

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

FORM FOR COMMUNICATION BETWEEN THE LIAISON / COMPETENT INSTITUTIONS

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

- Concerning:**
- an employed person
 - a pension claimant
 - a pension beneficiary
 - a member of family

1. Addressed liaison / competent institution	
1.1	Name
1.2	Address

2. Information concerning the insured person																			
2.1	Last name																		
2.2	First name																		
2.3	Middle name (if applicable)																		
2.4	Insurance number in the Philippines																		
	SSS No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																		
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	Personal identification number in Luxembourg																		
2.5	Date of Birth (dd/mm/yyyy) ___/___/_____																		
2.6	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female																		
2.7	Address																		

3. Information concerning the claimant																			
3.1	Last name																		
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3.3	Middle name (if applicable)																		
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3.5	Date of Birth (dd/mm/yyyy) ___/___/_____																		
3.6	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female																		
3.7	Address																		

4. Transmitted documents and/or information		
<input type="checkbox"/>	Pension claim/other benefits*	Date of claim (dd/mm/yyyy) ____/____/____
<input type="checkbox"/>	Statement of the creditable periods in Luxembourg/Philippines*	Date of claim (dd/mm/yyyy) ____/____/____
<input type="checkbox"/>	A copy of the final Philippine/Luxembourg decision	
<input type="checkbox"/>	No period of coverage	
<input type="checkbox"/>	A copy of our medical records	
<input type="checkbox"/>	The Philippine/Luxembourg decision(s) has (have) been notified to the applicant on	(dd/mm/yyyy) ____/____/____
<input type="checkbox"/>	Appeal (against Luxembourg/Philippine decision)	Date of claim (dd/mm/yyyy) ____/____/____
<input type="checkbox"/>	Others: _____	
	* Specify form(s) transmitted	

5. Documents and/or information requested	
<input type="checkbox"/>	Old-age benefit application
<input type="checkbox"/>	Survivors' pension application
<input type="checkbox"/>	Disability pension application
<input type="checkbox"/>	Certificate of insurance record in Luxembourg/Philippines
<input type="checkbox"/>	A copy of the decision of Luxembourg/Philippines
<input type="checkbox"/>	Date of the Luxembourg/Philippines decision (dd/mm/yyyy) ____/____/____
<input type="checkbox"/>	A copy of your medical records
<input type="checkbox"/>	Others: _____

6. Remarks

7. Competent Institution that completed the form		<input type="checkbox"/> Philippines	<input type="checkbox"/> Luxembourg
7.1	Name	_____	
7.2	Address	_____ _____	
7.3	Stamp	7.4	Date (dd/mm/yyyy) ____/____/____
		7.5	Signature of Authorized Officer