

Country:	Identification No ⁽²⁾ ⁽¹⁶⁾	Institution concerned (where applicable, liaison body)
(1)
(2)
(3)
(4)
(5)

INVESTIGATION OF A CLAIM FOR AN OLD-AGE PENSION

Regulation (EEC) No 1408/71: Articles 44 to 51a; Article 77

Regulation (EEC) No 574/72: Articles 36 to 38; Articles 41 to 43; Articles 45 to 47; Article 49; Article 90 (); Article 111*

The investigating institution should complete this form and send one copy to each of the institutions with which the employed or self-employed person has been insured (institutions concerned) or to the liaison body.

1.	Institution to which the form is addressed (institution concerned or liaison body, as applicable)
1.1	Name:
1.2	Address ⁽³⁾ :

A. Information concerning insured person ⁽⁴⁾

2.		
2.1	Surname ⁽⁵⁾ :	
2.2	Surname at birth ⁽⁵⁾ :	
2.3	Forenames ⁽⁶⁾ :	
2.4	Previous names ⁽⁷⁾ :	
2.5	Sex ⁽⁸⁾ :	
2.6	Father's surname and forenames ⁽⁹⁾ :	
2.7	Mother's surname and forenames at birth ⁽⁹⁾ :	
2.8	Civil status:	
	<input type="checkbox"/> single	<input type="checkbox"/> divorced ⁽¹⁰⁾ since: ⁽¹¹⁾
	<input type="checkbox"/> married since: ⁽¹¹⁾	<input type="checkbox"/> separated since: ⁽¹¹⁾
	<input type="checkbox"/> cohabiting since: ⁽¹²⁾ ⁽⁴⁾	<input type="checkbox"/> remarried ⁽¹⁰⁾ since: ⁽¹¹⁾
2.9	Taxpayer's No ⁽¹³⁾ :	
	Code of tax district:	
2.10	Insurance No ⁽²⁾ ⁽¹⁴⁾ :	

(*) Article 90 of Regulation (EEC) No 574/72 is not applicable in the Netherlands.

3. Nationality ⁽¹⁵⁾ ⁽¹⁶⁾:

4. Details of birth ⁽¹⁷⁾

4.1 Date of birth ⁽¹⁷⁾:

4.2 Place of birth ⁽¹⁸⁾:

4.3 Province, county ⁽¹⁹⁾:

4.4 Country ⁽²⁰⁾:

5. Address and bank particulars

5.1 Address ⁽³⁾ ⁽²¹⁾ ⁽²²⁾:

5.2 Bank particulars or address for direct payment

Name of beneficiary as recognised by the bank:

Name of the bank:

Address of the bank:

Bank identification code (BIC/SWIFT):

International bank account No (IBAN):

6.

6.1 Insurance No at the registering institution:

6.2 Reference No of file at the investigating institution:

7.

7.1 The insured person is still pursuing gainful employment

as an employed person as a self-employed person

civil servant ^(22a)

entailing compulsory pension insurance cover ⁽²³⁾

7.2 The insured person ceased to pursue gainful employment

as an employed person as a self-employed person

civil servant ^(22a) since:

7.3 The insured person intends to retire from gainful employment

as an employed person as a self-employed person

civil servant ^(22a) on:

7.4 The insured person intends to take up gainful employment ⁽²⁴⁾

as an employed person as a self-employed person

civil servant ^(22a) (state nature of activity):

7.5 Amount of salary of professional income of other income ⁽²⁵⁾

7.6 Nature of other income:

7.7 The claimant states that he/she has no income ⁽²⁶⁾.

8.

		has applied for the following benefits:	is receiving the following benefits:
8.1	The insured person	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Invalidity pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Old-age pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Survivor's pension ⁽²⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.8	Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
8.9	Pension-type benefit payable under compulsory motor insurance (road accident indemnity) ⁽²⁸⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.10	Unemployment benefits or early retirement benefit	<input type="checkbox"/>	<input type="checkbox"/>
8.11	Family benefit ⁽²⁹⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.12	Refund of contributions	<input type="checkbox"/>	<input type="checkbox"/>
8.13	Transfer of contributions ⁽³⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>
8.14	Other benefits (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.15 Institutions responsible for paying the benefits indicated in 8.3. to 8.11

[name, address ⁽³⁾, benefit No]:

- 8
- 8
- 8
- 8

8.16 Additional information on the benefits listed in 8.3 to 8.10.

Re benefits in item:	File reference No:	Period or date on which due	Amount
8	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
8	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
8	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual

8.17 The following are regarded as advances on the pension claimed:

- sickness insurance benefits for incapacity for work
- unemployment benefits
-

8.18 The insured person is entitled to sickness benefits in kind under the legislation administered by the investigating institution?

