

A1



Certificate concerning the Social Security legislation which applies to the holder

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This certificate concerns the social security legislation which applies to you and confirms that you have no obligations to pay contributions in another State.

Before you leave the state where you are insured to go to another state to work, make sure you have the documents which entitle you to receive the necessary benefits in kind (e.g. medical care, treatment in hospital, and other) in the state where you are working.

- If you are staying temporarily in the state where you are working, ask your health care institution for the European Health Insurance Card (EHIC). You must show this card to your health care provider if you need benefits in kind during your stay.
- If you are going to be living in the state where you are working, ask your health care institution for the S1 document and submit it as soon as possible to the competent health care institution of the place you are going to work (**).

Provisionally the insurance institution in the state of stay will also provide special benefits in the event of an accident at work or an occupational disease.

1. PERSONAL DETAILS OF THE HOLDER

1.1	Personal Identification Number	BE 710722.187.14	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male
1.2	Surname	Lambrighs		
1.3	Forenames	Erik		
1.4	Surname at birth (***)			
1.5	Date of birth	22/07/1971	1.6	Nationality
1.7	Place of birth			BE
1.8	Address in the State of residence			
1.8.1	Street, N°	Kleine Negenbundersstraat, 42	1.8.3	Post code
1.8.2	Town	HASSELT	1.8.4	Country code
1.9	Address in the State of stay			
1.9.1	Street, N°	,	1.9.3	Post code
1.9.2	Town		1.9.4	Country code

2. MEMBER STATE LEGISLATION WHICH APPLIES

2.1	Member State	BE	
2.2	Starting date	01/05/2025	2.3
			Ending date
			01/08/2025

- 2.4 The certificate applies for the duration of the activity
- 2.5 The determination is provisional
- ☐ 2.6 Regulation 1408/71 remains applicable on the basis of Article 87 (8) of Regulation 883/2004

(*) Regulations (EC) No 883/2004, articles 11 through 16, and 987/2009, article 19.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

A1



Certificate concerning the Social Security legislation which applies to the holder

3. STATUS CONFIRMATION OF YOUR POSITION

- | | |
|---|---|
| <input type="checkbox"/> 3.1 Posted employed person | <input type="checkbox"/> 3.2 Employed, working in two or more States |
| <input type="checkbox"/> 3.3 Posted self-employed person | <input checked="" type="checkbox"/> 3.4 Self-employed, in two or more States |
| <input type="checkbox"/> 3.5 Civil servant | <input type="checkbox"/> 3.6 Contract staff |
| <input type="checkbox"/> 3.7 Mariner | <input type="checkbox"/> 3.8 Working as an employed person and as a self-employed person in different countries |
| <input type="checkbox"/> 3.9 Working as a civil servant in one country and as an employed/self-employed person in one or more other countries | <input type="checkbox"/> 3.10 Flight or cabin crew member |
| <input type="checkbox"/> 3.11 Exception | <input type="checkbox"/> 3.12 Working as an employed / self-employed person in the State referred to under 2.1 |

4. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE STATE WHOSE LEGISLATION APPLIES

- | | |
|--|--|
| <input type="checkbox"/> 4.1.1 Employee | <input checked="" type="checkbox"/> 4.1.2 Self-employed activity |
| 4.2 Employer/self-employed activity code | BE 0550.822.715 |
| 4.3 Name or business name | Lambrighs, Erik |
| 4.4 Registered address | |
| 4.4.1 Street, N° | Kleine Negenbundersstraat 42 - |
| 4.4.2 Country code | BE |
| 4.4.3 Town | Hasselt |
| 4.4.4 Post code | 3511 |

5. EMPLOYER / SELF-EMPLOYMENT DETAILS IN THE OTHER MEMBER STATE(S)

- 5.1 Name(s) or Business name(s) and code(s) of the firm(s) or ship(s) where you will be employed
- Technische land- en bosbouwwerken
- 5.2 Address(es) or name(s) of ship(s) where you will be (self) employed in the 'host' state(s)
- DE
- NL
- ☒ 5.3 or no fixed address in state(s) of (self) employment

A1



Certificate concerning the Social Security
legislation which applies to the holder

6. INSTITUTION COMPLETING THE FORM

6.1 Name INASTI-RSVZ Service International - Internationale dienst
6.2 Street, N° Quai de Willebroeck 35 - Willebroekkaai 35
6.3 Town Bruxelles - Brussel
6.4 Post Code 1000
6.5 Country code BE
6.6 Institution ID BE:0208044709
6.7 Office Fax N° +32 2 546 45 45
6.8 Office phone N° +32 2 546 43 58
6.9 E-mail int@rsvz-inasti.fgov.be
6.10 Date 07/05/2025
6.11 Signature Anne VANDERSTAPPEN - Administrator-General

STAMP

