



30. April 2010

Mitteilungen an die AHV-Ausgleichskassen und EL-Durchführungsstellen Nr. 267

Anwendung der neuen Gemeinschaftsverordnungen Nr. [883/2004](#) und [987/2009](#) in der EU ab dem 1. Mai 2010 – Auswirkungen für die Schweiz

Ab dem 1. Mai 2010 werden in den 27 EU-Mitgliedstaaten die Verordnungen 1408/71 und 574/72 durch die Verordnung (EG) Nr. [883/2004](#) (ABl. Nr. L 200 du 7.6.2004) sowie die Durchführungsverordnung (EG) Nr. [987/2009](#) (ABl. Nr. L 284 du 30.10.2009) ersetzt.

In den Beziehungen zwischen der Schweiz und den EU-Mitgliedstaaten finden die neuen Verordnungen 883/2004 und 987/2009 derzeit keine Anwendung. Der Zeitpunkt des Inkrafttretens der Verordnungen in der Schweiz ist noch nicht bekannt. Eine diesbezügliche Information erfolgt zu gegebener Zeit.

Wie bereits anlässlich der bisherigen Aktualisierungen des Gemeinschaftsrechts, prüfen die Experten der Schweiz und der Europäischen Kommission die Übernahme der neuen Verordnungen im Rahmen einer Aktualisierung des Anhangs II des Abkommens über den freien Personenverkehr. Eine rasche Umsetzung der neuen Regelungen in der Schweiz steht im Vordergrund. Die multilaterale Koordination der nationalen Systeme der sozialen Sicherheit kann nur dann wirklich funktionieren, wenn alle Parteien dieselben Regeln anwenden.

Ab dem 1. Mai 2010 werden in den Mitgliedstaaten der EU neue Formulare in Umlauf gesetzt.

Nach Ablauf einer Übergangszeit von mindestens zwei Jahren werden die derzeit in Papierform verwendeten [E-Formulare](#) durch den Austausch von elektronischen Formularen, sog. SED's (*Structured Electronic Document*) ersetzt. Die SED's haben einen ähnlichen Inhalt wie die aktuellen Papier-E-Formulare.

Während der Übergangszeit werden die E-Formulare allmählich durch die SED's, die provisorisch in Papierform verwendet werden, ersetzt. Diese haben grundsätzlich dasselbe Layout wie die E-Formulare. Anschliessend werden die SED's in ein elektronisches Datenaustauschsystem überführt. Zusätzlich werden neue mobile Dokumente (*Portable Document*; PD) eingeführt.

Die Schweiz prüft derzeit die Möglichkeit einer Teilnahme an diesem elektronischen Datenaustausch.

Mitteilungen an die AHV-Ausgleichskassen und EL-Durchführungsstellen Nr. 267

Solange die Schweiz formell die neuen Verordnungen nicht übernimmt, können die neuen Gemeinschaftsformulare in den Beziehungen zwischen der Schweiz und den EU-Mitgliedstaaten nicht verwendet werden.

Allerdings ist nicht auszuschliessen, dass ein Träger oder eine Behörde eines EU-Mitgliedstaates irrtümlich ein neues Formular (PD oder Papier-SED) an eine schweizerische Ausgleichskasse schickt. Wir wären Ihnen dankbar, wenn Sie sich in solchen Fällen im Rahmen der Gültigkeitsprüfung eines solchen Dokuments möglichst kulant zeigen könnten. Nur eine pragmatische und flexible Anwendung der Koordinationsregelungen verhindert eine Beeinträchtigung der Rechte der Versicherten.

Zu Ihrer Information finden Sie im Anhang die provisorischen Fassungen der mobilen Dokumente (PD), welche für die AHV relevant sind. Die definitive englische Version wird im Verlaufe des Monats Mai auf der Webseite der Europäischen Kommission ([DG EMPL](#)) zur Verfügung gestellt; die Übersetzung in alle offiziellen Landessprachen erfolgt bis zum Ende des Jahres 2010.

Anhang :

- Provisorische, mobile Dokumente (PD) in Englisch
 - o A1 = E 101
 - o P1 = E 210 et E 211

A1



Certificate concerning the Social Security legislation which applies to the holder

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This certificate concerns the social security legislation which applies to you and confirms that you have no obligations to pay contributions in another State.

Before you leave the State where you are insured to go to another State to work, make sure you have the documents which entitle you to receive the necessary benefits in kind (e.g. medical care, treatment in hospital, and other) in the State where you are working.

- If you are staying temporarily in the State where you are working, ask your health care institution for the European Health Insurance Card (EHIC). You must show this card to your health care provider if you need benefits in kind during your stay.
- If you are going to be living in the State where you are working, ask your health care institution for the S1 document and submit it as soon as possible to the competent health care institution of the place you are going to work (**).

Provisionally the insurance institution in the State of stay will also provide special benefits in the event of an accident at work or an occupational disease.

1. PERSONAL DETAILS OF THE HOLDER

1.1 Personal Identification Number	<input type="checkbox"/> Female <input type="checkbox"/> Male
1.2 Surname	
1.3 Forenames	
1.4 Surname at birth (***)	
1.5 Date of birth	1.6 Nationality
1.7 Place of birth	
1.8 Address in the State of residence	
1.8.1 Street, N°	1.8.3 Post code
1.8.2 Town	1.8.4 Country code
1.9 Address in the State of stay	
1.9.1 Street, N°	1.9.3 Post code
1.9.2 Town	1.9.4 Country code

2. MEMBER STATE LEGISLATION WHICH APPLIES

2.1 Member State	2.2 Starting date	2.3 Ending date
<input type="checkbox"/> 2.4 The certificate applies for the duration of the activity <input type="checkbox"/> 2.5 The determination is provisional <input type="checkbox"/> 2.6 Regulation 1408/71 remains applicable on the basis of Article 87 (8) of Regulation 883/2004		

(*) Regulations (EC) No 883/2004, articles 11 through 16, and 987/2009, article 19.

