

REQUEST FOR A POSTING IN A THIRD COUNTRY

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 third country (a country outside of the European Union (EU), the European Economic Area (EEA), Switzerland or the United Kingdom).

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 if he posts a temporary worker 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 at any time to the withdrawal of the issued A1 certificate based on this information and to a change, with retroactive effect, where applicable, in the 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 in a third country

The start and end dates of the foreseeable period of the posting, 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 employee is posted to several workplaces in the state of employment, without a permanent address, the corresponding box must be ticked.

The "maritime transport" box should be ticked if the employee is posted to a vessel engaged in maritime transport. The name of the vessel, the country of the vessel's flag and its IMO number (International Maritime Organization) must be indicated.

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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