

International secondment

- Application for A1 certificate, relating to work within the European Economic Area (EEA) in accordance with regulation (EC) No 883/2004.
- General insurance declaration - Request for continued membership of the Icelandic Social Security system despite employment overseas, outside the EEA.

1. General information

| | | |
|--|---|----------------|
| 1. Name of applicant | | 2. ID No. |
| 3. Address in Iceland | 4. Post code | 5. Place |
| 6. Telephone number | 7. E-mail | 8. Citizenship |
| 9. Address overseas | 10. Period of residency overseas From (date) - To (date) | |
| 11. Telephone number abroad | 12. E-mail abroad, if applicable | |
| 13. Has the applicant paid taxes and social security contributions in Iceland for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, confirmation of payment of social security contributions for the past 12 months from RSK must be attached to this application | | |
| 14. If no, specify the country in which taxes were paid: | | |

2. Information on employment

| | | | | |
|---|--------------------------------|--------|----|--------|
| 15. Applicant is: <input type="checkbox"/> Employee <input type="checkbox"/> Self-employed | | | | |
| 16. Applicant is: <input type="checkbox"/> Seaman <input type="checkbox"/> Public servant <input type="checkbox"/> Freelancer <input type="checkbox"/> Grant recipient <input type="checkbox"/> On a research leave <input type="checkbox"/> Other, what? | | | | |
| 17. Work in two or more countries? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 18. In which country/countries will the above employee work during the period? | | | | |
| Country: | Employment period abroad: From | (date) | To | (date) |
| Country: | Employment period abroad: From | (date) | To | (date) |
| Country: | Employment period abroad: From | (date) | To | (date) |
| Country: | Employment period abroad: From | (date) | To | (date) |
| 19. Nature of work, describe the tasks the employee will undertake and the main field of activities: | | | | |

3. Information on employer in Iceland

| | | | |
|--|--------------------------------|---|--|
| 20. Name of employer | | 21. ID No. | |
| 22. Address | 23. Post code | 24. Place | |
| 25. Tel. | 26. E-mail | 27. Website | |
| 28. Industry | 29. Number of employees abroad | 30. Number of employees in Iceland | |
| 31. To what pension fund do the company's employees contribute? | | 32. Is the company a personnel placement service? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 33. How long has the applicant worked for the employer? From (date) To (date) | | | |

4. Self-employed individuals

| | | |
|--|------------------------------------|-------------------------------------|
| 34. Name of activities | 35. When did the activities begin? | 36. Number of employees in Iceland? |
| 37. Number of employees abroad? | 38. Number of work contracts? | |
| 39. Information on the nature of the work contract (short description of activities): | | |
| 40. Attached confirmation of independent operation from the tax director <input type="checkbox"/> Yes <input type="checkbox"/> No | | 41. VAT number: |
| 42. Other? | | |

5. Information on the foreign company/public body/personnel placement service

| | | |
|---|--|-------------|
| 43. Name of company/public body/personnel placement service abroad: | | |
| 44. Address, postal code and place: | | |
| 45. Tel. | 46. E-mail | 47. Website |
| 48. Are there other companies involved? <input type="checkbox"/> Yes <input type="checkbox"/> No | 49. Will social security contributions be paid in Iceland? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 50. Short description of the company's activities abroad: | | |
| 51. Is the company to some extent owned by the Icelandic company? <input type="checkbox"/> Yes <input type="checkbox"/> No | 52. Is the company a subsidiary of the Icelandic company? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 53. Proportion of shares of the Icelandic company? | 54. Number of employees working for the foreign company |
|--|---|

6. Spouse and children living with employee abroad for the issue of the S1 certificate, issued by the Icelandic Health Insurance (the Social Insurance Administration will forward the application to the Icelandic Health Insurance)

| | |
|--------------------|------------------|
| 55. Name of spouse | ID No. of spouse |
| 56. Child | ID No. of child |
| 57. Child | ID No. of child |
| 58. Child | ID No. of child |
| 59. Child | ID No. of child |

7. Work abroad: Residency / work past 3 years

| |
|--|
| <p>60. Has the applicant previously resided or worked overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify the name of the employer and period of employment from and to:</p> <p>Name of employer:</p> <p>From (date) To (date)</p> |
| 61. Job description |

8. Further information on the employment relationship

| | |
|--|---|
| <p>62. Who will pay the wages, social security contribution and statutory pension fund contributions of the employee during the period abroad?</p> <p>The employer indicated:</p> <p><input type="checkbox"/> in item 3 <input type="checkbox"/> in item 4 <input type="checkbox"/> in item 5 <input type="checkbox"/> Other, specify name, address and postal code:</p> | |
| 63. Where did the employee work for the past 6 months? | |
| 64. In which country are the wages paid? | 65. Employee's pension fund? |
| <p>66. Does the company/public body abroad pay the employee's wages to some extent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>67. Has the employee/self-employed individual worked recently in Iceland?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>68. Has a contract of employment been signed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | 69. In which country does most of the activities take place? |
| <p>70. Is this posting intended to replace another employee overseas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>71. Will the employee be returning to his/her previous employer once the work abroad ends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

9. Seamen

| | |
|--------------------------------------|-------------------------|
| 72. Name of vessel/s | |
| 73. Registration country / flag land | 74. Registration number |

10. Further information

| |
|---|
| 75. Other information the applicant considers important to include: |
|---|

11. Documents attached to application

| |
|---|
| 76. Confirmation from RSK on the payment of social security contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 77. Employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No |

12. Request for an Article 16 (exception)

| |
|---|
| 78. Request for an Article 16 based on (EC) Regulation No. 883/2004. Only applies if the period abroad is longer than 24 months or if the conditions of Articles 11 to 15 are not met. Tryggingastofnun (the Social Insurance Administration) will only issue an A1 certificate if the government of the country of employment has given its approval. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

13. A1 certificate / general insurance declaration

| |
|---|
| 79. A1 certificate / general insurance declaration: <input type="checkbox"/> To be sent to the following e-mail: <input type="checkbox"/> To be sent to the following postal address, name and address: |
|---|

14. Confirmation of application

The undersigned declares hereby that the above information are true and correct. By signing this document, the undersigned allows Tryggingastofnun to obtain information from RSK (Directorate of Internal Revenue) regarding the payment of social security contributions. In the event of any changes to the above information, the applicant / employer is under obligation to immediately notify Tryggingastofnun of such changes.

| | |
|--------------------|---|
| 80. Place and date | Employer's confirmation and stamp Signature E-mail: |
| 81. Place and date | Confirmation of employee / self-employed individual Signature E-mail: |