Yes No Not yet determined

8.19 The benefit referred to in point 8.6 or 8.7 is based on ⁽³¹⁾:

- the claimant's own insurance periods: see E 205
- insurance periods completed by the (former) spouse: see E 205.

9. Additional information for the application of provisions on overlapping benefits

9.1 When benefits of the same kind are granted by the institution or institutions concerned, the pension calculated by the investigating institution may be reduced?

Yes No Not yet determined

9.2 The pension calculated by the investigating institution may be reduced

Yes No Not yet determined

— because one or several of the benefits specified at point 8 are taken into account?

8 8 8 8

— because of income other than the benefits specified at point 8?

- income from employment/self-employment
- other ⁽³²⁾:

9.3 The institution concerned is requested to specify the part of the pension accruing from voluntary contribution payments (point 6.7 in form E 210)?

Yes No

9.4 The benefit due from the investigating institution is (partly or entirely) based on voluntary contributions?

Yes No

10. Information to be supplied if the form is to be sent to Danish (10.1, 10.2 and 10.3), German, Greek, Spanish, Austrian, Polish (10.1 and 10.2), French (10.1, 10.2 and 10.4), Icelandic, Slovene (10.2 and 10.3), Portuguese, Czech, Finnish and Norwegian (10.2) institutions

10.1 The claimant ⁽³³⁾

- declares that he/she is unfit for work (see medical report enclosed)
- declares that he/she is totally incapable of performing duties and current invalidity is related to performed duties (see medical report enclosed) ^(33a)
- declares that he/she is not unfit for work.

10.2 The claimant ⁽³³⁾ ⁽³⁴⁾

- declares that he/she needs someone in constant attendance for the performance of one of the ordinary activities of everyday life (see medical report enclosed)
- declares that he/she does not need someone in constant attendance for the performance of one of the ordinary activities of everyday life
- declares that his or her functional capacity has, on account of an illness or injury, diminished with the result that he or she is not capable of performing ordinary activities of everyday life unaided or that the illness or injury imposes an added long-term financial strain ⁽²⁸⁾.

10.3 The claimant ⁽³³⁾

- declares that he/she does not have sufficient means of subsistence.

10.4 The investigating institution awards an increase in benefits to the extent that the applicant is incapable of carrying out normal day-to-day activities unaided?

- Yes No Not yet determined

— In addition to the benefit referred to at point 8 the applicant receives an additional benefit if he/she is incapable of carrying out normal day-to-day activities?

— The additional benefit may be reduced if a similar benefit is granted by another institution concerned?

- Yes No Not yet determined

B. Information concerning the members of the insured person's family (4)

11. Spouse Cohabiting partner (12) (35)

11.1 Surname (5):

11.2 Forenames (6): Previous names (7):

11.3 Date of birth: Place of birth (18):

11.4 Nationality (15) (16):

11.5 Address (3):

11.6 Insurance No (2) (14):

11.7 Date of marriage/cohabiting:

Does the insured person live in the same household as the spouse or partner?

