

Country:	Identification No ⁽²⁾ ⁽¹⁷⁾	Institution concerned (where applicable, liaison body)
(1)
(2)
(3)
(4)
(5)

INVESTIGATION OF A CLAIM FOR AN INVALIDITY PENSION

*Regulation (EEC) No 1408/71: Article 44 to 51a; Article 77
Regulation (EEC) No 574/72: Article 36 to 38; Article 41 to 43; Article 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 ^(3a)

2.			
2.1	Surname ⁽⁴⁾ :		
2.2	Surname at birth ⁽⁴⁾ :		
2.3	Forenames ⁽⁵⁾ :		
2.4	Previous names ⁽⁶⁾ :		
2.5	Sex ⁽⁷⁾ :		
2.6	Father's surname and forenames ⁽⁸⁾ :		
2.7	Mother's surname and forenames at birth ⁽⁸⁾ :		
2.8	Civil status:		
	<input type="checkbox"/> single	<input type="checkbox"/> divorced ⁽⁹⁾ since: ⁽¹⁰⁾	<input type="checkbox"/> separated since: ⁽¹⁰⁾
	<input type="checkbox"/> married since: ⁽¹⁰⁾	<input type="checkbox"/> remarried ⁽⁹⁾ since: ⁽¹⁰⁾	<input type="checkbox"/> widow or widower since: ⁽¹⁰⁾
	<input type="checkbox"/> cohabiting since: ⁽¹¹⁾ ⁽¹²⁾ ⁽¹³⁾		
2.9	Taxpayer's No ⁽¹⁴⁾ :		
	and code of tax district:		
2.10	Insurance No ⁽²⁾ ⁽¹⁵⁾ :		

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

3. Nationality ⁽¹⁶⁾ ⁽¹⁷⁾:

4. Details of birth ⁽¹⁸⁾

4.1 Date of birth ⁽¹⁸⁾:

4.2 Place of birth ⁽¹⁹⁾:

4.3 Province, department, county ⁽²⁰⁾:

4.4 Country ⁽²¹⁾:

5. Address and bank particulars

5.1 Address ⁽³⁾ ⁽²²⁾ ⁽²³⁾:

5.2 Bank particulars or address for direct payment:

Name of the beneficiary as recognised by the bank:

Name of the bank:

Address of the bank:

Bank identification code (BIC/SWIFTT):

International bank account number (IBAN):

6.

6.1 Insurance No at the registering institution:

6.2 Reference No of file at the investigating institution:

7.

7.1 Date which has been determined as the commencement of invalidity:

7.2 Date of commencement of incapacity for work followed by invalidity:

7.3 The person concerned

is still engaged in is no longer engaged in

gainful employment activity as a civil servant ^(23a) self employment

7.4 If he/she is engaged in gainful employment or in an activity as a civil servant indicate ^(23a) ⁽²⁴⁾

Amount of wage/salary:

Number of hours worked:

7.5 Date of cessation of gainful employment

as an employed person:

as a self employed person:

as a civil servant ^(23a):

7.6 Type of activity ^(24a):

If he/she is carrying out an activity as a self employed person indicate the amount of professional income ⁽²⁵⁾:

7.7 Nature of activity:

7.8 Other known resources (amount and nature) ⁽²⁶⁾:

7.9 The claimant states that he/she has no income ⁽²⁷⁾.

7.10 The invalidity

<input type="checkbox"/> is assumed	<input type="checkbox"/> is not assumed to have been caused by a liable third party.
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident at work or an occupational disease ⁽²⁸⁾ .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident other than an accident at work or an occupational disease ⁽²⁹⁾ .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of injuries received on duty or diseases occurring at the time of duty ^(28a) .
<input type="checkbox"/> is the result of	<input type="checkbox"/> is not the result of an accident in connection with duty or a disease occurring in connection with particular qualities or conditions of duty ^(28a) .
<input type="checkbox"/> is assumed	<input type="checkbox"/> is not assumed to have been caused by the claimant on purpose ⁽⁵⁰⁾ .

7.11 At the moment of commencement of incapacity for work, the claimant was

insured as a worker against invalidity.

insured other than as a worker against invalidity.

not insured against invalidity.

8.

8.1 Since the commencement of incapacity for work, the person concerned

has followed rehabilitation courses.

has not followed rehabilitation courses.

has followed occupational courses.

has not followed occupational courses.

8.2 Where appropriate, indicate for what kind of occupation:

8.3 The employer for whom he/she works in this new occupation:

Name of employer or firm:

Address ⁽³⁾:

8.4 Date of commencement and termination of this employment:

9.

