



Social Security^(L)

Form Approved:
OMB No. 0960-0554

Certificate of Coverage Request Form

U.S.-FRENCH SOCIAL SECURITY AGREEMENT

If you are self-employed and going to work in France for 2 years or less, you can use this form to request a Certificate of U.S. Coverage under the Social Security agreement between the United States and France. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE

(https://www.ssa.gov/international/agreements_overview.html?tl=8) if you have not already done so.

If you would like more information about the U.S.-French agreement, visit the home page of SSA's International Programs (<http://www.ssa.gov/international/>).

For online help completing any of the following fields, click on the number immediately preceding the field.

INFORMATION ABOUT THE SELF-EMPLOYED

Self-Employee Name

* (required) 1) First Name

Middle Initial

2) Maiden Name

* (required) 3) Last Name

* (required) 4) U.S. Social Security Number

* (required) 5) Date of Birth



* (required) 6) Country of Birth

* (required) 7) Country of Citizenship

* (required) 8) Country of Permanent Residence

INFORMATION ABOUT THE SELF-EMPLOYED

PERMANENT RESIDENT ADDRESS

9) Street Address (Start with Block 1 and use Block 2 if necessary)

* (required) Block 1

Block 2

* (required) 10) City

* (required) 11) State

* (required) 12) Zip

* (required) 13) Nature of Activity (e.g. accountant)

* (required) 14) Beginning Date of Self-Employment Assignment in France



* (required) 15) Expected Ending Date of Self-Employment Assignment in France



* (required) 16) Will the Employee and any Accompanying Family Members be Covered under Private Health Insurance while in France?

- Yes
- No

INFORMATION ABOUT THE COMPANY

YOUR U.S. LOCATION

17) Company Name used in the U.S. (Start with Block 1 and use Block 2 if necessary)

* (required) Block 1

Block 2

18) U.S. Street Address (Start with Block 1 and use Block 2 if necessary)

* (required) Block 1

Block 2

* (required) 19) City

* (required) 20) State

* (required) 21) Zip

YOUR LOCATION IN FRANCE

22) Company Name in France (Start with Block 1 and use Block 2 if necessary)

* (required) Block 1

Block 2

23) Street Address in France (Start with Block 1 and use Block 2 if necessary)

* (required) Block 1

Block 2

* (required) **24) City**

* (required) **25) Postal Code**

INFORMATION ABOUT THE CONTACT PERSON

* (required) **26) Your Name**

27) Your Title

* (required) **28) Your Telephone Number**

29) Extension (if any)

* (required) **30) Your E-Mail Address (you will be notified by e-mail when your request is approved)**

MAILING ADDRESS

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the company address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 31 thru 36. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

31) Name of Person to Receive Correspondence

32) Company Name (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

33) Street Address (Start with Block 1 and use Block 2 if necessary)

Block 1

Block 2

34) City**35) State****36) Zip**

ADDITIONAL COMMENTS

Is there anything else we need to know?

(Comments are limited to 960 Characters - about 16 lines of text)

**Future Revised Editions**

SSA forms are subject to periodic revisions. You can be assured that this SSA Internet Server Page will always have the latest edition. Please check this Page to make certain that you have the latest edition.

Revision Date: October 1, 2002

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