

ADMINISTRATIVE REPORT ON THE POSITION OF A PENSIONER

Regulation (EEC) No 574/72: Articles 40 and 51

1.	Institution to which the form is addressed
1.1	Name:

1.2	Address ⁽²⁾ :

2.	Pensioner
2.1	Surname ⁽³⁾ :
2.2	Surname at birth ⁽³⁾ :
2.3	Forenames ⁽⁴⁾ :
2.4	Previous names ⁽⁵⁾ :
2.5	Sex ⁽⁶⁾ :
2.6	Father's surname and forenames ⁽⁷⁾ :
2.7	Mother's surname and forenames at birth ⁽⁷⁾ :
2.8	Civil status:
	<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> separated from spouse
	since since
	<input type="checkbox"/> married <input type="checkbox"/> remarried ⁽⁸⁾ <input type="checkbox"/> widower/widow
	since since since
	<input type="checkbox"/> cohabiting
	since ⁽⁹⁾ ⁽¹⁰⁾
2.9	Identification No at investigating institution ⁽¹¹⁾ :
2.10	Identification No at other institution concerned ⁽¹¹⁾ :
2.11	Type of pension:

3.	Nationality ⁽¹²⁾ :
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4.	Details of birth
4.1	Date of birth ⁽¹⁴⁾ ⁽¹⁵⁾ :
4.2	Place of birth ⁽¹⁶⁾ :
4.3	Province, department, county ⁽¹⁷⁾ :
4.4	Country ⁽¹⁸⁾ :

5.	Address ⁽²⁾ ⁽¹⁹⁾

6. Spouse/cohabiting partner ⁽⁹⁾

6.1 Surname ⁽³⁾:

6.2 Forenames ⁽⁴⁾:
Previous names ⁽⁵⁾:

6.3 Date of birth ⁽¹⁵⁾:
Place of birth ⁽¹⁶⁾:

6.4 Address ⁽²⁾ ⁽²⁰⁾:
.....

6.5 Date of marriage/cohabiting:

6.6 The spouse/partner
 is
 is not pursuing a professional activity or trade

6.7 If in the affirmative, state amount of
 weekly earnings ⁽²¹⁾: monthly ⁽²²⁾: annual earnings ⁽²³⁾:

6.8 The spouse/partner
 receives
 does not receive a pension
from a scheme for
 employed persons
 self-employed persons
 civil servants
If in the affirmative, indicate:

6.9 Type of pension:

6.10 Pension No:

6.11 Institution responsible for pension payment:

6.12 Amount monthly quarterly annually

6.13 The spouse/partner ⁽²⁴⁾ receives other does not receive other benefits/benefits namely for
 unemployment sickness invalidity other

6.14 Date of:

6.15 Amount monthly quarterly annually

6.16 Other known resources:
Type:
Amount ⁽²⁵⁾:

7. Children ⁽²⁶⁾

7.1	Surname ⁽³⁾ :	Forenames:	Date of birth ⁽¹⁵⁾ :	Relationship:
1.

2.

3.

4.

7.2	Address ⁽²⁾ ⁽²⁷⁾ :			
			
7.3	Remarks ⁽²⁸⁾ ⁽²⁹⁾ :			
			

8. Ascendants and other members of the household ⁽³⁰⁾

8.1	Surname ⁽³⁾ :	Forenames:	Date of birth ⁽¹⁵⁾ :	Relationship:

8.2	Address ⁽²⁷⁾ :			
			
8.3	Remarks:			
			

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Benefits

		has applied for the following benefits:	and/or receives the following benefits:
9.1	The pensioner		
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 allowance	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Invalidity pension ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Old-age pension ⁽³¹⁾	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Survivor's pension ⁽³¹⁾	<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	<input type="checkbox"/>	<input type="checkbox"/>
9.10	Occupational pension (from a former employer) ^(31a)	<input type="checkbox"/>	<input type="checkbox"/>

9.11 Institutions responsible for paying the benefits listed in 9.3 to 9.10

[name, address ⁽²⁾]:

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9.12 Additional information on the benefits in 9.3 to 9.10

	Reference No:	Period of date:	Amount:
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual
9	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annual

10. Activity pursued, if any

10.1 The pensioner

is unemployed

is engaged in paid employment intends to pursue paid employment ⁽³²⁾

is engaged in self-employment intends to pursue self-employment ⁽³²⁾

Type of work:

10.2 Date of commencement of present work:

10.3 No of hours worked: per week

10.4 Amount of daily weekly monthly

10.5 Earnings daily weekly monthly

of a healthy person employed in the same activity with a normal working period of hours per:

day week month

10.6 Period in which the income mentioned in 10.4 was earned:

.....

