Application for increased child allowa

It is a one-time allowance for a child who started the 1st year of primary school fo time.

Complete the details in the application in block letters and mark the corresponding information as follows \boxtimes

A Data o	n the applicant			
Surname	Nam e	Marital status 1)		
Date of birth	ID number (identification	Nationality		
	number)	,		
Perman	ent address in Slovakia ²⁾ Temporary address in	Slovakia ²⁾		
Street		number		
Postal code	City	Phone number		
Temporary I	residence fro to	Hamber		
permitted	m			
Permanent : Street	address (residence) in EU member state	number		
Postal	2':	Phone		
code	City	number		
State				
B The ap	plicant is			
1. 🗌 a	parent of a dependent child			
2. 🗌 a	parent to whom a child was entrusted in personal care base	ed on a court decision		
	3. a person to whom a dependent child is entrusted with care replacing parental care, on the basis of a valid court decision			
C Social	status of the applicant 3)			
1. 🗌 e	mployee			
2. 🗌 s	elf-employed person			
3. 🗌 е	mployee and self-employed person			
4.	ension recipient			
5. unemployment benefit recipient				
6. unemployed				
	tudent			
8.	tateless person			
9. 🗌 re	efugee			
10. 🗌 o	ther specify			

The child started the 1st year of primary school for the first time	indicate the date

E		Data on dependent children for whom increased child allowance is claimed					
		1.	2.	3.	4.	5.	6.
Name a	and surname						
Date	e of birth						
Per	rsonal ID						
Perman	nent address						
Tempora	ary address ²⁾						
Attend (address, re	ding school egistered office)						
	nip between the the applicant ⁴⁾						

F Method of payment 5)		
To bank account in Slovakia	Account number	Bank code
	IBAN	
If the account is not specified, the in Slovakia/temporary residence		sh to the address of permanent residence
*cross out as appropriate		
G Second entitled person is 1. a parent of a dependent 2. a person to whom a dependent court decision	child	placing parental care, on the basis of a valid
— court decision		
H Data on the second entitle	ed person	
Surname	Nam e	Marital status 1)
Date of birth	ID number (identification number)	Nationality
Permanent address in Sloval	kia ²⁾ Temporary add	ress in Slovakia ²⁾
Street		number
Postal City	/	Phone number
Permanent address (residence) i	in EU member state	
Permanent address (residence) i Street	in EU member state	number
		number Phone number

I Social status of the second entitled person 3)			
1. employee			
2. self-employed person			
3. employee and self-employed person			
4. pension recipient			
5. unemployment benefit recipient			
6. unemployed			
7. adult dependent child			
8. stateless person			
9. refugee			
10. other specify			
I declare that we do not stay \(\square\) / stay \(\square\) with the dependent child/children in a state that is not a member state of the European Union, a contracting party to the Agreement on the European Economic Area or the Swiss Confederation, and that during the stay in this state I have mandatory public health insurance in the Slevely Republic.			
state of the European Union, a contracting party to the Agreement on the European Economic Area or the Swiss Confederation, and that during the stay in this state I have mandatory public health insurance in the Slovak Republic. I declare that no other natural person has claimed the right to increased child allowance for the child children listed in part E of the application, that all the information in this application are true and that I will notify the Office of Labour, Social Affairs and Family in writing or by electronic means with guaranteed electronic signature within 8 days of any change or decisive facts that affect the creation of the right, the duration of the			
right and the payment of the child allowance in accordance with the provisions of Section 14 (1) of Act No. 600/2003 Coll. on child allowance and on amendments to Act No. 461/2003 Coll. on social insurance, as amended. I am aware that I am obliged to return the wrongly received amount of child allowance.			
Information for the applicant The Office of Labour, Social Affairs and Family - ID No. 30794536 - processes your personal data (including personal data of jointly assessed persons) pursuant to Act No. 600/2003 Coll. on child allowance and on amendments to Act No. 461/2003 Coll. on social status, as amended, and further provides the above personal data to public authorities. In case of any doubts, problems, questions related to the protection of personal data, you can contact the email address: ochranaosobnychudajov@upsvr.gov.sk.			
Date Signature of the applicant			
K Data correctness checked against the original copy by			
Surname Name			

Date of check		Signature of the employee	
	-		

Numerical reference to filling out the application

- 1) e.g.: married, single, divorced, widowed
- 2) the relevant type of stay in the Slovak Republic mark according to the example, while temporary stay applies only to foreigners
- 3) in table C and I, list all social statuses that apply to the applicant, or that apply to the second entitled person (e.g. employee and pension recipient, employee and material need benefit recipient, etc.); also enter the relevant state in the box, including Slovakia
- 4) indicate the relationship between the child and the applicant with the appropriate letters:
 - A. own child without being entrusted by the court to one of the parents
 - B. own child entrusted to the applicant by court decision
 - C. a child entrusted to the applicant for care replacing parental care by a valid court decision (in the cases listed under letters B and C, indicate the date of custody given in the court decision on custody of the child)
- 5) to a bank account or to an account in a branch of a foreign bank in the Slovak Republic

For the purpose of comparing the data provided in the application, the applicant shall submit:

- > ID card (identification card) of the applicant, or travel document,
- travel document and document on the permit for permanent or temporary residence in the territory of the Slovak Republic of the applicant – foreigner,
- travel document and card of a foreign Slovak (foreign Slovak)

The applicant shall attach the following documents and confirmations to the application

- confirmation from the health insurance company about mandatory public health insurance in the Slovak Republic, in case the applicant and the dependent child stay in a state that is not a member state of the European Union, a contracting party to the Agreement on the European Economic Area or the Swiss Confederation (section J),
- > according to the request of the Office of Labour, Social Affairs and Family, additional documents for the purpose of paying benefits within the EU,
- ➤ If the court has legally decided to entrust the child to the care replacing the parents' care, or has decided to entrust the child to the care of one of the parents, the applicant shall provide the following data from the last court decision:

ECLI code (indicated in the court decision):	<u>OR</u>
File number of the court decision:,Date of the court decision	
Name of the court:	
Based on the above, the applicant shall not submit a copy of the court deci	sion

Advice

Obligations of the entitled person for child allowance and supplemental allowance (the "allowance")

According to Section 14 (1) of Act No. 600/2003 Coll. on child allowance and on amendments to Act No. 461/2003 Coll. on social insurance as amended (hereinafter referred to as the "Child Allowance Act"), the entitled person is obliged to:

- a) demonstrate decisive facts that affect the right to increased allowance and its payment;b) ensure the use of an increased allowance for partial payment of school needs for the purpose of supporting the fulfilment of the school duties of a dependent child.

Done at dated	
	Signature of the applicant