|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | Application for child benefits |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Fill in the application in capital letters and mark the corresponding details according to this template [x]  |  |  |  |  |
| **A** | Details of the applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  | Marital status 1) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
|  |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Permanent address in Slovakia 2) |  | [ ]  Address of temporary residence in Slovakia 2) |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Temporary residence permitted |  |  | **from** |  |  | **to** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Permanent address (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B** | The applicant is |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | the parent of a dependent child |
|  | 2. | [ ]  | a parent entrusted with the personal care of a child based on a court decision |  |
|  | 3. | [ ]  | a person entrusted with the foster care of a dependent child based on a final court decision |
|  | 4. | [ ]  | a dependent adult child with no parents |  |
|  | 5. | [ ]  | a dependent child adult who has a maintenance obligation from their parents |  |
|  | 6. | [ ]  | a dependent adult child who was entrusted to foster care until the age of maturity |
|  | 7. | [ ]  | a dependent adult child who is married or divorced |  |
|  | 8. | [ ]  | a minor parent awarded parental rights and obligations |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **C** | ***Applicant’s social status*** 3) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | an employee  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | a self-employed person  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | [ ]  | an employee and self-employed person  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. | [ ]  | a pensioner |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. | [ ]  | a beneficiary of unemployment benefits |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. | [ ]  | unemployed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7. | [ ]  | a student |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8. | [ ]  | a stateless person |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9. | [ ]  | a refugee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. | [ ]  | other |  | please specify |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   | ***I am entitled to child benefits from*** |  |       | enter date |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The numerical references can be found on page 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E** | ***Details of dependent children claimed for child benefits*** |  |  |
|  |  |  |  |
|  | **1.** | **2.** | **3.** | **4.** | **5.** | **6.** |  |
|  |  |  |  |  |  |  |  |
| Name and surname |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Date of birth |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Personal identification number |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Address of permanent residence |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Address of temporary residence2) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| School attended(address, seat) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Relationship of child to the applicant4) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Child with chronic health condition5) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The numerical references can be found on page 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **F** | ***Method of payment*** 6) |
|  |
|  | Into a bank account in Slovakia | Account number |  |  |  |  |  |  |  |  |  |  | Bank code |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | IBAN |  |  |
|  | In the absence of an account, the allowance will be paid/will be paid in cash to the address of permanent residencein Slovakia/temporary residence in Slovakia\*.\*delete as appropriate |  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **G** | The other entitled person is |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | the parent of a dependent child  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | a person to whom a dependent child is entrusted for foster care by a final court ruling |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
| **H** | Details of the other entitled person |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  | Marital status 1) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Permanent address in Slovakia 2) |  | [ ]  Temporary residence address in Slovakia Social status of the other entitled person |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Permanent address (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I** | ***Social status of the other entitled person*** 3) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | an employee  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | a self-employed person  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | [ ]  | an employee and self-employed person  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. | [ ]  | a pensioner |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. | [ ]  | a beneficiary of unemployment benefits  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. | [ ]  | unemployed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7. | [ ]  | a dependent child of age |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8. | [ ]  | a stateless person |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9. | [ ]  | a refugee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. | [ ]  | other |  | please specify |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **J** | Statement by the applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I declare that we are not residing **[ ]**  / residing **[ ]**  with a dependent child/dependent children in a State which is not a Member State of the European Union, a party to the Agreement on the European Economic Area or the Swiss Confederation and I am compulsorily insured for public health in the Slovak Republic during my stay in that State.I declare that no other person has claimed child benefits for the children listed to in Part E of the application, that all the details in this application are true and that any change or substantial facts affecting entitlement, the duration of the entitlement and the payment of child benefits in writing or by electronic means with a guaranteed electronic signature will be communicated within 8 days to the Labour, Social Affairs and Family Office pursuant to Section 14(1) of Act No 600/2003 on child benefits and amending Act No 461/2003 on social insurance, as amended.I am aware that I am obliged to repay any amount of child benefits that is received incorrectly.**Information for the applicant**The Office for Labour, Social Affairs and the Family – organisation reg. No 30794536 – processes your personal data (including the personal data of jointly assessed persons) within the meaning of Act No 600/2003 on child benefits and amending Act No 461/2003 on social insurance, as amended, and further provides those personal data to public authorities. In the event of any ambiguity, problems or questions related to the protection of personal data, please send an e-mail to the following address:**ochranaosobnychudajov@upsvr.gov.sk****.** |  |
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| **K** | ***Accuracy of the data compared with the original*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Surname |  |  | Name |  |  |  |  |  |
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|  |  | Date of comparison |  | Staff member’s signature |  |  |
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| **L** | ***To be filled in by the Office of Labour, Social Affairs and the Family — last payer of child benefits*** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | The Office |  |  | certifies that it has paid the entitled person |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | name |  | surname |  | personal identification number |  |  |
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|  | last on |  |  | Total of child benefits |  | EUR  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | Stamp |  |  |  |  |  |  | Staff member’s signature |  |  |
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|  | Numerical references for completing the application |  |
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|  | 1. for example: married, single, divorced, widow/widower
2. please indicate the relevant type of residence in Slovakia according to the model, while temporary residence only applies to non-nationals
3. list in Tables C and I all the social statuses that relate to the entitled person/second entitled person (e.g. the employee and pensioner, employee and beneficiary of material distress benefits, etc.); indicate the relevant state in the box, including Slovakia
4. indicate the relationship of the child to the applicant with the appropriate letters:
	1. own child not entrusted by court into the care of one of the parents
	2. own child entrusted into the care of the applicant by a court decision
	3. child entrusted into the applicant’s foster care by a final court decision

