



Social Security<sup>(L)</sup>

Form Approved:  
OMB No. 0960-0554

## Certificate of Coverage Request Form

### U.S.-GERMAN SOCIAL SECURITY AGREEMENT

If you are a U.S. employer sending an employee to work in Germany for 5 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 Germany. Before completing the form, however, PLEASE READ THE IMPORTANT INTRODUCTORY MESSAGE

([https://www.ssa.gov/international/agreements\\_overview.html?tl=8](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.-German 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 EMPLOYEE

### Employee's Name

\* (required) 1) First Name

Middle Initial

\* (required) 2) Last Name

\* (required) 3) U.S. Social Security Number

4) German Social Security Number (if known)

\* (required) 5) Date of Birth



\* (required) 6) Country of Birth

\* (required) 7) Country of Citizenship

\* (required) 8) Country of Permanent Residence

\* (required) 9) Date of Hire

Input field for Date of Hire with a calendar icon on the right.

\* (required) 10) Country of Hire

Input field for Country of Hire.

\* (required) 11) Beginning Date of Assignment in Germany

Input field for Beginning Date of Assignment in Germany with a calendar icon on the right.

\* (required) 12) Expected Ending Date of Assignment in Germany

Input field for Expected Ending Date of Assignment in Germany with a calendar icon on the right.

## INFORMATION ABOUT THE EMPLOYER

### AMERICAN EMPLOYER OR FOREIGN AFFILIATE?

\* (required) 13) Please select one of the options below

- We are a U.S. employer for whom the employee named above will be working directly (for example, in a branch office) while in Germany.
- The employee named above will be working for a foreign affiliate of our company, and the affiliate is covered by a section 3121(l) agreement (<http://www.ssa.gov/international/coc-docs/affiliat.html>).

The date on which the section 3121(l) agreement became effective for this affiliate is:

Input field for the date of section 3121(l) agreement with a calendar icon on the right.

### YOUR U.S. LOCATION

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

\* (required) Block 1

Input field for Block 1 of Company Name.

Block 2

Input field for Block 2 of Company Name.

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

\* (required) Block 1

Input field for Block 1 of U.S. Street Address.

Block 2

Input field for Block 2 of U.S. Street Address.

\* (required) 16) City

Input field for City.

\* (required) 17) State

Dropdown menu for State with the text "Select an Option" and a downward arrow.

\* (required) 18) Zip

Input field for Zip code.

### YOUR LOCATION IN GERMANY

**19) Company Name in Germany (Start with Block 1 and use Block 2 if necessary)**

\* (required) Block 1

Block 2

**20) Street Address in Germany (Start with Block 1 and use Block 2 if necessary)**

\* (required) Block 1

Block 2

\* (required) 21) City\* (required) 22) Postal Code

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**INFORMATION ABOUT THE CONTACT PERSON**\* (required) 23) Your Name**24) Your Title**\* (required) 25) Your Telephone Number**26) Extension (if any)**\* (required) 27) Your E-Mail Address (you will be notified by e-mail when your request is approved)

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**MAILING ADDRESS**

If you would like the Certificate or other correspondence mailed to a U.S. address *other than* the employer address you provided in the section entitled "YOUR U.S. LOCATION", please complete blocks 28 thru 33. Otherwise, we will use the address provided in the YOUR U.S. LOCATION section.

**28) Name of Person to Receive Correspondence****29) Company Name (Start with Block 1 and use Block 2 if necessary)**

Block 1

Block 2

**30) Street Address (Start with Block 1 and use Block 2 if necessary)****Block 1****Block 2****31) City****32) State****33) Zip**

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**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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