

**APPLICATION FOR CERTIFICATE A1 (E101)****POSTING OF WORKER / WORKING IN TWO OR MORE STATES****ESTONIAN SOCIAL INSURANCE BOARD**

Information phone 16106 (only in Estonia)

Calling from abroad +372 612 1360

E-mail: [info@sotsiaalkindlustusamet.ee](mailto:info@sotsiaalkindlustusamet.ee)Webpage: [www.sotsiaalkindlustusamet.ee](http://www.sotsiaalkindlustusamet.ee)

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 employee 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 OF THE EMPLOYEE**

*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 Existence of valid right of residence / residence permit required for EU citizens/non-EU citizens	Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.10 Address in the state of residence	Street, house or apartment no.	Postal code	
	City/Village/County	State	
1.11 Address in the state of stay <i>Add the temporary address abroad</i>	Street, house or apartment no.	Postal code	
	City/Village/County	State	
*1.12 Is the employee simultaneously a civil servant (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*1.13 Is the employee simultaneously operating as a self-employed person (in Estonia or abroad)?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. INFORMATION ON THE ESTONIAN EMPLOYER (UNDERTAKING OR SELF-EMPLOYED PERSON)**

*2.1 Name			
*2.2 Commercial registry code			
*2.3 Address <i>State the address on which to send the form</i>	Street, house no.	Postal code	
	City/Village/County	State	
*2.4 Does the employer rent out work force?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*2.5 Is the employer operating at the territory of Estonia?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*2.6 Mark the activities <i>Estonian 2-5 digit Classification of Economic Activities (EMTAK) code</i> <a href="https://ariregister.rik.ee/emtakvalik.py">https://ariregister.rik.ee/emtakvalik.py</a>			

**3. THE FOLLOWING IS TAKEN INTO CONSIDERATION WHEN ASSESSING THE EMPLOYMENT RELATIONSHIP BETWEEN THE EMPLOYER AND THE EMPLOYEE**

*3.1 Was the employee employed on the Estonian territory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*3.2 Who is paying salary to the employee?	Estonian undertaking <input type="checkbox"/>	Foreign undertaking <input type="checkbox"/>	
*3.3 Who is making social security contributions for the employee?	Estonian undertaking <input type="checkbox"/>	Foreign undertaking <input type="checkbox"/>	
*3.4 Have you registered the employee at the database of the Estonian Health Insurance Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*3.5 The contract of employment is concluded for the period	*From (dd/mm/yy)	*To (dd/mm/yy)	Without a term <input type="checkbox"/>
*3.6 Will the employee be posted directly from Estonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*3.7 Will the employee be sent to replace another posted person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**4. THE FOLLOWING UNDERTAKING DATA IS TAKEN INTO CONSIDERATION WHEN ASSESSING SUBSTANTIAL ACTIVITIES ON THE ESTONIAN TERRITORY**

*4.1 Place of registration <i>According to the commercial register</i>	*4.2 Date of registration <i>According to the commercial register</i>	
*4.3 Turnover in Estonia and in foreign state(s) <i>Based on annual report; at the absence of the report, assess the %</i>	In Estonia %	In foreign state/states %

*The fields below shall be filled when turnover in Estonia is less than 25%*

*4.4 Location of the Management Board		
*4.5 Number of management staff ( <i>number of persons</i> )	In Estonia	In foreign state/states
*4.6 Where are the employees hired?	In Estonia %	In foreign state/states %
*4.7 The labor law of which country is applied?		
*4.8 Where are customer contracts concluded?	In Estonia %	In foreign state/states %
*4.9 The commercial law of which country is applied?		

**5. INFORMATION ON WORKING ABROAD**

*5.1 Employment period	*From (dd/mm/yy)	*To (dd/mm/yy)	
*5.2 To how many foreign states will the employee be sent?	To one <input type="checkbox"/>	To several <input type="checkbox"/>	
*5.3 Will the employee be simultaneously working in the foreign state(s) and Estonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*5.4 Will the person carry out regularly alternating activities in the foreign state(s) and Estonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*5.5 Name the foreign state  In case of sending the employee to several states, name them all			
*5.6 Has the same employer posted the employee to work abroad before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.7 If the answer to question 5.6 is "yes", mark whether the employee has been at a training, on holiday, or incapable for work during the period between the last and the current posting? <i>The same employee shall not be posted to the same Member State and to the same undertaking(s) before at least two months has passed from the end of the last posting</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*5.8 When the person is working in two or more countries (incl. Estonia), assess the volume of the work by country, taking into consideration the work time, remuneration, etc.	State	Volume of work %	

*5.9 Projected situation for the following 12 months	Volume of work abroad %	Volume of work in Estonia %
*5.10 Type of work to be done <i>State the EMTAK code</i> <a href="https://ariregister.rik.ee/emtakvalik.py">https://ariregister.rik.ee/emtakvalik.py</a>		

**6. INFORMATION ON THE FOREIGN UNDERTAKING(S)**

*6.1 Will the person be posted	To an undertaking <input type="checkbox"/>	To a private person <input type="checkbox"/>
*6.2 To how many foreign undertakings is the person posted?	To one <input type="checkbox"/>	To several <input type="checkbox"/>
*6.3 Name of the undertaking		
*6.4 Registry number		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*6.5 Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*6.6 Name of the private person <i>To be filled when the employee is posted to a private person</i>		
6.7 Personal identification code		
*6.8 Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>

*The fields below shall be filled when the employee is seconded to several undertakings or private persons*

*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>
*Name of the undertaking or the private person		
*Registry number of the undertaking		Undertaking <input type="checkbox"/> Ship <input type="checkbox"/>
*Address	<i>Street, house no.</i>	<i>Postal code</i>
	<i>City/Village/County</i>	<i>State</i>

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

## 7. ADDITIONAL AND/OR EXPLANATORY INFORMATION

*To be filled when necessary*

## 8. CONFIRMATION AND CONTACT INFORMATION OF THE APPLICANT

I am aware that payment of social security contributions for the employee 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 inter-institutional data exchange agreements.

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

*8.1 Signature of the executive or the authorized person	<i>Seal</i>
*8.2 Name	
*8.3 Position	
*8.4 Date of filing the application (dd/mm/yy)	
8.5 Information of the contact person <i>if different from the signatory</i>	<i>Name</i>
	<i>Position</i>
*8.6 Telephone number with area code	
8.7 Fax number with area code	
*8.8 E-mail address	
8.9 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](mailto: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](http://www.eesti.ee).