

REQUEST FOR INFORMATION ON ENTITLEMENT TO FAMILY BENEFITS IN THE MEMBER STATES OF RESIDENCE OF THE MEMBERS OF THE FAMILY

Reg. 1408/71: Art. 76  
Reg. 574/72: Art. 10

A. Request for certificate

The competent institution responsible for the payment of family benefits in the Member State in which the employed or self-employed person works, which wishes to know whether entitlement to family benefits exists in the Member State of residence of the members of the family, should complete two copies of Part A and send them to the institution of the place of residence of the members of the family.

1.	<input type="checkbox"/> Employed person	<input type="checkbox"/> Self-employed person
1.1.	Surname (1a) .....	
1.2.	Forenames .....	Previous names (1a) .....
		Place of birth (2) .....
1.3.	Date of birth .....	Sex .....
		Nationality .....
		Identification/insurance number (3) .....
1.4.	Address (4) .....	
	.....	

2.	Spouse (former spouse) or other persons whose entitlement to family benefits in the country of residence of the members of the family must be verified		
2.1.	Surname (1a) .....		
2.2.	Forenames .....	Previous names (1a) .....	Date of birth .....
			Identification/insurance number (3) .....
2.3.	Address (4) .....		
	.....		
2.4.	Relationship to the members of the family mentioned in box 3 .....		
	.....		
2.5.	Period for which the information is requested .....		

3.	Members of the family (6)					
	Surname (1a)	Forenames	Date of birth	Relationship (5)	Actual place of residence (7)	Identification/insurance No (3)
3.1.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
3.2.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
3.3.	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....

4. Information concerning the occupation pursued in the country of residence of the members of the family

4.1. Employer .....

4.2. Address (4) .....

4.3. Self-employment .....

4.4. Activity treated as an occupation as defined by Decision No 119 (15) .....

5. Competent institution

5.1. Name .....


5.2. Address (4) .....

5.3. File reference number (8) .....

5.4. Stamp

**Ausgleichskasse  
swisstempcomp  
Sumatrastrasse 15  
CH-8006 Zürich**

5.5. Date .....

5.6. Signature 

**B. Certificate**

To be completed by the competent institution in the place of residence of the members of the family or by the employer or the person named in box 2 (9).

6. Certificate issued by the competent institution responsible for the payment of family benefits in the place of residence of the members of the family or by the employer

6.1. During the period from ..... to ..... the person named in box 2

pursued an occupation (or an activity treated as such as defined in Decision No 119) (15)  
from ..... to .....

did not pursue an occupation (or an activity treated as such as defined in Decision No 119) (15)  
from ..... to .....

6.2. For the period from ..... to ..... the person named in box 2

is entitled to family benefits for the members of the family

total amount of family benefits .....

is not entitled to family benefits for the following reasons .....

has not submitted a claim (10) .....

6.3. Income of the persons named in box 2 and 3 (4a) .....

7. Information concerning the family benefits referred to in box 6 per family members <sup>(11)</sup>

	Surname	Forenames	Date of birth	Relationship	Place of residence
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....
6.	.....	.....	.....	.....	.....

Additional information per family member:

	Family member	Kind of benefit <sup>(14)</sup>	Amount <sup>(12)</sup>	Periodicity (week/month)
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
6.	.....	.....	.....	.....

8. Employer of the person named in box 2 <sup>(9)</sup>

8.1. Name of employer (if a company, the corporate name) .....

8.2. Address <sup>(4)</sup> .....

8.3. Stamp

8.4. Date .....

8.5. Signature .....

9. Institution of the place of residence of the members of the family <sup>(13)</sup>

9.1. Name .....

9.2. Address <sup>(4)</sup> .....

9.3. File reference number .....

9.4. Stamp

9.5. Date .....

9.6. 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.

NOTES

- (1) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = The Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (1a) 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.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Latvian institution, state the identity number; to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution, state the personal identification number; to a Hungarian institution, state the TAJ (social insurance identification) number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR); to a Spanish institution, state the number appearing on the national identity card (DNI) or N.I.E, in the case of foreign people, even if the card is out of date; to a Polish institution, state the PESEL and NIP numbers; 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; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO) and tax number; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (4) Street, number, post code, town, country. If the form is being sent to a Hungarian institution, indicate the last Hungarian address as well.
- (4a) For the purposes of the Czech institutions, submit the income documentation of persons specified in items 2 and 3. When the benefit is claimed up to 30 September of the current year, the income documentation concerns the calendar year preceding the previous year; when the benefit is claimed after 1 October of the current year, the income documentation concerns the previous calendar year. Please state all kinds of income according to their source (employment, self-employment, rents, stipends, maintenance payments, etc.) including benefits (unemployment benefits, pensions, sickness benefits, family benefits, etc.).
- (5) Show the relationship of each member of the family to the worker, using the following symbols:  
 A = legitimate child. In Spain and Poland child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial).  
 B = legitimised child.  
 C = adopted child.  
 D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognised).  
 E = child of a spouse belonging to the worker's household.  
 F = grandchildren, brothers and sisters whom the person concerned has taken into his household. Also, nephews and nieces to the third degree where the competent institution is a Greek institution. Where the competent institution is a Polish institution, only grandchildren and siblings whose legal guardian is an entitled person or his/her spouse.  
 G = other children belonging permanently to the household on the same footing as the worker's children (foster children). Where the competent institution is a Polish institution, only other children whose legal guardian is an entitled person or his/her spouse.  
 H = for the purposes of Czech institutions, describe further forms of custody (custody awarded following a court decision to other persons than parents, guardian, curator, etc.). Other relationships (e.g. grandfather) must be written in full. According to Czech legislation, legitimised and adopted children under B and C have equal status.
- (6) For the purposes of Norwegian institutions, state only children under the age of 16. For the purpose of Latvian institutions indicate only children under the age of 15, and, if they are attending general or vocational educational establishments and not receiving scholarship and are not married, children under the age of 20.
- (7) If the member of the family resides at an address other than that indicated at 2.3, please indicate here. For the purposes of Latvian and Norwegian institutions, please state if the child resides in an orphanage, a special school or another residential institution.

Surname and forenames
.....
.....
Address (4)
.....
.....

- (<sup>8</sup>) For use by the sending institution.
- (<sup>9</sup>) The certificate should be completed by the employer only if he/she has to pay the family benefits of the country of residence.
- (<sup>10</sup>) In this case the institution of the place of residence should indicate the amount of family benefits that would have been granted if a claim had been submitted. If it does not have sufficient information to do so it should indicate in box 7 the tariffs provided for by its legislation for each member of the family.
- (<sup>11</sup>) For Norwegian family benefits only the total amount will be given.
- (<sup>12</sup>) Where appropriate, indicate the tariffs referred to in footnote 10.
- (<sup>13</sup>) To be completed by the institution of the place of residence of the members of the family or, failing this, by the liaison body.
- (<sup>14</sup>) For Slovak and Czech institutions state the kind of family benefit.
- (<sup>15</sup>) OJ C 295, 2.11.1983, p. 3.
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