Yes, since:

No:

Not anymore, since:

11.8 The spouse/partner pursues does not pursue gainful employment

11.9 If in the affirmative, state amount of weekly earnings (36): annual earnings (37):

11.10 The spouse/partner aged between 60 and 65 declares himself/herself fit for work unfit for work (33)

11.11 The spouse/partner has submitted a claim for a pension under the scheme for employed persons receives a pension under the scheme for self-employed persons all residents civil servants (37a)

does not receive a pension

Where appropriate, indicate

11.12 Type of pension (38):

11.13 Pension No (16):

11.14 Institution responsible for payment:

11.15 Amount monthly quarterly annual weekly

11.16 The spouse/partner receives does not receive other benefits ⁽³⁹⁾
 unemployment sickness invalidity other

11.17 Date of commencement ⁽⁴⁰⁾:

11.18 Amount monthly quarterly annual weekly

11.19 Other known resources: Type:

Amount ⁽⁴⁰⁾:

11.20 The benefit referred to in 11.11 is based on ⁽³¹⁾:
 the claimant's own insurance periods : see E 205.
 insurance periods completed by the (former) spouse : see E 205.

12. Children ⁽¹⁶⁾

12.1	Surname ⁽⁵⁾ :	Forenames:	Insurance number:	Sex (M/F):	Place and date of birth, marriage or death ⁽⁴¹⁾ :	Relationship (i.e. : own child, adopted child, foster child):
1.

2.

3.

4.

12.2 The following institution is competent to grant benefits pursuant to Article 77 of Regulation (EEC) No 1408/71:
 the investigating institution
 the institution designated as follows:

12.3 The investigating institution,
 for the children referred to in line Nos of item 12.1,
 is granting benefits until inclusive.
 amount of pension increase and family allowance per child ⁽⁴²⁾:

is not granting benefits in respect of the children referred to in line Nos of item 12.1 ⁽⁴³⁾.
 has not yet taken a decision regarding entitlement to benefits.

12.4 Address ⁽³⁾ ⁽⁴⁴⁾:

.....

.....

12.5 Remarks ⁽⁴⁵⁾ ⁽⁴⁶⁾ ⁽⁴⁹⁾:

.....

.....

C. Miscellaneous information

13. Date of submission of this claim:

Date chosen by claimant for commencement of pension payments in country [refer to box above section 1]
.....

Date from which the pension is payable in the country of the investigating institution:

The claimant has asked for payment ⁽⁴⁷⁾

directly in the State of residence

to a representative in the State of origin.

Additional information for the purposes of the Finnish institutions:

The claimant wishes to have the decision in Finnish in Swedish

14. The claimant has requested has not requested
deferment of the calculation of an old-age pension to which he/she would be entitled.
Where appropriate, indicate the country and the date chosen for pension payments:

15. The investigating institution pays does not pay
benefits on a provisional basis under Article 45(1) of Regulation (EEC) No 574/72.

15.1 If not, the institutions concerned are requested to investigate the possibility of paying benefits on a provisional basis under Article 45(2) of Regulation (EEC) No 574/72.

16. There are grounds There are no grounds
for making deductions to compensate for overpayment in accordance with Article 111 of Regulation (EEC) No 574/72.

16.1 Any pension arrears
 can cannot
be paid direct to the beneficiary.

17.

17.1 Attached forms E 205 E 207 ⁽⁴⁸⁾ E 213 or all available
medical evidence

17.2 Please send us your E 205 E 210 Decision Arrears
 E 213

Remarks:

