

## **REQUEST FOR A1 CERTIFICATE FOR CIVIL SERVANTS, SEAFARERS AND CREW IN THE FIELD OF AVIATION (ART. 11 OF REGULATION (EC) N° 883/2004)**

### Introduction

The application must be completed by the employer in cases where the insured is affiliated to the Luxembourg social security system in the following capacities:

- civil servant or equivalent;
- seafarers;
- crew member (driver or cabin crew) providing passenger or freight transport services.

The application must be sent to the *Centre commun de la sécurité sociale* (CCSS) **before the insured starts working abroad**.

### Explanation of the various sections to be completed

#### General

When the country code is required in a section, please refer to the [ISO 3166-1 ALPHA-2 standard](#).

**Please note that incomplete or inaccurate information may lead to the A1 certificate issued on the basis of this information being withdrawn at any time and to a change, with retroactive effect where applicable, in the person's membership of the Luxembourg social security system.**

#### 1) Data concerning the employer

The employer registration number to be indicated is the one allocated by the CCSS.

The name of the employer should be given as it appears in the Luxembourg Trade and Companies Register (or its foreign equivalent, where applicable), together with the employer's contact details.

For civil servants or equivalent managed by the State Centre for Human Resources and Organisation Management (*Centre de gestion du personnel et de l'organisation de l'État* - CGPO), the employer registration number of the CGPO must be entered according to the type of agent employed by the administration (civil servant, employee, salaried employee).

#### 2) Data concerning the insured

The social security number to be entered corresponds to the national number shown on the insured person's social security card.

In the last and first name section, the last and first name(s) from the insured person's civil status must be entered. The spouse's name must be entered under the marital name heading.

The postal code, town and country code must be completed. It is the employer's responsibility to check with his employee that the address given to the CCSS is up to date.

3) Data concerning the work period and the status of the insured (Article 11 of Regulation (EC) No 883/2004)

The start and end dates of the foreseeable period of the activity abroad must be provided.

The nature of the activity carried out by the insured must be specified by ticking one of the following three situations and completing the corresponding data fields as detailed below:

1. civil servant pursuant to Article 11(3)(b) of Regulation (EC) No 883/2004 ;

For **civil servants and equivalents**: in terms of the administration, the name of the insured's Luxembourgish administration must be indicated.

If telework is carried out abroad, the 'Telework abroad included' box should be ticked.

The employer must indicate the countries to which the insured is expected to travel for professional reasons or for telework.

Reminder: For travel to third countries (outside the European Union, the European Economic Area, Switzerland or the United Kingdom) with or without an agreement, the [Request for a posting in a third country](#) form should be used.

2. seafarers pursuant to Article 11(4) of Regulation (EC) No 883/2004 ;

For **seafarers**: the name of the vessel to which the person is normally assigned, the country of the vessel's flag and its IMO number (International Maritime Organization) must be given.

3. air transport pursuant to Article 11(5) of Regulation (EC) No 883/2004.

For **air transport personnel**: the insured's home base must be indicated. For information, « *the concept of "home base" for flight crew and cabin crew members is defined as the location nominated by the operator to the crew member from where the crew member normally starts and ends a duty period, and where, under normal conditions, the operator is not responsible for the accommodation of the crew member concerned.* »<sup>1</sup>.

Signature

Please indicate, by ticking the appropriate box, whether the form is completed by the employer or by an authorised natural person or legal entity.

The person signing the form must enter his/her last and first name(s). If they are working for an authorised representative, they must also specify the latter's company name.

The signature and the location and date of signature are also mandatory.

IMPORTANT

**By signing, the employer or the authorised representative confirm the accuracy of the information given in this document and declare that they are aware that any inaccurate declaration on their part, or failure to declare any change, may result in a change to the affiliation, and may be subject to penalties as provided for in the Social Security Code and the Penal Code.**

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<sup>1</sup> Article 1(1)(2) of Regulation (EU) No 465/2012 of the European Parliament and of the Council of 22 May 2012 amending Regulation (EC) No 883/2004 on the coordination of social security systems and Regulation (EC) No 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004