**DA001 - Request for certification of the right to benefits in kind**

**Purpose of the SED:**

This SED is a request from an Institution in the Member State of stay or residence for a document confirming the right of a person to benefits in kind in case of an accident at work or an occupational disease.

It is filled out on the basis of the person’s own statement about the insurance situation and accident or disease. With this information the institutions concerned shall be enabled to clarify the right of a person to benefits in kind in case of an accident at work or an occupational disease.

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

**Data required:**

* **Person Identification Data**

Personal data allows the Counterparty to identify the person in the national data base and to provide the reply on the entitlement to benefits in kind in respect to an accident at work or an occupational disease. If the data are not complete or are incorrect the Counterparty, which received DA001, will not be able to reply. It is important to remember about the special characters which can be used in the family name and forenames, which could make a difference for the person identification.

The DA001 should include the Personal Identification Number (PIN). The PIN is defined as a unique personal identification number issued by a state or organization. Whenever it is possible the number entered should be a number given to the person under a National Registration scheme. Where no National Registration Number is available, a sectored number (i.e. Social security, Health Registration Number) should be entered.

* **Additional information on the Person**

It is possible to provide information about more than one nationality for the person, which might be essential in order to verify if the regulation on the coordination of social security systems applies to the person.

For some Member States it might be required to provide the previous family name and forename in order to identify the person.

* **Address of the person**

The address of the person is not mandatory however this information might be useful as the Counterparty might need to contact the person in order to provide the reply on the right to benefits in kind.

* **Information about the relation to the accident at work or occupational disease**

Please indicate whether the DA001 is related to an accident at work or an occupational disease. This information might be necessary, particularly when the Member State has two different institutions, one of them in charge of accidents at work and the other one of occupational diseases.

The information on the accident at work or the occupational disease should be given as detailed as possible to enable the other institution concerned to clarify the right of the respective person and to speed up the procedure. It is possible to add attachments to DA001 and any document provided by the claimant should be attached to the DA001.

What is more, as the person might have various accidents at work or several occupational diseases diagnosed, it is highly important to indicate data such as the date of accident or date when the occupational disease was diagnosed, the code of the injury / disease caused by the accident at work or the code used to identify the occupational disease and the description of the injury / disease caused by the accident at work or the description / type of the occupational, which can all be crucial for the purpose of establishing the status of the person by the Counterparty as soon as possible.

* **Information about the employer**

Information about the employer are necessary because if the Member State does not have a central register of insured persons and if there is more than one AWOD insurance institution, the employer is the only source of information about the insurance institution which is competent for the respective employee.

In case of accidents at work, the information about the employer at the time of the accident is most crucial. However, in some cases it might be necessary to fill in information about the full career of the person who applies to get a benefit in order to determine which country is the competent one in case of multiple exposure to the risk of occupational disease.

It is recommended to fill in the Employer PIN especially when no PIN of the person concerned is available. Note that when the DA001 concerns a self-employed person the “employer name” is considered to be a name of the self-employed person or the name of his business.

This item is dedicated for a large variety of entities or person having a status, rights and obligations defined by law. It can include employers, self-employed, school if the accident concerns the child, and etc.

* **Specification of the request in DA001**

It is required to provide the period for which an entitlement document is requested. It is possible to indicate the closed period with start and end date or open-ended period with only start date if the end date is not known or if the document is requested for unlimited time.

* **Additional information**

Whenever a Member State, which is sending a DA001 or replying to a request, needs to give some additional information which cannot be given in any other parts of the DA001, it is possible to give a description in the additional information field. It could be, for example, information with detailed explanations such as a calculation of the degree of disability, etc. If more space is needed the explanation could be included as an attachment.

Note that any additional information or attached documents provided in the national language will require a translation before the Counterparty can issue a reply which depends on such information.

* **Attachments:**

It is possible to add attachments to DA001. The medical report drawn up in the territory of the Member State of which the accident at work occurred or the occupational disease was first diagnosed[[1]](#footnote-1) can be attached.

* **Mandatory fields (“\*”)**

The DA001 includes some mandatory data, i.e. identification of the person, date of the accident/occupational disease, reference to accident at work or occupational disease, employer name and the beginning date for the period of time for which the certification of rights is requested (it could be: the first day of treatment or the day of the residence).

Note that if section 6 indicates that the DA001 provides a medical report, the SED cannot be sent without this attachment.

In order to see the content and explanatory notes of SED DA001 please click [here](Forms/DA001_en.htm).

1. Cf. art. 34 paragraph 2 of Regulation (EC) 987/2009. [↑](#footnote-ref-1)