

APPLICATION FOR CERTIFICATE A1 (E101)**POSTING OF CIVIL SERVANTS AND SELECTION OF THE SOCIAL SECURITY SYSTEM OF THE CONTRACT STAFF OF THE EUROPEAN COMMUNITIES****ESTONIAN SOCIAL INSURANCE BOARD**

Information phone 16106 (only in Estonia)
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Necessary for the validity of Estonian social security (health, pension, and unemployment insurance) for the period of working abroad

During the validity of the certificate, the employer shall pay social tax, contributions to mandatory funded pension (in case of a person insured by state pension), and unemployment insurance premium to the Estonian Tax and Customs Board, and the person shall have valid insurance protection in the database of the Estonian Health Insurance Fund

Please fill in CAPITAL LETTERS
The fields marked with * are required

1. PERSONAL INFORMATION

*1.1 Personal identification code			
*1.2 Surname			
*1.3 Forename			
1.4 Previous names			
1.5 Gender <i>fill in case of a foreign personal identification code</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	1.6 Date of birth (dd/mm/yy) <i>fill in case of a foreign personal identification code</i>
*1.7 Place of birth			
*1.8 Nationality		*1.9 Right of residence <i>required for the citizens of the</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.10 Address in the state of residence	<i>Street, house or apartment no.</i>		<i>Postal code</i>
	<i>City/Village/County</i>		<i>Country</i>
1.11 Address in the state of stay <i>Add the temporary address abroad</i>	<i>Street, house or apartment no.</i>		<i>Postal code</i>
	<i>City/Village/County</i>		<i>State</i>
*1.12 Date of employment in service (dd/mm/yy)			
*1.13 Does the person have a valid contract of employment with an institution of the European Communities? <i>If "yes", fill in Section 5 of the application</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.14 Will the person simultaneously work for other employers as well (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.15 Is the person simultaneously operating as a self-employed person (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>

2. INFORMATION ON THE ESTONIAN AUTHORITY

*2.1 Name			
*2.2 Registry code			
*2.3 Address <i>State the address on which to send the form</i>	<i>Street, house no.</i>		<i>Postal code</i>
	<i>City/Village/County</i>		<i>State</i>
*2.4 Activity code <i>according to the Estonian 2-5 digit Classification of Economic Activities (EMTAK)</i> https://ariregister.rik.ee/emtakvalik.py			

3. INFORMATION ON WORKING ABROAD

*3.1 Period	*From (dd/mm/yy)		*To (dd/mm/yy)	
*3.2 To how many foreign states will the civil servant be posted?			To one <input type="checkbox"/>	To several <input type="checkbox"/>
*3.3 Name the foreign state				
In case of sending the state public servant to several states, name them all				
*5.10 Type of work to be done State the EMTAK code https://ariregister.rik.ee/emtakvalik.py				

4. INFORMATION ON THE INSTITUTION IN THE FOREIGN STATE

*2.1 Name			
*4.2 Registry code			
*4.3 Address	Street, house no.	Postal code	
	City/Village/County	State	

The fields below shall be filled when there are more than one positions in the foreign state

*Name			
*Registry code			
*Address	Street, house no.	Postal code	
	City/Village/County	State	
*Name			
*Registry code			
*Address	Street, house no.	Postal code	
	City/Village/County	State	
*Name			
*Registry code			
*Address	Street, house no.	Postal code	
	City/Village/County	State	
*Name			
*Registry code			
*Address	Street, house no.	Postal code	
	City/Village/County	State	

If necessary, add names that did not fit in the fields

5. SELECTION OF THE SOCIAL SECURITY SYSTEM OF THE CONTRACT STAFF OF THE EUROPEAN COMMUNITIES

To be filled if the answer to question 1.13 is “yes”

According to Article 15 of the Regulation (EC) No. 883/2004 of the European Parliament and of the Council, **Contract staff of the European Communities may opt** to be subject to:

- the social security system of the Member State in which they are employed;
- social security system of the Member State to which they were last subject; or
- social security system of the Member State whose nationals they are.

This right of option may be exercised once only.

The selection of the social security system shall enter into force at the first date of employment.

*5.1 The institution of the European Communities to which the person has an agreement		
*5.2 Address of the institution	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*5.3 Date of conclusion of the agreement (<i>dd/mm/yy</i>)		
*5.4 Position of the person		
*5.5 Selection of the social security system (mark one)	<input type="checkbox"/> Member State in which the person is employed; <input type="checkbox"/> Member State to which they were last subject; <input type="checkbox"/> Member State whose national the person is	

***5.6 Mark the Member State the social security system of which was selected**

- | | | | | | | |
|-------------------------------------|-----------------------------------|---|--------------------------------------|----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Bulgaria | <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Denmark | <input type="checkbox"/> Germany | <input type="checkbox"/> Estonia | <input type="checkbox"/> Greece |
| <input type="checkbox"/> Spain | <input type="checkbox"/> France | <input type="checkbox"/> Ireland | <input type="checkbox"/> Italy | <input type="checkbox"/> Cyprus | <input type="checkbox"/> Latvia | <input type="checkbox"/> Lithuania |
| <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Hungary | <input type="checkbox"/> Malta | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Austria | <input type="checkbox"/> Poland | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia | <input type="checkbox"/> Slovakia | <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden | <input type="checkbox"/> the United Kingdom | |
| <input type="checkbox"/> Iceland | <input type="checkbox"/> Norway | <input type="checkbox"/> Liechtenstein | <input type="checkbox"/> Switzerland | <input type="checkbox"/> Croatia | | |

6. ADDITIONAL AND/OR EXPLANATORY INFORMATION

To be filled when necessary

7. CONFIRMATION AND CONTACT INFORMATION OF THE APPLICANT

I am aware that payment of social service contributions for the state public servant is obligatory throughout the validity of the certificate.

I am aware that the data of the certificate issued will be sent to the Estonian Tax and Customs Board, Estonian Health Insurance Fund, and the Estonian Unemployment Insurance Fund in accordance with the intra-institutional data exchange agreements.

I confirm that the information provided on the application is correct.

*7.1 Signature of the executive or the authorized person	<i>Seal</i>
*7.2 Name	
*7.3 Position	
*7.4 Date of filing the application (dd/mm/yy)	
7.5 Information of the contact person <i>if different from the signatory</i>	<i>Name</i>
	<i>Position</i>
*7.6 Telephone number with area code	
7.7 Fax number with area code	
*7.8 E-mail address	
7.9 Contact information of the employee <i>To be filled when the application is filed by the employee</i>	<i>Telephone number</i>
	<i>E-mail address</i>

Please send the digitally signed application to the e-mail address info@sotsiaalkindlustusamet.ee. In case of absence of the possibility of digital signing, the application with a hand-written signature can be sent by regular mail or brought to our customer service office. Applications can also be sent electronically via the State Portal www.eesti.ee.