



30 avril 2010

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## **Bulletin à l'intention des caisses de compensation AVS et des organes d'exécution des PC No. 267**

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### **Application des nouveaux règlements communautaires n° [883/2004](#) et [987/2009](#) au sein de l'UE à partir du 1<sup>er</sup> mai 2010 – Conséquences pour la Suisse**

A partir du 1er mai 2010, les règlements 1408/71 et 574/72 seront remplacés par le règlement (CE) n° [883/2004](#) (JO L 200 du 7.6.2004) et son règlement d'application (CE) n° [987/2009](#) (JO L 284 du 30.10.2009) dans les 27 Etats membres de l'UE.

**Les nouveaux règlements 883/2004 et 987/2009 ne sont pour l'instant pas applicables dans les relations entre la Suisse et les Etats membres de l'UE. La date d'entrée en vigueur pour la Suisse de ces règlements est encore inconnue. Une information à ce sujet sera diffusée en temps opportun.**

Comme cela fut déjà le cas lors des précédentes actualisations du droit communautaire, les experts suisses et de la Commission européenne examinent la reprise des nouveaux règlements dans le cadre d'une actualisation de l'annexe II de l'Accord sur la libre circulation des personnes. L'accent est mis sur une mise en œuvre rapide des nouvelles dispositions par la Suisse. La coordination multilatérale des systèmes nationaux de sécurité sociale ne peut réellement fonctionner que si toutes les Parties appliquent les mêmes règles.

**A partir du 1er mai 2010, de nouveaux formulaires seront mis en circulation dans les Etats membres de l'UE.**

A l'issue d'une période transitoire d'au moins deux ans, l'échange des [formulaires E papier](#) actuellement utilisés sera remplacé par des échanges de formulaires électroniques appelés SED's (*Structured Electronic Document*). Les SED's ont un contenu similaire aux formulaires E papier actuels.

Durant la période transitoire, les formulaires E papier seront progressivement remplacés par les SED's provisoirement utilisés en format papier et ayant en principe le même aspect que les formulaires E. Ils seront ensuite convertis en échanges électroniques. En outre, de nouveaux documents portables (*Portable Document* ; PD) seront introduits.

La Suisse étudie l'opportunité de participer à cet échange électronique.

**Bulletin à l'intention des caisses de compensation AVS et des organes d'exécution des PC No. 267**

**Aussi longtemps que la Suisse ne reprend pas formellement les nouveaux règlements, les nouveaux formulaires communautaires ne sont pas utilisables dans les relations entre la Suisse et les Etats membres de l'UE.**

Toutefois, il n'est pas exclu qu'une institution ou un organisme d'un Etat membre de l'UE émette erronément un nouveau formulaire (PD ou SED papier) à l'attention d'une caisse de compensation suisse. Dans un tel cas, nous vous serions reconnaissants de bien vouloir observer une grande souplesse lors de l'examen de la validité d'un tel document. Seule une application pragmatique et flexible des règles de coordination évitera de compromettre les droits des assurés mobiles.

A titre d'information, vous trouverez en annexe des versions provisoires des documents portables qui sont pertinents pour l'AVS. Les versions anglaises définitives de ces documents seront disponibles sur le site de la Commission européenne ([DG EMPL](#)) dans le courant du mois de mai ; ils seront traduits dans toutes les langues officielles d'ici la fin de l'année 2010.

**Annexes :**

- Documents portables provisoires en anglais
  - 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  Female  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

2.4 The certificate applies for the duration of the activity

2.5 The determination is provisional

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**

- |   |   |
|---|---|
| <input type="checkbox"/> 3.1 Posted employed person   | <input type="checkbox"/> 3.2 Employed, working in two or more States  |
| <input type="checkbox"/> 3.3 Posted self-employed person  | <input type="checkbox"/> 3.4 Self-employed, in two or more States   |
| <input type="checkbox"/> 3.5 Civil servant  | <input type="checkbox"/> 3.6 Contract staff   |
| <input type="checkbox"/> 3.7 Mariner  | <input type="checkbox"/> 3.8 Working as an employed person and as a self-employed person in different countries |
| <input type="checkbox"/> 3.9 Working as a civil servant in one country and as an employed/self-employed person in one or more other countries | <input type="checkbox"/> 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°	1.5.3 Post code	
1.5.2 Town	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	<input type="checkbox"/> Female	<input type="checkbox"/> 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

<input type="checkbox"/> 3.1 Old-age	<input type="checkbox"/> 3.2 Invalidity	<input type="checkbox"/> 3.3 Survivor
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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, Magallães 425, Lisboa
Deutsche Rentenversicherung Bund	01/02/2012	EUR 678 month	<input type="checkbox"/> 3 months	DRB, Konstanzerstrasse, 451, Koeln
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<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