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## Periods to be taken into account for granting unemployment benefits

### 2. THE HOLDER HAS COMPLETED THE FOLLOWING PERIODS (CONTINUED):

#### 2.1 PERIODS OF INSURANCE AND PERIODS TREATED AS SUCH (CONTINUED)

##### 2.1.3 Other periods of insurance

From	to	Type <sup>2</sup>
From	to	Type <sup>2</sup>
From	to	Type <sup>2</sup>

##### 2.1.4 Periods treated as periods of insurance

From	to	Reason <sup>3</sup>
From	to	Reason <sup>3</sup>
From	to	Reason <sup>3</sup>

#### 2.2 PERIODS OF EMPLOYMENT AND SELF EMPLOYMENT, WHICH ARE NOT INSURANCE PERIODS

##### 2.2.1 Employment

From	to	Activity
From	to	Activity
From	to	Activity

##### 2.2.2 Self employment

From	to	Activity
From	to	Activity
From	to	Activity

##### 2.2.3 These are not insurance periods because

#### 2.3 INCOME DETAILS<sup>4,5</sup>

##### 2.3.1 Income from employment

From	to	Wage <sup>4</sup>
From	to	Wage <sup>4</sup>
From	to	Wage <sup>4</sup>

##### 2.3.2 Income from self-employment

From	to	Earnings <sup>5</sup>
From	to	Earnings <sup>5</sup>
From	to	Earnings <sup>5</sup>

### 3. REASON FOR END OF EMPLOYMENT

- |  |  |
|--|--|
| <input type="checkbox"/> 3.1 termination by employer               | <input type="checkbox"/> 3.4 resignation by the employee |
| <input type="checkbox"/> 3.2 contract terminated by mutual consent | <input type="checkbox"/> 3.5 contract expired            |
| <input type="checkbox"/> 3.3 dismissal for disciplinary reasons    | <input type="checkbox"/> 3.6 redundancy                  |
| <input type="checkbox"/> 3.7 other (employment)                    |  |
| <input type="checkbox"/> 3.8 other (self-employment)               |  |

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### 4. OTHER RECEIVED PAYMENTS

The holder

- 4.1 has received or has still to receive wages for the period after end of employment, up to
- 4.2 has received or has still to receive compensation for ending of employment or other similar payment, amounting to
- 4.3 has received or has still to receive payment in lieu of annual leave, amounting to for days
- 4.4 has waived the above rights under their employment contract
- 4.4.1 Reason
- 4.5 is currently receiving other benefits

### 5. SINCE THE BEGINNING OF THE FIRST PERIOD COVERED IN BOX 2 THE HOLDER HAS RECEIVED UNEMPLOYMENT BENEFIT

5.1 Period

From to

From to

From to

5.2 Last local employment or benefit agency

5.3 Identification N°

5.4 Name

5.5 Address

5.5.1 Street, N°

5.5.3 Post code

5.5.2 Town

5.5.4 Country code

### 6. UNEMPLOYMENT BENEFIT ENTITLEMENT

6.1  The holder is entitled to unemployment benefits from the office issuing this document

Under Article  64  65 (5) (b) of Regulation 883/2004

For the period

From to

6.2  The holder is not entitled to unemployment benefits from the office issuing this document because

- No entitlement exists under the State's laws
- The holder did not apply to have their unemployment benefits exported

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### NOTES

- [1] The period(s) recorded in box 2 of this document are provided in accordance with the reference periods shown in this Note for the Member State concerned. The reference periods are:  
**One year** - if the document is to be presented to Luxembourg institution.  
**Two Years** - if it is to be presented to an Italian, Icelandic, Liechtenstein or Swiss institution. Italy may also request information on the complete insurance history abroad of the named person. For the purposes of Swiss institutions, four years in the case of child education or self-employment of short duration.  
**Three years** - if it is to be presented to a Belgian, Cypriot, Czech, Danish, French, Greek, Irish, Portuguese or United Kingdom institution.  
**More than three years** - if the document is to be presented to a Finnish (20 years), Spanish (6 years), German (5 years), Austrian (10, 15 or 25 years), Hungarian and Slovak (4 years), Swedish (8 years), Polish (20 years), Bulgarian, Estonian, Latvian, Netherlands (years since 1998), Romanian, Slovenian or Maltese institution (total insurance history). In some cases the Belgian institution requests information on the complete insurance periods. If necessary, as regards workers aged 52 or over, the Spanish institution may require information on supplementary periods preceding the last six years.  
**The last ended calendar year or the three last calendar years** - if the form is to be presented to a Norwegian institution.
- [2] Please complete as appropriate:  
 Maternity or child-rearing; Sickness; Deprivation of liberty; Education; Military or alternative civil service; Unemployment benefits before commencing last employment; Other (please indicate)
- [3] **Reason for treating as such** - Indicate whether the periods treated as such refer to, for example,  
 i Periods of sickness – indicate the name and address of the health insurance fund/company  
 ii Periods of maternity or child-rearing – indicate the name and address of the health insurance fund/company  
 iii Period of deprivation of liberty  
 iv Period of education  
 v Period of Military or alternative civilian service  
 vi Period of granting unemployment benefits before commencement of the last employment
- [4] **Wage or reference period** - If the income details are not immediately available at the time of the request, the institution completing this document shall leave this part blank and submit the income details later, if required. Income time reference periods, counted from the end of last employment/insurance, backwards. Austria, Spain: last six month; Czech Republic: last employment; Estonia, Hungary, the Netherlands, Romania: last 12 months; Bulgaria: last 15 months; Germany, last 24 months; Slovakia, last three years; Poland: incomes from employment and self-employment that are not insurance periods; Cyprus, Malta, UK: no need to fill.
- [5] **Earnings for reference period** - Type of income. Austria, Belgium, Bulgaria, Hungary, the Netherlands, Poland: gross income; Estonia, Germany, Romania: gross income for each month (or monthly average); Slovakia: gross income for each month (or monthly average) and the average weekly hours; Czech Republic (monthly net average): net income. Cyprus, Malta, UK: no need to fill.

### 7. INSTITUTION COMPLETING THE FORM

7.1 Name

7.2 Street, N°

7.3 Town

7.4 Post code

7.5 Country code

7.6 Institution ID

7.7 Office fax N°

7.8 Office phone N°

7.9 E-mail

7.10 Date

7.11 Signature

STAMP