

U1



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

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

### INFORMATION FOR THE holder

This document is for an unemployed person who claims unemployment benefits in a Member State and who was previously insured or worked in another Member State. Where appropriate, it is issued by the latter Member State. You should submit it to the employment service or the insurance fund in the country where you claim. The Member State where the claim is made will take into account, to the extent necessary, the periods shown in this certificate.

#### 1. personal details of the holder

1.1 Personal Identification Number 2212286GA ☒ Female ☐ Male

1.2 Surname Bilbao Ascasibar

1.3 Forenames HELENA

1.4 Surname at birth (\*\*)

1.5 Date of birth 27/08/1996

1.6 Nationality SPAIN

1.7 Place of birth

1.8 Current address in the State issuing the certificate

1.8.1 Street, N°

1.8.3 Post code

1.8.2 Town

1.8.4 Country code

#### 2. The holder has completed the following periods<sup>(1)</sup>:

##### 2.1 Periods of insurance and periods treated as such

2.1.1 Insured employment	From 01/11/2019	to 17/01/2020
	From 20/01/2020	to 31/03/2020
	From	to
	From	to
	From	to
	From	to
2.1.2 Insured self employment	From	to
	From	to
	From	to
	From	to
	From	to
	From	to

(\*) Regulations (EC) No 883/2004, articles 61 and 62, and 987/2009 article 54 (1 and 2).

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

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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** Department of Social Protection

**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



## 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 01/01/2020	to 31/03/2020	Wage <sup>4</sup> €1809P/M
From 01/11/2019	to 31/12/2019	Wage <sup>4</sup> €1814P/M
From	to	Wage <sup>4</sup> €P/M

##### 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 checked="" 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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### 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 EU Records, Dept. Of Social Protection

7.2 Street, N° McCarter's Road,

7.3 Town Buncrana, Co. Donegal

7.4 Post code

7.5 Country code IE

7.6 Institution ID IESW003

7.7 Office fax N° +353 749364540

7.8 Office phone N° +353 1 4715898

7.9 E-mail EUGeneralQueries@welfare.ie

7.10 Date 07/12/2020

7.11 Signature Sammy Greene

Department of Employment Affairs  
& Social Protection  
EU Records  
McCarter's Road  
Buncrana  
Co. Donegal

*P.P.*  
*13/01/2021*  
*John Ward*  
*John Ward*

Stamp

## the magic roundabout

2 Eden Road Upr.,  
Glenageary,  
Co. Dublin

☎ 01-2843647  
✉ 01-2843647



18/03/2021

Re: Helena Bilbao Askasibar

To whom it may concern,

Helena worked with us here at The Magic Roundabout (Private Creche) in Dublin from 01/10/2019 until 17/01/2020.

She worked on a Fulltime basis.

Should you require any further information I can be contacted at the above number.

Kind regards

Colette Doyle.

THE MAGIC ROUNDABOUT

MONTESORI NURSERY

TELEPHONE: 2843647