18. Investigating institution

18.1 Name:

18.2 Address ⁽³⁾:

18.3 Stamp 18.4 Date:

18.5 Signature:

INSTRUCTIONS

**Please complete this form in block letters or typewriting, writing on the dotted lines only.
It consists of ten 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.
- (2) 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 Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution, state the identity 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) and to an institution of the social security scheme for civil servants, indicate the personal identification number (PRS-Kenn-Nr); to an Austrian institution, state the Austrian insurance number(VSNR); to a Polish institution, state the reference number of the pension file for the person who applied for or had established the right to a pension from the Polish social security system; for person applying for Polish pension for the first time, state PESEL and NIP or NKP number (NKP number — if the person concerned is subject to social insurance for farmers), if there is no such number state the series and number of identity card or passport; to a Portuguese institution, indicate the registration number with the general insurance scheme, and if it is the case, 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, reference number of the file if known, if this number is known, the number under note 16 is omitted; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (3) Street, number, post code, town, country, telephone number.
- (4) For the purpose of Norwegian institutions, complete also form E 202/additional page 3. For the purpose of Swiss institutions, complete also form E 202/additional page 4. For the purpose of Polish Institutions, complete also form E 202 additional page 5, in the case of Poland, the term 'insured person' also refers to persons that are subject to special schemes. For the purpose of Czech Institutions also complete E 202 Additional page 6. For the purpose of Lithuanian institutions, don't complete part B of the form but complete E 202 Additional page 7. For the purpose of Latvian institutions, do not complete part B of the form E 202, but complete form E 202/additional page 9.
- (5) For surname please state usual surname or surname acquired by marriage.
— The 'surname at birth' must always be given; if same as current surname, put 'IDEM'.
— Expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
— If the form is being completed by a Netherlands institution, in cases where the insured person or the rightful claimant is a married woman or a woman who was married before, put the present or last husband's surname for current surname and the maiden name for surname at birth.
— In the case of Spanish nationals state both names at birth.
— 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.
- (6) Give all forenames in the order in which they appear on the birth certificate.
- (7) To be stated particularly in the case of adoption or in the case of other names in current use; expressions such as 'called ...' or 'alias ...' and prefixes to surnames must be written in full in the order in which they appear on the birth certificate.
- (8) Put M for male and F for female.
- (9) This information is required when the worker is a Spanish national, or when the form is to be sent to a French, Hungarian, Greek or a Polish institution, regardless of the worker's nationality.
- (10) Complete where possible if the form is being sent to a German, Belgian, French, Hungarian, Italian, Luxembourgish, Netherlands, Polish, Austrian, Liechtenstein, Finnish or Norwegian institution. If the sending institution does not have this information available, the competent institution should contact the person concerned directly.
- (11) For the purposes of Belgian, Hungarian, Polish, United Kingdom, Liechtenstein and Finnish institutions, specify also the date beside the corresponding box.
- (12) For the purposes of Netherlands, Finnish, Hungarian, Icelandic and Norwegian institutions, this information is based on a statement from the person concerned.
Under the Netherlands General Law on Old-Age Insurance the following persons are also regarded as 'married' or 'spouse': unmarried persons of the same or different sexes who are living in a joint household on a permanent basis. A joint household means that two unmarried persons are jointly providing for their housing with each contributing to the costs of the household or providing for each other's upkeep in another way.
Under the Finnish legislation parties to a registered partnership of the same sex are treated as 'married'.
- (13) To be completed only if the form is to be forwarded to a Portuguese or Slovene institution.
- (14) For the purposes of Netherlands institutions complete Sofi number, if known. For the purpose of Belgian institutions complete national social security number (NISS).

