

Formulaires à utiliser dans les deux sens:

IN/LUX 1 / LUX/IN 1	Certificate of coverage
IN/LUX 2 / LUX/IN 2	Form for communication
IN/LUX 3 / LUX/IN 3	Decision notification form
IN/LUX 4 / LUX/IN 4	Form for survey of insurance periods
IN/LUX 5 / LUX/IN 5	Medical report form

Formulaires à utiliser par l'institution indienne pour les demandes d'une pension luxembourgeoise:

IN/LUX 6	Claiming old age pension
IN/LUX 7	Claiming survivor pension
IN/LUX 8	Claiming invalidity pension
LUX/IN 9	Form for admission to optional continued insurance

Formulaires à utiliser par l'institution luxembourgeoise pour les demandes de prestations indiennes :

LUX/IN 10	Application for claiming Provident Fund benefit under the Employees' Provident Fund Scheme, 1952 by the insured person
LUX/IN 11	Application for claiming Provident Fund benefit under the Employees' Provident Fund Scheme, 1952 by survivor in the event of death of the insured person
LUX/IN 12	Application for claiming retirement, survivor or permanent disability pension benefit under the Employees' Pension Scheme, 1995
LUX/IN 13	Application for claiming assurance benefit under the Employees' Deposit Linked Insurance Scheme, 1976 by survivor in the event of the death of the insured person

☐ LUX/IN 2

☐ IN/LUX 2

**AGREEMENT ON SOCIAL SECURITY
BETWEEN THE REPUBLIC OF INDIA AND THE GRAND DUCHY OF LUXEMBOURG**

(Application of Article 20 of the Social Security Agreement)

FORM FOR COMMUNICATION BETWEEN THE LIAISON / COMPETENT AGENCIES

- ☐ Request for information
- ☐ Transmission of information
- ☐ Request of forms
- ☐ Reminder

Concerning:

- ☐ an employed person
- ☐ a pension claimant
- ☐ a pension beneficiary
- ☐ a member of family

File Number	In India: In Luxembourg:
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1	Addressed liaison / competent agency
1.1	Name
1.2	Address

2	Information concerning the insured person
2.1	First Name
2.2	Surname
2.3	Surname at birth
2.4	Nationality
2.5	Indian Social Security No.
	Luxembourg Social Security No.
2.6	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
2.7	Place of Birth
2.8	Date of Birth
2.9	Address:

	Postal Code : Country

3	Information concerning the claimant
3.1	First Name
3.2	Surname
3.3	Surname at birth
3.4	Nationality
3.5	Indian National Pension No.
	Luxembourg Social Security No.
3.6	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>

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3.7 Place of Birth

3.8 Date of Birth

3.9 Address:

Postal Code :

Country

4 Transmitted documents and/or information

☐ Pension claim/other benefits *

Date of claim (dd/mm/yyyy) __/__/__

☐ Statement of the creditable periods in Luxembourg/India *

Date of claim (dd/mm/yyyy) __/__/__

☐ A copy of the final Indian/Luxembourg decision

☐ No period

☐ A copy of our medical records

☐ The Indian/Luxembourg decision(s) has (have) been notified to the applicant on (dd/mm/yyyy) __/__/__

☐ Appeal (against Luxembourg/Indian decision)

Date of claim (dd/mm/yyyy) __/__/__

☐ Others

* Specify form(s) transmitted

5 Documents and/or information requested

☐ Old-age benefit application

☐ Survivors' pension application

☐ Disability pension application

☐ Statement of the creditable periods in Luxembourg/India

☐ A copy of the decision of Luxembourg/India

☐ Date of the Luxembourg/Indian decision

(dd/mm/yyyy) __/__/__

☐ A copy of your medical records

☐ Others

6 Remarks

7 Institution that has completed the form ☐ Luxembourg ☐ India

7.1 Name

7.2 Address

POSTAL CODE:

7.3 File No.

7.5 Date

(dd/mm/yyyy) __/__/__

7.4 Stamp

7.6 Signature