

Umsókn vegna dvalar erlendis í atvinnuskyni - Application for A1 certificate

UMS-1014



- 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

NAME OF APPLICANT		ID NUMBER	
ADDRESS IN ICELAND		POST CODE	PLACE
TELEPHONE NUMBER	E-MAIL		CITIZENSHIP
ADDRESS ABROAD		PERIOD OF RESIDENCY ABROAD	
		From date:	to date:
TELEPHONE NUMBER ABROAD		E-MAIL ABROAD, IF APPLICABLE	

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 no, specify the country in which taxes were paid:	
<i>Click to write</i>	

2. INFORMATION ON EMPLOYMENT

APPLICANT IS		
<input type="checkbox"/> Employee	<input type="checkbox"/> Public servant	<input type="checkbox"/> Self-employed

DETAILED DEFINITIONS OF THE JOB
Job title and main tasks
<i>Click to write</i>

WORK IN TWO OR MORE COUNTRIES?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

IN WHICH COUNTRY/COUNTRIES WILL THE ABOVE EMPLOYEE WORK DURING THE PERIOD?			
Country:	Employment period abroad:		
	From date:		to date:
	From date:		to date:
	From date:		to date:
	From date:		to date:

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5. INFORMATION ON THE FOREIGN COMPANY/PUBLIC BODY/PERSONAL PLACEMENT SERVICE

NAME OF COMPANY/PUBLIC BODY/PERSONNEL PLACEMENT SERVICE ABROAD			
ADDRESS		POST CODE	PLACE
TELEPHONE NUMBER	E-MAIL		WEBSITE
ARE THERE OTHER COMPANIES INVOLVED?		WILL TAX AND SOCIAL SECURITY BE PAID IN ICELAND?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SHORT DESCRIPTION OF THE COMPANY'S ACTIVITIES ABROAD			
<i>Click to write</i>			
IS THE COMPANY TO SOME EXTENT OWNED BY THE ICELANDIC COMPANY?		IS THE COMPANY A SUBSIDIARY OF THE ICELANDIC COMPANY?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPORTION OF SHARES OF THE ICELANDIC COMPANY?		NUMBER OF EMPLOYEES WORKING FOR THE FOREIGN COMPANY?	

6. SPOUSE AND CHILDREN WHO WILL STAY WITH THE EMPLOYEE ABROAD FOR MORE THAN SIX MONTHS DUE TO ISSUANCE OF AN S1 BY THE ICELANDIC HEALTH INSURANCE

Social Insurance Administration / Tryggingastofnun (TR) forwards the application to Icelandic Health Insurance / Sjúkratrygginga Íslands (Sí).

NAME OF SPOUSE		ID NUMBER OF SPOUSE	
NAME OF CHILD		ID NUMBER OF CHILD	
NAME OF CHILD		ID NUMBER OF CHILD	
NAME OF CHILD		ID NUMBER OF CHILD	
NAME OF CHILD		ID NUMBER OF CHILD	

7. WORK ABROAD IN THE PAST ONE YEAR

HAS THE APPLICANT PREVIOUSLY WORKED ABROAD?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify the name of the employer:	
Period of employment from date:	to date:

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JOB DESCRIPTION AND JOB TITLE

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8. FURTHER INFORMATION ON THE EMPLOYMENT RELATIONSHIP

WHO WILL PAY WAGES, TAXES (SOCIAL SECURITY CONTRIBUTION) AND STATUTORY PENSION FUND CONTRIBUTIONS OF THE EMPLOYEE DURING THE PERIOD ABROAD?

The employer indicated:

- In item 3 In item 4 In item 5
 Other, specify name, address and post code:

WHERE DID THE EMPLOYEE WORK FOR THE PAST SIX MONTHS?

Click to write

IN WHICH CONTRY ARE THE WAGES PAID?

EMPLOYEE'S PENSION FUND?

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DOES THE COMPANY/PUBLIC BODY ABROAD PAY THE EMPLOYEE'S WAGES TO SOME EXTENT?

- Yes No

HAS TO EMPLOYEE/SELF-EMPLOYED INDIVIDUAL WORKED RECENTLY IN ICELAND?

- Yes No

HAS A CONTRACT OF EMPLOYMENT BEEN SIGNED?

- Yes No

IN WHICH CONTRY DOES MOST OF THE ACTIVITIES TAKE PLACE?

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IS THE POSTING INTENDED TO REPLACE ANOTHER EMPLOYEE ABROAD?

- Yes No

WILL THE EMPLOYEE BE RETURNING TO HIS/HER PREVIOUS EMPLOYER ONCE THE WORK ABROAD ENDS?

- Yes No

9. SAILORS

NAME OF VESSEL/VESSELS

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REGISTRATION COUNTRY/FLAG LAND

REGISTRATION NUMBER

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10. FURTHER INFORMATION

OTHER INFORMATION THE APPLICANT CONSIDERS IMPORTANT TO INCLUDE

Click to write

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11. DOCUMENTS ATTACHED TO APPLICATION

EMPLOYMENT CONTRACT	
Employment contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. REQUEST FOR ARTICLE 16 (EXEPTION)

REQUEST FOR 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 *The Social Insurance Administration / Tryggingastofnun 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

A1 CERTIFICATE/GENERAL INSURANCE DECLARATION
The A1 certificate is published on My Pages at the Social Insurance Administration (TR). An email notification is sent to the registered email address when the document is ready.

14. CONFIRMATION OF APPLICATION

The undersigned declares hereby that the above information is true and correct. By signing this document, the undersigned allows the Social Insurance Administration / Tryggingastofnun to obtain information from RSK (Directorate of Internal Revenue) regarding the payment of taxes (social security contributions).

In the event of any changes to the above information, the applicant / employer is under obligation to immediately notify the Social Insurance Administration / Tryggingastofnun of such changes.

PLACE AND DATE

EMPLOYER'S CONFIRMATION AND STAMP
SIGNATURE

E-MAIL

PLACE AND DATE

CONFIRMATION OF EMPLOYEE/SELF-EMPLOYED INDIVIDUAL
SIGNATURE

E-MAIL