

Notifying department	Date	Personnel number / area of work
	Responsible officer	Telephone number
Last name	First name	Date of birth

Please check  or fill in as appropriate

**Landesamt für Besoldung und  
Versorgung Baden-Württemberg  
70730 Fellbach**

**Entsendung einer abhängig beschäftigten Person in einen anderen Mitgliedstaat<sup>1</sup>. - *Posting of Employees to Other Member States*<sup>1</sup>. Fragebogen für die Ausstellung einer „Bescheinigung über die anzuwendenden Rechtsvorschriften“ - *Questionnaire for Issuing a Statement of Applicable Legislation (A1 Form)* (Article 12 Section 1 Regulation (EC) No. 883/2004)**

**1. Information about employee**

1.1 Country of birth	Place of birth	Phone (optional)
Business e-mail address (optional)		
1.2 Only to be filled in if employee has <b>private</b> health insurance or is <b>marginally employed</b>		
Name of health insurance provider _____		
ZIP code/city: _____		

**2. Details regarding the employer in Germany**

2.1 Legal form:	
<input type="checkbox"/> Partnership or limited company (e.g. OHG, KG, GmbH, AG)	
<input type="checkbox"/> Public employer (e.g. federal government, state government, municipality or corporation, institution or foundation established under public law)	
<input type="checkbox"/> Other (e.g. e.V.)	
Please note: The Land of Baden-Württemberg is always a "public employer".	
2.2 The employer posting the employee belongs to the following industry sector: No.	<input type="text"/> <input type="text"/>
Please note: See explanation at the end of this form	

**3. Details regarding the employment in Germany**

Did the German legal provisions on social security apply to the posted employee for at least <b>one month</b> prior to the posting?
<input type="checkbox"/> yes
<input type="checkbox"/> no

**4. Details regarding the posting**

4.1 Member state to which the employee is posted	_____
Please note: The A1 form is only issued if the employee is posted to a member state <sup>1</sup> .	
4.2 Duration of posting from _____ until _____	
4.3 Only fill in if the job carried out abroad differs from the job carried out in Germany:	
Type of employment abroad	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (according to numbers 1 to 5 of the German task code ("Tätigkeitsschlüssel"))

<sup>1</sup> The term „member state“ refers to the EU countries, Iceland, Liechtenstein, Norway and Switzerland. In case of a posting to a non-member state, the relevant form issued by the DVKA (Deutsche Verbindungsstelle Krankenversicherung – Ausland, [www.dvka.de](http://www.dvka.de)) is to be used.

4.4 Employer during the posting:  
 Name \_\_\_\_\_  
 Street, house no.: \_\_\_\_\_  
 ZIP code, city: \_\_\_\_\_  
 or:  no fixed employer(s) during posting

4.5 Did the posted employee work in the country of employment during the two months preceding the current posting period?  
 no, continue with number 4.6  
 yes  
 if yes: The posted employee worked in the country of employment during the last two years as follows:  
 from \_\_\_\_\_ until \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_  
 from \_\_\_\_\_ until \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_  
 from \_\_\_\_\_ until \_\_\_\_\_  
 Please note: If there was an interruption of more than two months between the posting periods in the last two years, the previous posting periods will not be taken into consideration for the total period of 24 months.

4.6 Will the employee be transferred from the company to which he/she is posted to another company?  
 no  
 yes, please note: The A1 form will not be issued.

4.7 Will the posted employee replace another employee previously posted by the employer residing in Germany or another employer from Germany or another member state?  
 no, additional information is not required under number 4.7.  
 yes  
 if yes: The employee will replace the following posted person:  
 Sex:  male  female  diverse  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Originally planned posting period from \_\_\_\_\_ until \_\_\_\_\_  
 Actual posting period from \_\_\_\_\_ until \_\_\_\_\_  
 Reason of replacement:  illness  termination  employee turnover

**Declaration of the employer**

As employer of the aforementioned posted employee, we hereby declare that the information above is accurate.

We are aware that the responsible authorities both in Germany and in the country of employment carry out inspections and that any false statements in this form – even if by mistake – may lead to a withdrawal of the A1 form and consequently to an application of the legislation of the country of employment.

This also applies for previous periods.

We declare to inform the Landesamt für Besoldung und Versorgung immediately if

- the posting does not take place,
- the posting period in the country of employment is interrupted for more than two months or terminated earlier than planned,
- the employee works for or is transferred to another employer in the country of employment or
- the employee takes up additional employment in the country of employment.

\_\_\_\_\_  
 Date, signature of the employer

**Explanation:**

Regarding number 2.2

Entry possibilities for the industry sector:

No.	Industry sector
01	Agriculture or Silviculture, Fishing
02	Mining and Quarrying
03	Processing Industry
04	Energy Supply
05	Water Supply, Sewerage, Waste Management, Pollution Control
06	Construction
07	Wholesale or Retail Trade
08	Traffic (except Freight Transport by Road) and Warehousing
09	Traffic (Freight Transport by Road)
10	Hotel and Restaurant Industry, Gastronomy
11	Information and Communication
12	Financial Aid and Insurance Services
13	Real Estate
14	Freelance, Scientific and Technical Services
15	Other Economic Services (Except Provision and Posting of Labor)
16	Provision and Posting of Labor
17	Public Administration, Defense, Social Security
18	Education
19	Human Health and Social Work
20	Arts, Entertainment and Recreation
21	Other Services
22	Private Households

Indication due to statistical purposes for the Administrative Commission of the EC