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**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. Address in country of residence

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | Street and house number |  | Country code |  | Postal code |  | Location |  |

* 1. 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 |  |

1. **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: | | | | | | |  |  |
|  | Agriculture, hunting, fishing  Industry  Building  wholesale and retail  Accommodation and gastronomy  Transport, storage, information, communication  Road transport of goods, removal transports | | Finance, insurance, real estate and housing,  professional, scientific and technical services  Temporary work  Education, teaching,  Art, entertainment, recreation  Health and social services  Other sector | | | | | |  |

1. **Information on secondment/service in another Member State**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | | | | |  |
|  | State to which secondment is being made/the service is being performed  Service | |  | 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: | | |  | | | | |  |

* 1. Duration of secondment/service in another Member State

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | the expected duration of the secondment/service: |  |  |  |  |  |
| Start |  | End |

1. **other information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | The employee shall receive for the activity in the other Member State from a third party  Income: | yes  no |  |
|  | If yes, please provide details of this income: ........................................................................................................................ | |  |

1. **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.

Place and dateSignature and stamp of employer

Information pursuant to Articles 13 and 14 of the General Data Protection Regulation concerning the processing of your personal data can be found on our website at www.bvaeb.at/Datenschut.z