is the person attending a day care centre (where constant qualified nursing care is available) for at least one day a week?  
 Yes  No

7. Name and address of consultant psychiatrist  
.....  
.....

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

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E 213 additional page No 3

**ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

1 If there are causes of incapacity for work other than illness, please give a brief description and the degree of contribution

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

2 During the period immediately preceding the present disability has the patient been partly occupied by domestic work and partly been employed/self-employed?

Yes  No

3 Due to the illness and on a permanent basis does the patient have extra expenses for transport needs, dietary needs, etc., which are not covered in full or in part by any social security scheme?

Yes  No

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

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



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**EUROPEAN COMMUNITIES**  
**Social Security Regulations**  
**EEA\***

See 'Instructions' on pages 4 and 5

**E 215**  (1)

**ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER**

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

<b>1</b>	Institution to which the form is addressed
1.1	Name .....
1.2	Address (2) .....
	.....
	.....
	.....

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

<b>3</b>	Nationality (12) .....	D.N.I. (13) .....
----------	------------------------	-------------------

<b>4</b>	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) .....

<b>5</b>	Address (2) (19)
	.....
	.....

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6	Spouse/cohabiting partner <sup>(*)</sup>		
6.1	Surname <sup>(*)</sup> .....		
6.2	Forenames <sup>(*)</sup> .....	Previous names <sup>(*)</sup> .....	
6.3	Date of birth <sup>(15)</sup> .....	Place of birth <sup>(16)</sup> .....	
6.4	Address <sup>(*)</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 <input type="checkbox"/> civil servants		
6.9	If in the affirmative, indicate 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 namely for <input type="checkbox"/> unemployment <input type="checkbox"/> sickness <input type="checkbox"/> invalidity <input type="checkbox"/> other		
6.14	Date of commencement .....		
6.15	Amount <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually .....		
6.16	Other known resources Type .....		
	Amount <sup>(25)</sup> .....		

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

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8	Ascendants and other members of the household <sup>(26)</sup>			
8.1	Surname <sup>(27)</sup>	Forenames	Date of birth <sup>(28)</sup>	Relationship
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
	.....	.....	.....	.....
8.2	Address <sup>(29)</sup> .....			
	.....			
8.3	Remarks .....			
	.....			

9	Benefits		
9.1	The pensioner	has applied for the following benefits	and/or receives the following benefits
9.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Rehabilitation allowance	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Invalidity pension <sup>(31)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension <sup>(32)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension <sup>(33)</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>(34)</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

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10	Activity pursued, if any			
10.1	The pensioner			
	<input type="checkbox"/>	is unemployed		
	<input type="checkbox"/>	is engaged in paid employment		<input type="checkbox"/> intends to pursue paid employment <sup>(2)</sup>
	<input type="checkbox"/>	is engaged in self-employment		<input type="checkbox"/> intends to pursue self-employment <sup>(2)</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>(1)</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 five pages, none of which may be left out even if it does not contain any relevant information.

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- (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 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





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- (\*) Give all forenames in the order in which they appear on birth certificate.
- (†) 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.
- (‡) Put M for male and F for female.
- (§) This information is required for a Spanish national, or a French national born outside metropolitan France.
- (¶) 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.
- (‡) For the purposes of Belgian, Danish, Netherlands, Finnish, Icelandic and Norwegian institutions.
- (¶) This information is based on a statement from the person concerned.
- (\*) 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.
- (‡) Where appropriate, indicate the date of naturalisation.
- (§) In the case of Spanish nationals over 16 years of age, state the Número de Identificación Fiscal (N.I.F.). Failing this, indicate the number of the Documento Nacional de Identidad (D.N.I.) or passport, even if they are out of date. If the aforementioned documents do not exist, state 'none'.
- (¶) 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).
- (‡) Where the form is being sent to a Finnish institution give population register (identity) number where applicable.
- (¶) 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.
- (\*) 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.
- (†) The symbol of the insured person's country of birth in accordance with the international motor vehicle registration code.
- (‡) 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 (†) .....
.....

- (‡) Complete only if the form is being sent to a Danish, Icelandic or Norwegian institution.
- (¶) Complete only if the form is being sent to an Irish, United Kingdom or Austrian institution.
- (‡) Complete if the form is being sent to a Belgian institution.
- (†) Complete if the form is being sent to a Danish, Spanish, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- (‡) Does not apply to Luxembourg institutions.
- (‡) Complete for Belgian, German, Italian, Austrian or Portuguese (monthly amount), French (quarterly amount), Danish, Spanish, Netherlands, Icelandic or Norwegian (annual amount) institutions.
- (‡) For the purposes of Norwegian institutions, complete also form E 215/additional page No 1.
- (‡) 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 (†) .....
.....

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

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E 215 additional page No 1

**ADDITIONAL INFORMATION FOR THE PURPOSES OF NORWEGIAN INSTITUTIONS**

- 1 Children
- 1.1 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....
- 1.2 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....
- 1.3 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....
- 1.4 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....
- 1.5 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....
- 1.6 Name ..... Forename ..... Date of birth .....
- Income per year (All kinds) .....

- 2 Does the child share the household with both parents?
- Yes  No
- If 'No', state which of the children, if not all children are concerned.
- .....
- .....
- .....

- 3 If the parents are not married and the child (children) shares the household with both parents, give information about the other parent
- Name .....
- Date of birth .....
- Income per year (All kinds. Specify) .....
- .....
- Name of the child (children) if not all children are concerned .....
- .....
- .....

- 4 Cohabitant
- 4.1 Has the pensioner previously been married to the cohabitant?
- Yes  No
- 4.1 Does the pensioner have or has she/he had children by the cohabitant?
- Yes  No

\_\_\_\_\_