

**Agreement on Social Security between the Republic of the Philippines
and the Grand Duchy of Luxembourg**

CERTIFICATE OF COVERAGE

Article 9 to 13 of the Agreement
Article 5 of the Administrative Arrangement

1. Insured person		<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed																												
1.1	Last name	_____																													
1.2	First name	_____																													
1.3	Middle name (if applicable)	_____																													
1.4	Date of birth (dd/mm/yyyy)	___/___/_____																													
1.5	Current address	_____ _____ _____																													
1.6	E-mail	_____																													
1.7	Telephone number	_____																													
1.8	Personal identification number in Luxembourg:	_____																													
	Insurance number in the Philippines:	SSS No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															GSIS BP No. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														

2. Employer		<input type="checkbox"/> Philippines	<input type="checkbox"/> Luxembourg
2.1	Name	_____ _____	
2.2	Address	_____ _____ _____ _____	

3. Place of work		<input type="checkbox"/> Philippines	<input type="checkbox"/> Luxembourg
3.1	Name	_____ _____	
3.2	Address	_____ _____ _____ _____	

4. Certification

The insured person remains subject to the

Philippines Luxembourg

legislation in accordance with the following article of the Social Security Agreement:

10 (1) 10 (2) 11 (1) 11 (2) 12 13

Period of coverage from _____ to _____ (dd/mm/yyyy)

5. Competent Institution delivering the certificate

5.1 Name _____

5.2 Address _____

5.3 Email _____

5.4 Stamp

5.5

Date (dd/mm/yyyy)

____/____/_____

5.6

Signature of Authorized Officer