

REQUEST FORM FOR EXEMPTION OF SOCIAL SECURITY CONTRIBUTIONS¹

I. CONTACT DETAILS

Last name:
First name:
National register number (NISS):
If you do not have any NISS, please fill out your date of birth:
Fedris file number:
Address:
.....

II. PROOF OF DOUBLE DEDUCTION OF SOCIAL SECURITY CONTRIBUTIONS

Subject to the laws on social security in (country)

*Provide an annex proving that you have paid the social security contributions in the country that, according to the Regulation (EC) No 883/2004 of the European Parliament and the Council of 29 April 2004 on the coordination of social security systems, is competent for deducting social security contributions: i.e. a **certificate from the competent institution for the applicable laws of the country of residence, mentioning the specific articles of the Coordination Regulation (EC) No 883/2004 at the basis of the applicable legislation (for instance article 11 3a). This also applies to Switzerland, Norway and Liechtenstein***

Periods during which you have been subject to social security contributions in the aforementioned social security system:

- From DD/MM/YYYY to DD/MM/YYYY
- From DD/MM/YYYY to DD/MM/YYYY

III. DECLARATION

By signing this form, I declare that the information provided is correct.

I undertake to inform Fedris and/or the insurance company of any modification regarding the official place of residence or occupation as an employee or not, by mentioning the country of occupation or the new country of residence.

Any false statement may lead to legal proceedings.

Date: Last name: First name:

Signature: Number of annexes:

This duly completed form must be sent to Fedris, avenue de l'Astronomie 1, 1210 Brussels, by mentioning the number of original annexes (no copies) for the supporting documentation.

¹In accordance with Regulation (EC) No 883/2004 of the European Parliament and the Council of 29 April 2004 on the coordination of social security systems, only one Member State can deduct social security contributions.