

The Administrative Commission  
For the coordination  
of Social Security Systems




## Insurance/residence periods

*Articles 1, 6, 45, 49, 51, 52, 57, 60 of Regulation 883/2004  
and Articles 12(1), 47(4-5), 52(1b) of Regulation 987/2009*

<b>Number of attachments</b>	.....
<b>Date sent</b>	.....

<b>Sending Institution:</b>	
Country code*	.....
Institution code*	.....
Institution name*	.....
Street	.....
Town	.....
Postal code	.....
Region	.....
Country	.....
Phone	.....
Fax	.....
Email	.....
<b>Receiving Institution:</b>	
Country code*	.....
Institution code*	.....
Institution name*	.....
Street	.....
Town	.....
Postal code	.....
Region	.....
Country	.....
Phone	.....
Fax	.....
Email	.....

<b>1. Case numbers</b>	
1.1 Case number of the sending institution <sup>1</sup> *	.....
1.2 Case number of the receiving institution <sup>2</sup>	.....

<b>2. Other institutions concerned<sup>3</sup></b> 	
2.1 Institution*	
2.1.1 Country code	.....
2.1.2 Institution code <sup>4</sup>	.....
2.1.3 Institution name <sup>5</sup>	.....
2.2 Insurance number (PIN) <sup>6</sup>	.....
2.3 Case number <sup>7</sup>	.....

**3. Insured person<sup>8</sup>****3.1 Person identification**

3.1.1 Family name(s)\* .....

3.1.2 Forename(s)\* .....

3.1.3 Birth date\* .....

3.1.4 Sex\* .....

☐ Female☐ Male☐ Unknown

3.1.5 Family name(s) at birth .....

3.1.6 Forename(s) at birth .....

**3.1.7 If you have the Personal Identification Number of the person, please fill in the following:**☐ Identification of the person with Personal Identification Number3.1.7.1 Personal Identification Number in the  
sending institution .....3.1.7.2 Personal Identification Number in the  
receiving institution .....**3.1.8 If you do not have the Personal Identification Number of the person, please fill in the following:**☐ Identification of the person, without Personal Identification Number3.1.8.1 Place of birth<sup>9</sup>\* .....3.1.8.2 Father family name at birth<sup>10</sup> .....3.1.8.3 Mother family name at birth<sup>11</sup> .....

3.1.8.4 Forename of father .....

3.1.8.5 Forename of mother .....

**3.2 Additional information on person**3.2.1 Nationality<sup>12</sup>  .....

3.2.2 Previous names .....

3.2.3 Address<sup>13</sup> .....

3.2.3.1 Street .....

3.2.3.2 Town .....

3.2.3.3 Postal code .....

3.2.3.4 Region<sup>14</sup> .....

3.2.3.5 Country .....

**4. Claimant (survivor's pension)<sup>15</sup>****4.1 Person identification**

4.1.1 Family name(s)\* .....

4.1.2 Forename(s)\* .....

4.1.3 Birth date\* .....

4.1.4 Sex\* .....

☐ Female☐ Male☐ Unknown

4.1.5 Family name(s) at birth .....

4.1.6 Forename(s) at birth .....

4.1.7 If you have the Personal Identification Number of the person, please fill in the following:

☐ Identification of the person with Personal Identification Number

4.1.7.1 Personal Identification Number in the  
sending institution .....

4.1.7.2 Personal Identification Number in the  
receiving institution .....

4.1.8 If you do not have the Personal Identification Number of the person, please fill in the following:

☐ Identification of the person, without Personal Identification Number

4.1.8.1 Place of birth<sup>9\*</sup> .....

4.1.8.2 Father family name at birth<sup>10</sup> .....

4.1.8.3 Mother family name at birth<sup>11</sup> .....

4.1.8.4 Forename of father .....

4.1.8.5 Forename of mother .....

4.2 Additional information on person

4.2.1 Nationality<sup>12</sup>  .....

4.2.2 Previous names .....

4.2.3 Address<sup>13</sup> .....


4.2.3.1 Street .....

4.2.3.2 Town .....

4.2.3.3 Postal code .....

4.2.3.4 Region<sup>14</sup> .....

4.2.3.5 Country .....

4.3 If you have the person's PIN, please fill in the following for each other institution concerned: 

4.3.1 Institution\*

4.3.1.1 Country code .....

4.3.1.2 Institution code<sup>4</sup> .....

4.3.1.3 Institution name<sup>5</sup> .....

4.3.2 Insurance number (PIN)<sup>6</sup> .....

**5. Certification of the insurance/residence periods of the insured person<sup>16\*</sup>:**

### 5.1 Context of transmission<sup>17</sup>:

## 5.2 Periods

[illegible]

<b>6. Total length of periods of insurance/residence<sup>26*</sup> :</b>						
<b>6.1 Total Number</b>						
<b>Type<sup>20</sup></b>	<b>Contingency relevance<sup>21</sup></b>	<b>Years</b>	<b>Quarters</b>	<b>Months</b>	<b>Weeks</b>	<b>Days</b>
<b>6.2 Information on calculation</b>						
<b>Type<sup>20</sup></b>	<b>Information on calculation<sup>25</sup></b>	<b>Years</b>	<b>Quarters</b>	<b>Months</b>	<b>Weeks</b>	<b>Days</b>

<b>7. An insured person showing proof that he/she has completed an insurance period of less than one year may receive a pension under national legislation (Article 57 of Regulation 883/2004).*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8. Information on further P5000</b> <input type="checkbox"/> A separate P5000 will be sent from another institution of the same country with further insurance/residence periods
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<b>Signature of the sending institution</b>	
Date	.....
Signature	Stamp