

REGULAR ACTIVITIES IN TWO OR MORE MEMBER STATES¹ (MULTISTATE WORK)

Rectification ☐ / Cancellation ☐

1) Data concerning the employer

EMPLOYER REGISTRATION NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name or denomination											Tel.				
Street											Number				
Postal code			Town							Country code ²	<input type="text"/>		<input type="text"/>		

2) Data concerning the insured

SOCIAL SECURITY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name											Marital name			
First name(s)														
Legal address														
Street											Number			
Postal Code			Town							Country code ²	<input type="text"/>		<input type="text"/>	
If the habitual address is different from the legal address, please specify since when and provide the exact address :														
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DDMMYYYY)						
Street											Number			
Postal code			Town							Country code ²	<input type="text"/>		<input type="text"/>	

3) Data concerning the insured's multistate work for the employer

Start of activities in two or more member states	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DDMMYYYY)
End of activities in two or more member states*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DDMMYYYY)
* Mandatory end date: minimum 12 months (if possible) or end date of employment contract.								

Is the insured a member of the travelling or sailing personnel of an international transport company?	
<input type="checkbox"/> YES*	<input type="checkbox"/> NO
* Specify :	
<input type="checkbox"/> Road transport	For Rhine boatmen, use the form « Request for A1 certificate for Rhine boatmen »
<input type="checkbox"/> River transport	
Name of the vessel	ENI Number <input type="text"/>

Is the activity in two or more member states carried out partly or entirely in telework?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the insured fulfils the conditions, does he wish to benefit from the framework agreement on telework?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO



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¹ This form must also be used for the United Kingdom (application of the protocol on the coordination of social security).

² The ISO 3166-1 alpha-2 standard should be applied to country codes.

% A = employment rate **without** telework % T = employment rate in telework*

The sum of the percentages indicated in all the fields below must equal **100 %**. **Sum % :** %

Country	% A	% T	Country	% A	% T	Country	% A	% T	Country	% A	% T
Luxembourg [LU]			Belgium [BE]			Germany [DE]			France [FR]		
Austria [AT]			Bulgaria [BG]			Switzerland [CH]			Cyprus [CY]		
Czech Republic [CZ]			Denmark [DK]			Estonia [EE]			Spain [ES]		
Finland [FI]			Greece [GR]			Croatia [HR]			Hungary [HU]		
Ireland [IE]			Island [IS]			Italy [IT]			Liechtenstein [LI]		
Lithuania [LT]			Latvia [LV]			Malta [MT]			Netherlands [NL]		
Norway [NO]			Poland [PL]			Portugal [PT]			Romania [RO]		
Sweden [SE]			Slovenia [SI]			Slovakia [SK]					

Country	% A	% T
United Kingdom [UK]		

* represents the foreseeable percentage of telework per month during the period declared (monthly average).

Does the insured concerned carry out any other professional activity on their own behalf or on behalf of another employer?

☐ YES* ☐ NO

* In which country/countries? Country code(s)² :

Type of activity:

☐ Employee

☐ Self-employed

☐ Civil servant

☐ Other _____

_____, the _____
Location Date Signature

² The ISO 3166-1 alpha-2 standard should be applied to country codes.