9.1 The insured person	has applied for the following benefits:	is receiving the following benefits:
9.2 Continued wage or salary payments in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Sickness insurance cash benefits for incapacity for work	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Rehabilitation allowances	<input type="checkbox"/>	<input type="checkbox"/>
Occupational allowances	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Invalidity pension ⁽³⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Old-age pension ⁽³⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.7 Survivor's pension ⁽³⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.8 Pension for accident at work or occupational disease	<input type="checkbox"/>	<input type="checkbox"/>
9.9 Unemployment benefits or early retirement benefit	<input type="checkbox"/>	<input type="checkbox"/>
9.10 Benefits in respect of assistance by another person ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.11 Family benefit ⁽³²⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.12 Refund of contribution	<input type="checkbox"/>	<input type="checkbox"/>
9.13 Transfer of contributions ⁽³³⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.14 Other benefits (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9.15 Institutions responsible for paying the benefits indicated in 9.2 to 9.11

(name, address ⁽³⁾, benefit number):

- 9.
- 9.
- 9.
- 9.

9.16 Additional information on the benefits listed in 9.2 to 9.11

Re benefits in item:	File reference No:	Period or date on which due	Amount
9.	<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
9.	<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
9.	<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

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

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

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

- Yes No Not yet determined

9.19 The investigating institution, or other institution, awards an increase in benefit 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 benefits referred to at point 9..., 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

11.11 Institution responsible for payment:

11.12 Amount monthly quarterly annual

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

11.14 Date of commencement:

11.15 Amount monthly quarterly annual

11.16 Other known resources: Type:
Amount ⁽⁴⁰⁾:

12.	Children ⁽¹³⁾ ⁽¹⁷⁾			
12.1	Surname ⁽⁴⁾ ⁽¹⁷⁾ :	Forenames:	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:			
	<input type="checkbox"/> the investigating institution			
	<input type="checkbox"/> the institution designated as follows:			
12.3	The investigating institution			
	<input type="checkbox"/> for the children referred to in line Nos of item 12.1			
	is granting benefits until inclusive.			
	Amount of family allowance and/or orphan's pension per child ⁽⁴²⁾ :			
	<input type="checkbox"/> is not granting benefits in respect of the children referred to in line Nos of item 12.1 ⁽⁴³⁾ .			
	<input type="checkbox"/> has not yet taken a decision regarding entitlement to benefits.			
12.4	Address ⁽³⁾ ⁽⁴⁴⁾ :			
12.5	Remarks ⁽⁴⁵⁾ ⁽⁴⁶⁾ :			

13. Ascendants and other members of the household ⁽⁴⁷⁾

13.1	Surname ⁽⁴⁾ :	Forenames:	Date of Birth:	Relationship:
1.

2.

3.

4.

13.2 Address ⁽³⁾ ⁽⁴⁴⁾:

13.3 Remarks:

C. Miscellaneous information

- 14. Date of submission of this claim:
- Date from which the pension is payable in the country of the investigating institution:

- 14.1 The claimant has asked for payment ⁽⁴⁸⁾
 - directly in the State of residence.
 - to a representative in the State of origin.

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.

INSTRUCTIONS

Please complete this form in block letters or typewriting, writing on the dotted lines only. It consists of 11 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 pensions 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 state the reference number of the file if known, if this number is known, the number under note 17 is omitted; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- ⁽³⁾ Street, number, post code, town, country, telephone number.
- ^(3a) For Germany and Austria, the term 'insured persons' encompasses individuals insured under the general social security scheme as well as civil servants and individuals treated as such who are insured under a special scheme. The term 'pension' is considered to encompass pensions for civil servants. In the case of Poland the term 'insured person' also refers to persons who are subject to special schemes.
- ⁽⁴⁾ — 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.
- ⁽⁵⁾ Give all forenames in the order in which they appear on the birth certificate.
- ⁽⁶⁾ 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.
- ⁽⁷⁾ Put M for male and F for female.
- ⁽⁸⁾ This information is required when the worker is a Spanish national, or when the form is to be sent to a French, Greek, Hungarian or Polish institution, regardless of the worker's nationality.
- ⁽⁹⁾ Complete where possible if the form is being sent to a German, Belgian, French, Italian, Luxembourg, Netherlands, Austrian, Portuguese, Swedish, Finnish, Liechtenstein or Norwegian institution.
- ⁽¹⁰⁾ For the purposes of Belgian, Netherlands, Polish, Swedish, United Kingdom, Finnish and Liechtenstein institutions, specify also the date beside the corresponding box.
- ⁽¹¹⁾ For the purposes of Belgian, Netherlands, Finnish, Icelandic and Norwegian institutions.
- ⁽¹²⁾ 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, unless they are persons who are blood relations of first or second degree. 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⁾ For the purposes of Norwegian institutions, please complete form E 204/additional page 4. For the purposes of the Swiss institutions, also fill in form E 204/additional page 5. If the form is sent to a Lithuanian institution don't complete part B but complete additional page 6.
- ⁽¹⁴⁾ To be completed only if the form is to be forwarded to a Portuguese or Slovene institution.
- ⁽¹⁵⁾ For the purposes of Netherlands institutions complete Sofi number, if known. For the purposes of Belgian institutions complete national social security number (NISS).
- ⁽¹⁶⁾ Where appropriate, indicate the date of naturalisation.