*(in the cases referred to in B and C, indicate the date of entrustment into care indicated in the court’s entrustment decision)** 1. the applicant is a dependent adult child.
1. the applicant shall enter ‘yes’ if they have a child with a chronic medical condition who, after the end of compulsory school attendance, is unable to systematically prepare for an occupation by study or engage in gainful employment
2. into an account with a bank or an account with a branch of a foreign bank in the territory of the Slovak Republic
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | For the purposes of comparison of the data contained in the application, the applicant is required to submit |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | * the applicant’s identity card (ID card) or travel document;
* a travel document and permit for permanent or temporary residence in the territory of the Slovak Republic of non-national applicant;
* a travel document and ID card of a Slovak living abroad;

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| **The applicant will provide supporting documents and certificates with the application** |

* a final court decision granting parental rights and obligations in relation to personal care of a child, if the entitled person is a minor mother;
* a final court decision on entrustment of a child into foster care, or a court decision entrusting a child to the care of one of the parents (original and photocopy);
* a certificate from the attending doctor concerning illnesses or injuries of the child preventing the child from systematically preparing for a future occupation by study or engaging in gainful employment;
* a report on the child’s chronic medical condition issued by the competent Office of Labour, Social Affairs and the Family (information available on the Office’s IS);
* certificate from a health insurance company concerning compulsory public health insurance in the Slovak Republic if the applicant and the dependent child reside in a State which is not a Member State of the European Union, a party to the Agreement on the European Economic Area or the Swiss Confederation (Part J);
* as required by the Office of Labour, Social Affairs and the Family, supporting documents for the payment of benefits within the EU;

**Proof of the provision of childcare after the age of three:*** notice of care of a child for the purposes of child benefits (concerns only dependent children who have reached the age of three years);

**Proof of the child’s dependency:*** primary school certificate of completion of compulsory school attendance if the child continues to attend after reaching 16 years of age (e.g. pupils with a medical disability) for each school year until its end;
* a certificate from a secondary or higher education institution attesting to the systematic preparation of the child for an occupation by full-time studies **when studying abroad** is valid for a child **who has completed compulsory school attendance**;
* decision on the equivalence of studies (decision by the MoED SR, Centre for Recognition of Qualifications) – applies **in the case of studies abroad**;
* official translation of the certificate of the child’s specific studies abroad (only valid for proof in the first year of study and, in addition, only for changes in the study programme at another higher education institution abroad).
 |  |

**Advice**

**Obligations of the person entitled person to child benefits and a supplement to the benefits**

**(hereinafter ‘benefits’)**

Under Section 14(1) of Act No 600/2003 on child benefits and amending Act No 461/2003 on social insurance, as amended (hereinafter ‘the Child Benefits Act’), the entitled person is obliged to:

1. prove decisive facts affecting entitlement to the benefits, the duration of the entitlement and its payment;
2. report in writing changes in facts relevant to the entitlement to the benefits and its payment within 8 days, or submit a notification of such changes electronically, signed with an advanced electronic signature within 8 days;
3. ensure the use of the benefits for the upbringing and maintenance of the dependent child.

Under Section 14(2) of the Child Benefits Act, the entitled person is required, after the dependent child reaches three years of age, to notify the payer, in writing or by electronic means with an advanced electronic signature, of how and where the care of that dependent child will be provided until the start of the compulsory school attendance, for the duration of the entitlement to the benefits; that is not the case where the care of the dependent child is provided by the parent of the dependent child or by the person to whom the dependent child is entrusted for foster care on the basis of a court decision and if that person receives maternity or parental benefits.

Done at ................................................... on ................................. ..........................................................

Applicant’s signature