

Form
E 2*Employment for one employer in several Member States*

Type of communication	<input type="checkbox"/> Reporting of new employee	<input type="checkbox"/> Cancellation
Corresponding social security		
Employee Data		
Last name		
First name		
Country		
Postal code / City		
Address (Street, Number)		
Insurance number		
Date of birth		
Place of birth		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality		
Phone Number		
E-Mail Address		
Employer Data		
Employer Name		
Start		
Planned end		
Expatriation / employment is fixed –term	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee is employed at the employer since		
Job description – type of work		



Employee is part of a flight or cabine crew	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee is working for employer in Austria as well	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee is performing at least 25% of his work in Austria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State of work 1		
State of work 2		
State of work 3		
State of work 4		
State of work 5		

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