11. The pensioner died on

12. Remarks , if any:

.....

.....

13. Institution which drafted the report

13.1 Name:

.....

13.2 Address ⁽²⁾:

.....

13.3 Stamp 13.4 Date:

13.5 Signature:

.....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of seven 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) Street, number, post code, town, country, telephone number.
- (3) — 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.
- (4) Give all forenames in the order in which they appear on birth certificate.
- (5) Previous names should be stated particularly in the case of adoption or in the case of other names in current use. Expressions such as ‘called ...’ or ‘alias ...’ must be written in full in the order in which they appear on the birth certificate.
- (6) Put M for male and F for female.
- (7) This information is required for a Spanish national, or a French national born outside metropolitan France, or when the form is to be sent to Hungarian institutions.
- (8) Complete where possible, for Belgian, German, French, Hungarian, Italian, Luxembourgish, Netherlands, Maltese, Polish, Slovak, Austrian and Portuguese institutions. If this information is not available from the investigating institution, the competent institution should contact the person concerned.
- (9) For the purposes of Belgian, Danish, Hungarian, Netherlands, Finnish, Icelandic and Norwegian institutions.
- (10) This information is based on a statement from the person concerned.
- (11) 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 a person applying for a 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 also the registration number with the general pensions scheme, 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; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number. The TAJ number or personal identification number is required when the form is being sent to Hungarian institutions.
- (12) Where appropriate, indicate the date of naturalisation. 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.
- (13) Deleted.
- (14) 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).
- (15) Where the form is being sent to a Finnish institution give population register (identity) number where applicable.
- (16) 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.
- (17) 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.
- (18) The symbol of the insured person’s country of birth in accordance with ISO code 3166-1.
- (19) If the form is being sent to a Danish, Finnish, Icelandic or Norwegian institution, give the claimant’s last address in the corresponding country in the box below.
Address (2):

- (²⁰) Complete only if the form is being sent to a Danish, Icelandic or Norwegian institution.
- (²¹) Complete only if the form is being sent to an Irish, United Kingdom or Austrian institution.
- (²²) Complete if the form is being sent to a Belgian or Polish institution.
- (²³) Complete if the form is being sent to a Danish, Spanish, French, Italian, Luxembourgish, Netherlands, Austrian, Portuguese, Icelandic or Norwegian institution.
- (²⁴) Does not apply to Luxembourgish institutions.
- (²⁵) Complete for Belgian, German, Italian, Austrian Polish or Portuguese (monthly amount), French (quarterly amount), Danish, Spanish, Netherlands, Icelandic or Norwegian (annual amount) institutions.
- (²⁶) For the purposes of Norwegian institutions, complete also form E 215/additional page No 1. In the case of Slovene nationals, state the personal identification number EMŠO.
- (²⁷) Indicate the common address, if one of the children or ascendants lives at a different address, indicate in the box below.
Surname and forenames:
Address (²):
.....
- (²⁸) Indicate if the child is married, an invalid, deceased (date of death), an apprentice or a student.
- (²⁹) For the purposes of Hungarian, Polish, Slovak, Spanish and Norwegian institutions state whether the invalid child receives an invalidity pension in his or her own right.
- (³⁰) Complete if the form is being sent to a Belgian, German, French or Austrian institution.
- (³¹) For the purposes of Liechtenstein institutions, indicate also if the person applied for or received the pension as cash compensation.
- (^{31 a}) Provide details of this in 9.12 for Maltese institutions only. Details of all occupational pensions paid/expected to be paid required. Rate of pension should be that as on original award of pensions/s.
- (³²) For the purposes of Spanish institutions state whether this occupation entails compulsory pension insurance cover.