- (17) For the purpose 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' In the case of Slovene nationals , state the personal identification number — EMŠO. In the case of Maltese nationals state the identity card number, if not a Maltese national, state the Maltese social security number.
- (18) 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).
- (19) 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.
- (20) Must be stated 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. In the case of Netherlands towns state also the name of the municipality.
- (21) The symbol of the insured person's country of birth in accordance with ISO code 3166-1.
- (22) If the form is being sent to a German, Polish, Austrian, Latvian, Finnish, Liechtenstein, or Swiss institution, state, if applicable, the address of the legal representative (legal counsellor, guardian, curator...) in the box below.
Address (3):
- (23) If the form is being sent to a Danish, French, Finnish, Latvian, Polish, Icelandic or Norwegian institution, give the claimant's last address in the corresponding country in the box below.
Address (3):
- (23a) In the case of Poland, the term 'civil servant' refers to the persons who are subject to special schemes.
- (24) Complete if the form is being sent to a Belgian, Czech, Danish, German, Greek, French, Italian, Luxembourg, Netherlands, Polish, Austrian, Slovak, Swedish, United Kingdom, Icelandic or Norwegian institution.
- (24a) For the purposes of Portuguese institutions indicate the type of activity in which the person concerned was engaged during his/her last three years of activity.
- (25) Complete if the form is being sent to a Belgian, Czech, Danish, German, Greek, Spanish, French, Italian, Luxembourg, Netherlands, Polish , Austrian, Portuguese, Icelandic or Norwegian institution.
- (26) Complete if the form is being sent to a Danish, Spanish, Italian, Austrian, Portuguese, Icelandic or Norwegian institution. If the form is being sent to an Italian institution all income should be indicated with the exception of the following: the claimant's home, family benefits, cash benefits for accident at work or occupational disease, purely assistance benefits.
- (27) 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 disease, purely assistance benefits.
- (28) Complete if the form is being sent to a Belgian, Cypriot, German, Greek, Hungarian, Spanish, French, Italian, Luxembourg, Austrian, Latvian, Polish, Portuguese, Slovak, Finnish or Norwegian institution.
- (28a) For the purposes of Polish institution, in the case of an invalidity pension claimed under a special scheme. The information is required when the form is being sent to Hungarian institutions.
- (29) Complete only if the form is being sent to a Cypriot, Greek, Hungarian, Slovak, Spanish or Luxembourg institution.
- (30) 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 Slovak institutions survivor's pensions includes survivors' accident pension. 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 of this in point 9.16. For the purposes of Polish institutions also complete form E 204 additional page 7.
- (31) For the purposes of Portuguese institutions, where the insured person needs the assistance of another person, also complete additional page 2.
- (32) To be completed for Italian institutions.
- (33) For the purposes of Liechtenstein institutions.
- (34) State the type of income taken into account by the investigating institution in applying its overlapping rules.
- (35) For the purposes of a Liechtenstein institution, box 11 on page 5 is to be completed for each divorced or separated wife.
- (36) Complete 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 institution.
- (38) Complete if the form is being sent to a Danish, French, Italian, Luxembourg, Netherlands, Austrian, Icelandic or Norwegian institution.
- (38a) In the case of Poland the term 'pension under a scheme for civil servants' refers to benefits from special schemes.

- (39) Complete if the form is being sent to a Belgian, Danish, German, French, Irish, Italian, Netherlands, Austrian, United Kingdom, Icelandic or Norwegian institution.
- (40) Complete if the form is being sent to a Danish, Italian, Spanish, Netherlands, Icelandic or Norwegian institution (annual amount); to a French institution (quarterly amount) or to a Belgian, German, Greek or Austrian 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) Please complete additional page 1 enclosed if the form is being sent to a German, Italian or Norwegian institution.
- (44) Indicate the common address. If one of the children or ascendants lives at a different address, state this address in the box below.
Surname and forenames:
Address (3):
.....
- (45) Indicate whether the child is married, an invalid, deceased (date of death), an apprentice or a student, or if he/she receives a benefit or has his/her own source of income. For the purposes of a Liechtenstein or 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 ages 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 of 16 and 25 in the case of a male.
- (46) For the purposes of Spanish and Norwegian institutions, please 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.
- (47) Complete if the form is being sent to a Belgian or United Kingdom institution.
- (48) To be completed for Italian and Greek institutions.
- (49) If form E 204 is to be sent to a Liechtenstein or Latvian institution, add form(s) E 207 for the insured person and — if applicable — for the (actual and former) spouse(s) of the insured person.
- (50) The information is required when the form is being sent to a Hungarian institution.