(**) For Spain, Sweden and Portugal , the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

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

A1



Certificate concerning the Social Security legislation which applies to the holder

3. STATUS CONFIRMATION OF YOUR POSITION

- 3.1 Posted employed person
- 3.3 Posted self-employed person
- 3.5 Civil servant
- 3.7 Mariner
- 3.9 Working as a civil servant in one country
and as an employed/self-employed person
in one or more other countries
- 3.2 Employed, working in two or more States
- 3.4 Self-employed, in two or more States
- 3.6 Contract staff
- 3.8 Working as an employed person and as
a self-employed person in different countries
- 3.10 Exception

4. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE STATE WHOSE LEGISLATION APPLIES

- | | |
|--|---|
| <input type="checkbox"/> 4.1.1 Employee | <input type="checkbox"/> 4.1.2 Self-employed activity |
| 4.2 Employer/self-employed activity code | |
| 4.3 Name or business name | |
| 4.4 Registered address | |
| 4.4.1 Street, N° | 4.4.2 Country code |
| 4.4.3 Town | 4.4.4 Post code |

5. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE OTHER MEMBER STATE(S)

- 5.1 Name(s) or business name(s) and code(s) of the firm(s) or ship(s) where you will be employed

- 5.2 Address(es) or name(s) of ship(s) where you will be (self) employed in the 'host' State(s)

- 5.3 Or no fixed address in State(s) of (self)employment

A1



Certificate concerning the Social Security
legislation which applies to the holder

6. INSTITUTION COMPLETING THE FORM

6.1 Name

6.2 Street, N°

6.3 Town

6.4 Post code

6.5 Country code

6.6 Institution ID

6.7 Office fax N°

6.8 Office phone N°

6.9 E-mail

6.10 Date

6.11 Signature

STAMP



Summary of pension entitlements

EU Regulations 883/04 and 987/09 (*)

1. PERSONAL DETAILS OF THE HOLDER (CLAIMANT)

1.1 Personal Identification Number	<input type="checkbox"/> Female <input type="checkbox"/> Male
1.2 Surname	
1.3 Forenames	
1.3 Surname at birth (**)	
1.4 Date of birth	
1.4 Place of birth	
1.5 Current address	
1.5.1 Street, N°	<input type="checkbox"/> 1.5.3 Post code
1.5.2 Town	<input type="checkbox"/> 1.5.4 Country code

INFORMATION FOR THE HOLDER

Your claim for an invalidity/survivors/old age pension with [name of the institute] led, on the basis of European legislation, also to appraisal of a claim in the other countries of the European Union where you have worked or have been insured. In this document we give you a summary of how the institutions concerned have assessed these claims.

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 987/09, 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.

(*) Regulations (EC) No 883/2004, articles 44 through 60, and 987/2009, article 48.

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

P1



Summary of pension entitlements

2. PERSONAL DETAILS OF THE INSURED PERSON (IF DIFFERENT FROM THE HOLDER)

2.1 Personal Identification Number

Female Male

2.2 Surname

2.3 Forenames

2.3 Surname at birth (**)

2.4 Date of birth

2.4 Place of birth

2.5 Current address

2.5.1 Street, N°

2.5.3 Post code

2.5.2 Town

2.5.4 Country code

3. TYPE OF PENSION CLAIM

3.1 Old-age

3.2 Invalidity

3.3 Survivor



Summary of pension entitlements

4. PENSION(S) AWARDED

4.1 Institution awarding the pension	4.2 Start payment	4.3 Gross amount (1)	4.4 Review period (starts on date of receipt of the summary)	4.5 Where to address the review
Centro Nacional de Pensões	30/04/2012	EUR 211 week	<input type="checkbox"/> 1 month	Tribunal administrativo, Magallaes 425, Lisboa
Deutsche Rentenversicherung Bund	01/02/2012	EUR 678 month	<input type="checkbox"/> 3 months	DRB, Konstanzerstrasse, 451, Koeln
			<input type="checkbox"/>	

(1) If checked, the pension amount was reduced in view of national/EU rules, for instance on the taking into account of other income or benefit. For details please check the relevant national pension decision or contact the pension institution which issued the pension decision.

P1



Summary of pension entitlements

5. PENSION(S) REJECTED

5.1 Institution rejecting the pension	5.2 Reasons for the rejection (*)			5.3 Review period (starts on date of receipt of the summary)	5.4 Where to address the review
	1	2	3		
The UK pensions service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 month	Manor house, Newcastle 4B7 H2K, UK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(*) 1. No insurance periods; 2. Insurance periods less than one year ; 3. Other.

For details please check the relevant national pension decision or contact the pension institution which issued the pension decision.

6. INSTITUTION COMPLETING THE FORM (CONTACT INSTITUTION)

6.1 Name

6.2 Street, N°

6.3 Town

6.4 Post code

6.5 Country code

6.6 Institution ID

6.7 Office fax N°

6.8 Office phone N°

6.9 E-mail

6.10 Date

6.11 Signature

DATE AND STAMP