



## SOCIAL SECURITY

April 24, 2017

Office of International Programs  
P.O. Box 17741  
Baltimore, Maryland 21235-7741

Refer to:

Dear

Thank you for your recent request for a certificate of coverage under the U.S. Social Security Agreement. Enclosed please find copies of the certificate(s) issued for the employee and the employer.

The employee is subject to U.S. Social Security and Medicare taxes and exempt from paying Social Security taxes in the other country during the period stated on the certificate. The U.S. employer must continue to report the employee's wages following the normal Internal Revenue Service (IRS) procedures. This is true even if the employer pays the wages locally in the other country or through a split payroll. You may contact the IRS if you have further questions on withholding Social Security taxes for employees who work in a foreign country.

Please keep a copy of the certificate at the employee's work location in the other country so that the employer can present it to the local tax authorities upon their request. If you have any questions, please contact

Sincerely,

Program Director  
for International Programs

Enclosure(s)

CERTIFICATE OF COVERAGE – ATTESTATION DE DETACHEMENT  
(U.S.-SWISS AGREEMENT ON SOCIAL SECURITY-ARTICLE 7.2)  
(CONVENTION DE SECURITE SOCIALE ENTRE LA SUISSE ET LES ETATS-UNIS D'AMERIQUE: ARTICLE 7.2)

<b>1. INFORMATION ABOUT THE WORKER-INFORMATION CONCERNANT LE TRAVAILLEUR</b>		
a. FULL NAME – NOM ET PRÉNOMS		
b. DATE OF BIRTH – DATE DE NAISSANCE	c. PLACE OF BIRTH – LIEU DE NAISSANCE <b>US</b>	
d. CITIZENSHIP – NATIONALITÉ <b>US</b>	e. SOCIAL SECURITY NUMBER – NO D'ASSURÉ	
<b>2. INFORMATION ABOUT THE EMPLOYER – INFORMATION CONCERNANT L'EMPLOYEUR</b>		
a. NAME OF EMPLOYER – NOM DE L'EMPLOYEUR	b. ADDRESS – ADRESSE	
<b>3. CERTIFICATION – ATTESTATION</b>		
<p>The above worker meets the conditions set forth in Article 7.2 of the Agreement and, with respect to retirement, survivors, and disability insurance, remains subject to</p> <p>Le travailleur susmentionné remplit les conditions énoncées à l'article 7.2, de la Convention et demeurera assujette à la législation en matière d'assurance-vieillesse, survivants et invalidité</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> the laws of the U.S. des Etats-Unis      <input type="checkbox"/> the Swiss laws Suisse         </p> <p>beginning/du <b>Jan. 1, 2017</b> and ending/au <b>Jan. 31, 2020</b> (5 years/ans max)</p>		
<b>4. If the worker is being transferred from the U.S.A. to Switzerland, please fill in numbers 4.a - 5.b Si le travailleur est détaché des U.S.A. en Suisse, remplir les rubriques 4.a à 5.b</b>		
a. NAME OF EMPLOYER IN SWITZERLAND NOM DE L'EMPLOYEUR EN SUISSE	b. ADDRESS – ADRESSE	
<b>5. COMPLETED BY – ATTESTÉ PAR LE</b>		
Social Security Administration		Administration de la Sécurité Sociale
a. SIGNATURE – SIGNATURE	b. DATE AND STAMP – DATE ET CACHET	
<b>6. If the worker is being transferred from Switzerland to the USA, please fill in numbers 6.a - 7.b Si le travailleur est détaché de Suisse aux USA, remplir les rubriques 6.a à 7.b</b>		
a. NAME OF EMPLOYER IN THE USA – NOM DE L'EMPLOYEUR AUX USA	b. ADDRESS – ADRESSE	
<b>7. COMPLETED BY – ATTESTÉ PAR LA</b>		
Compensation Fund for Old-Age and Survivors Insurance Caisse de compensation de l'assurance vieillesse et survivants		
a. NAME OF THE FUND – NOM DE LA CAISSE	b. SIGNATURE – SIGNATURE	c. DATE AND STAMP DATE ET CACHET