- (15) Where appropriate, indicate the date of naturalisation.
- (16) For the purposes of Spanish institutions in the case of Spanish nationals state the number appearing on the national identity card DNI (Documento Nacional de Identidad) or the NIE (Número de Identificación de Extranjeros) in the case of foreign people, for both cases if it exists, even if the identity card is out of date. Failing this, state 'None'. For the purposes of Maltese Institutions, in the case of Maltese nationals, state the identity card number, if not a Maltese national, state Maltese social security number. In the case of Slovene nationals, state the personal identification number EMŠO.
- (17) The day and the month should be shown by two digits each and the year by four digits (example: 1 August 1921 = 01.08.1921).
- (18) For French towns comprising several arrondissements, please give the number of the arrondissement (example: Paris 14). In the case of Portuguese districts state also the parish and the local authority. In the case of Netherlands towns state also the name of the municipality.
- (19) This information is obligatory for insured persons of Spanish, French or Italian nationality. Here, the territorial area or district in which the place of birth is located should be stated (example: in the case of France if the place (commune) of birth is Lille, the department of birth should be shown as 'Nord' followed by the area code if known to the insured person; in this case: 59. The complete entry should therefore read: 'Nord 59'). In the case of persons born in Spain, state only the province.
- (20) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (21) If the form is being sent to a German, Polish, Austrian, Liechtenstein, Finnish or Swiss institution, state, if applicable, the address of the legal representative (legal counsellor, guardian, curator ...) in the box below.
Address (3):
- (22) If the form is being sent to a Danish, Finnish, Icelandic, Latvian, Polish or Norwegian institution, give the claimant's last address in the corresponding country in the box below.
Address (3):
- (22a) In the case of Poland, the term 'civil servant' refers to persons who are subject to special schemes.
- (23) For the purposes of Spanish and Slovene institutions.
- (24) Complete if the form is being sent to a Belgian, German, Hungarian, Spanish, Irish, Luxembourgish, Polish, Portuguese, Slovak, Austrian or Norwegian institution.
- (25) Complete if the form is being sent to a Belgian, Czech, Danish, French, Italian, Luxembourgish, Austrian, Icelandic or Norwegian institution (annual amount) or to a Greek, Polish or Portuguese institution (monthly amount). If the form is being sent to an Italian institution, indicate all income except for the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (26) Complete if the form is being sent to an Italian or Greek institution. In Italy the following sources are not considered as income: the claimant's home, family benefits, cash benefits for accident at work or occupational diseases or purely assistance benefits.
- (27) For the purposes of Liechtenstein institutions indicate also if the insured person applied for or received the pension of the occupational scheme as cash compensation. For the purpose of Maltese institutions indicate if the insured person has applied for, or is receiving an occupational pension from a former employer. Rate of pension should be that as on original award. Provide the details in point 8.16.
- (28) For the purposes of Finnish institutions.
- (29) Complete if the form is being sent to an Italian institution.
- (30) For the purposes of Liechtenstein institutions.
- (31) To be completed for Latvian and Netherlands institutions.
- (32) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (33) The Greek, Spanish, French, Austrian and Polish institutions may subsequently request an E 213 form.
- (33a) For the purposes of Polish institutions in the case of an old-age pension claimed under a special scheme.
- (34) For the purposes of Portuguese institutions, complete also form E 202/additional page 2.
- (35) For the Netherlands institutions a form E 205 for the (former) spouse/partner should be submitted at the same time.
- (36) Complete also if the form is being sent to an Irish, Austrian or United Kingdom institution.
- (37) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Italian, Luxembourgish, Netherlands, Austrian, Icelandic or Norwegian institution. For the purposes of Netherlands institutions also add proof.
- (37a) In the case of Poland, the term 'pension under the scheme for civil servants' refers to benefits under special schemes.
- (38) For Spanish, French, Austrian or Liechtenstein institutions, indicate the nature of the risk (invalidity, old age) and the type of entitlement (direct or indirect).
- (39) Complete if the form is being sent to a Belgian, Danish, Spanish, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.

- (⁴⁰) Complete if the form is being sent to a Danish, Spanish, Netherlands, Austrian, Icelandic or Norwegian institution (annual amount), to a French institution (quarterly amount) or to an Italian institution (monthly amount).
- (⁴¹) Indicate with the following symbols which date you are referring to: * birth, °° marriage, † death.
- (⁴²) Provide details of rates from date of pension award with any subsequent change of rate.
- (⁴³) Complete form E 202/additional page No 1 if the form is being sent to an Italian or Norwegian institution. Additional information is also given on additional page No 1 if the institution concerned specially asked for it.
- (⁴⁴) Indicate the common address. If any of the children live at a different address, indicate in the box below.
Surname and forenames:
Address (³):
.....
- (⁴⁵) For the purposes of Spanish institutions, state whether the children are economically dependent on the insured person and whether any of the children have a disability. In the latter case, state whether the child receives an invalidity pension in his or her own right.
- (⁴⁶) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student. For the purposes of a Liechtenstein or a Swiss institution, a copy of the indentures of apprenticeship or a certificate of the training centre should be attached for each child being a student or apprentice between the age of 18 and 25. For the purpose of Cypriot institutions a copy of a certificate of full time education should be attached for each child being a student between the ages of 16 and 23 in the case of a female and the ages 16 and 25 in the case of a male.
- (⁴⁷) Complete if the form is being sent to an Italian or Greek institution.
- (⁴⁸) If form E 202 is to be sent to a Liechtenstein institution, add form(s) E 207 for the insured person and, if applicable, for the (actual and former) spouse(s) of the insured person.
- (⁴⁹) For the purposes of Hungarian institutions, verify whether the claimant, younger than 62, brought up children named in the item 12.1 at least 10 years in own household.