

- Receipt stamp -

 The English version is only for your information.
 Please fill out and submit the German version!

Secondment/duty performance of an employee in a another member state

Application for the issue of a certificate on the applicable legislation

1. Information on the employee

First name	Family/last name	
Date of birth	Birthplace	Insurance number
Nationality		

1.1. Address in country of residence

Street and house number	Country code	Postal code	Location
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1.2. Address in the State to which the employee is posted or performs his/her duties in another Member State (e.g. hotel address).

Street and house number	Country code	Postal code	Location
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2. Details of the (Austrian) employer(s)

Name or company	Contribution account number		
Legal form	Company register number		
Street and house number	Country code	Postal code	Location
Phone number	E-mail address		
The employer belongs to the following sector:			
<input type="checkbox"/> Agriculture, hunting, fishing	<input type="checkbox"/> Finance, insurance, real estate and housing, professional, scientific and technical services		
<input type="checkbox"/> Industry	<input type="checkbox"/> Temporary work		
<input type="checkbox"/> Building	<input type="checkbox"/> Education, teaching, Art, entertainment, recreation		
<input type="checkbox"/> wholesale and retail	<input type="checkbox"/> Health and social services		
<input type="checkbox"/> Accommodation and gastronomy	<input type="checkbox"/> Other sector		
<input type="checkbox"/> Transport, storage, information, communication			
<input type="checkbox"/> Road transport of goods, removal transports			

3. Information on secondment/service in another Member State

State to which secondment is being made/the service is being per-		Name/designation of the place of employment	
Street and house number	Country code	Postal code	Location
Phone number	E-mail address		
No fixed place/location of duty:	<input type="checkbox"/>		

3.1. Duration of secondment/service in another Member State

the expected duration of the secondment/service:	Start	End
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4. other information

The employee shall receive for the activity in the other Member State from a third party Income:	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details of this income:	

5. Declaration of the employer

The employer of the staff member to be posted to the other Member State expressly declares that all the information provided is complete and correct. The employer acknowledges that the information provided will be checked both in Austria and by the competent authorities of the other Member State. Should it subsequently transpire that the information provided does not correspond to the actual circumstances, the certificate issued on the applicable legal provisions may also be revoked retroactively. In such a case, the legislation of the other Member State may apply. The employer undertakes to inform the competent Austrian health insurance institution immediately if (i) the employee has not been posted after all / has not performed his/her duties in another Member State or (ii) the posting / performance of duties in the other Member State is terminated prematurely.

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Place and dateSignature

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and stamp of employer