



Summary of Pension Decisions

Art. 48 of Regulation (EC) No 987/2009

1. ADDRESS AND PERSONAL DETAILS OF THE HOLDER

1.1 Surname(s)	
1.2 Forename(s)	
1.3 Surname(s) at birth (*)	
1.4 Current address	
1.4.1 Street, N°	1.4.3 Post code
1.4.2 Town	1.4.4 Country code

INFORMATION FOR THE HOLDER

Your claim for an invalidity/survivors/old age pension with [] (**)
led, on the basis of European legislation, also to examination of a claim for similar benefit in the other countries of the European Union where the insured person has worked or has been insured. In this document we give you a summary of the outcome of these assessments.

The purpose of this overview is to allow you to assess whether or not your right to a pension in one or more Member States has been adversely affected by the interaction of decisions taken by two or more institutions. For instance, your pension could be reduced in view of other income or benefit; it could also be affected by rules regarding the overlapping of periods. For details please check the relevant national pension decision or contact the pension institution which issued the pension decision.

Under Article 48 of Regulation (EC) No 987/2009, your request for review has to be submitted to the institution concerned within the time limits laid down in the national legislation of the Member State concerned. These time limits shall commence on the date of receipt of this summary. You will find the relevant time limit and the address of the institution below.

This right to a review should be distinguished from the right to an appeal under national law against a decision by a pension institution on a claim for a pension. A request for a review can only be granted in case your rights to a pension are adversely affected by the interaction of national pension decisions.

This document states the pension decision from each institution that has investigated your claim. The amount of the pension may depend on the length and the character of the insurance periods. We are not supplying you here with an exhaustive overview of the way in which each separate member state has taken into account insured periods since the appraisal of these periods can differ as a result of different national provisions.

2. PERSONAL DETAILS OF THE INSURED PERSON

2.1 Surname(s)	
2.2 Forename(s)	
2.3 Surname(s) at birth (*)	
2.4 Date of birth	
2.5 Last known address	
2.5.1 Street, N°	2.5.3 Post code
2.5.2 Town	2.5.4 Country code

(*) Information given to the institution by the holder when this is not known by the institution.

(**) Please complete name of institution in [].

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5. INSTITUTION COMPLETING THE FORM

5.1 Name

5.2 Street, N°

5.3 Town

5.4 Post code

5.5 Country code

5.6 Institution ID

5.7 Office fax N°

5.8 Office phone N°

5.9 E-mail

5.10 Date

5.11 Signature

STAMP