

## REQUEST FOR POSTING IN A MEMBER STATE (ART. 12 OF REGULATION (EC) N° 883/2004)

### Introduction

The application must be completed by the employer in cases where the insured, affiliated to Luxembourg social security system, is seconded to work **temporarily** in a country of the European Union (EU), the European Economic Area (EEA), Switzerland (EC Regulations No 883/2004 and No 987/2009) or the United Kingdom (under the Trade and Cooperation Agreement adopted on 24 December 2020 including a protocol on the coordination of social security) (hereinafter "the States concerned").

The application must be submitted to the Social Security Center (*Centre commun de la sécurité sociale - CCSS*) **before the start of the posting**.

This application **does not have to be completed** by the employer in the following cases:

- if he seconded a temporary worker abroad. In this case, the employer must inform the CCSS by using the DECINT procedure via SECUline ;
- if he seconded an employee to one of the States concerned for a foreseeable period of more than 24 months. In this case, he must submit a derogation request to the Ministry of Health and Social Security, Social Security Department, 26 rue Sainte-Zithe L-2763 Luxembourg. This derogation may be settled by mutual agreement by the competent authorities of the States concerned, in the interest of the employee, but is not automatic.

**The application does not need to be completed if the activity is normally carried out in two or more of the States concerned (regular activity).**

This application concerns the posting and the issue of an A1 certificate under the procedure in Luxembourg. This procedure does not exempt the employer and/or employee from carrying out the formalities prescribed by the States concerned where the activity is carried out (e.g. registration under a system for listing persons carrying out a professional activity in the territory).

### 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 withdrawal of the A1 certificate issued on the basis of this information 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.

#### 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 abroad

The start and end dates of the foreseeable period of work abroad, details of the country of the workplace and the client/worksites must be indicated.

In principle, the exact address of the workplace in the state of employment must be provided. However, if the insured is posted to several workplaces in the state of employment, without a permanent address, the corresponding box must be ticked.

For telework, this form can only be used if the posting concerns an activity carried out in 100% telework and on an occasional basis. In this case, the box indicating that the activity is carried out in 100% telework must be ticked. In the field relating to the address of the workplace, the address where the telework is carried out must be indicated.

If another activity, which is not telework, is carried out during the period of posting, or if telework is carried out on a normal (regular) basis, it is a professional activity carried out in two or more of the States concerned and the relevant form should be used.

The "river transport" box should be ticked if the employee is seconded to a vessel engaged in river transport. The name of the vessel and its ENI number (European Number of Identification) must be indicated.

For Rhine boatmen, the relevant form should be used.

### 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**

<p><b>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.</b></p>
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