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|  | | Adresse des ständigen Aufenthalts (Wohnorts) in einem EU-Mitgliedsstaat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
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| **B** | | | | | | | | | | | | | ***Soziale Stellung der Antragstellerin / des Antragstellers*** 3) (im Feld auch den betreffenden Staat einschließlich der Slowakei angeben) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | 1. | | | | | | | |  | | | | | | | Arbeitnehmer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 2. | | | | | | | |  | | | | | | | selbständig erwerbstätige Person 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 3. | | | | | | | |  | | | | | | | Pensionsbezieher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 4. | | | | | | | |  | | | | | | | Bezieher von Arbeitslosengeld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **seit** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 5. | | | | | | | |  | | | | | | | Arbeitslos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **seit** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
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|  | | | | | | 6. | | | | | | | |  | | | | | | | Andere angeben welche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **C** | | | | | | | | | | | ***Angaben zur anderen anspruchsberechtigten Person*** *(zum anderen Elternteil bzw. dem Ehepartner des Elternteils)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |
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|  | | 2. | | | | | | | |  | | | | | | | | | selbständig Erwerbstätiger 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | 3. | | | | | | | |  | | | | | | | | | Pensionsbezieher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | 4. | | | | | | | |  | | | | | | | | | Bezieher von Arbeitslosengeld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **seit** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **E** | | | | | | | | | | ***Beziehung der Antragstellerin / des Antragstellers zum Kind / zu den gleichzeitig geborenen Kindern*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | |
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|  | | |  | | | | |  | | | | | | | | | Ehemann / Ehefrau des Elternteils, der kein leiblicher Elternteil des Kindes ist und mit dem Elternteil des Kindes in einem Haushalt lebt 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Das Kind wurde aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | Das Kind ist in der medizinischen Betreuung des Kinderarztes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
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|  | | | **Der Gesundheitszustand des Kindes ist langfristig ungünstig, nach dem Gutachten vom** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
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| **G** | | ***Zahlungsweise*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Auf ein Bankkonto in der Slowakischen Republik | | | Kontonummer | | |  | |  | |  | |  |  |  | |  |  |  |  | Bankleitzahl |  |  |  |  |  |
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|  | Wird kein Konto aufgeführt, wird die Summe bar an die Adresse des ständigen Aufenthalts  / des vorübergehenden Aufenthalts in der Slowakischen Republik ausgezahlt / ausgezahlt werden\*.  \*Unzutreffendes streichen | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **H** | | ***Erklärung der Antragstellerin / des Antragstellers*** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Ich erkläre, dass wir uns mit dem/den unterhaltsberechtigten Kind(ern) nicht in einem Staat aufhalten  / in einem Staat aufhalten, der kein EU-Mitgliedsstaat, kein Vertragsstaat des Abkommens über den Europäischen Wirtschaftsraum oder nicht die Schweizerische Eidgenossenschaft ist, und dass ich während meines Aufenthalts in diesem Staat die obligatorische öffentliche Krankenversicherung in der Slowakischen Republik habe.  Ich erkläre, dass ein anderes Kind, das vor dem Kind geboren wurde, für welches ich Elterngeld beanspruche, aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut wurde / nicht anvertraut wurde .  Ich erkläre, dass alle Angaben in diesem Antrag der Wahrheit entsprechen und ich dem Zahler des Elterngelds spätestens innerhalb von 8 Tagen jede Änderung schriftlich mitteile, die den Anspruch auf Elterngeld, seine Höhe und seine Auszahlung betrifft (insbesondere die Erwerbstätigkeit eines Elternteils in einem EU-Mitgliedsstaat).  Es ist mir bewusst, dass ich verpflichtet bin, den zu Unrecht erhaltenen Betrag des Elterngelds zurück zu erstatten.  Gemäß § 11 des Gesetzes Nr. 571/2009 Slg., zum Elterngeld und zur Änderung und Ergänzung einiger Gesetze, in der jeweils geltenden Fassung ermögliche ich dem Elterngeldzahler die Wohnung zu besuchen und erteile Auskünfte und Erläuterungen zu den Anspruchsvoraussetzungen, um die in diesem Antrag genannten Tatsachen, die für den Anspruch auf Elterngeld, seine Höhe und seine Zahlung relevant sind, überprüfen zu lassen.  **Information für den Antragsteller**  Das Amt für Arbeit, Soziales und Familie – IdNr. 30794536 – verarbeitet Ihre personenbezogenen Daten (einschließlich der personenbezogenen Daten der gemeinsam beurteilten Personen) im Sinne des Gesetzes Nr. 571/2009 Slg., über das Elterngeld und über die Änderung und Ergänzung einiger Gesetze in der geänderten Fassung, und leitet die genannten personenbezogenen Daten an öffentliche Behörden weiter. Bei Unklarheiten, Problemen, Fragen, die mit dem Schutz personenbezogener Daten zusammenhängen, können Sie sich an die folgende E-Mail-Adresse wenden: [ochranaosobnychudajov@upsvr.gov.sk](mailto:ochranaosobnychudajov@upsvr.gov.sk). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | In |  | | | | | | | | | | | | , den | | |  | | | | | | | |  |  |  |  | Unterschrift des Antragstellers | | | | | | | | | |  |
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|  | 1. **Nummerierte Anmerkungen zur Ausfüllung des Antrags auf Elterngeld** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. z. B. verheiratet, ledig, geschieden, Witwe/Witwer   Wenn das Elterngeld vom Ehemann / von der Ehefrau des Elternteils des Kindes beantragt wird, der kein leiblicher Elternteil  des Kindes ist und der mit dem Elternteil des Kindes in einem Haushalt lebt, ist diese Tatsache mit dem Trauschein nachzuweisen.   1. entsprechende Art des Aufenthalts in der Slowakischen Republik gemäß dem Muster markieren, wobei der vorübergehende Aufenthalt nur für Ausländer gültig ist 2. in der Tabelle B und D sind soziale Stellungen anzugeben, die Sie bzw. die andere anspruchsberechtigte Person betreffen; in der Zeile Nr. 4 der Tabelle B und D das Datum angeben (in der Form Tag, Monat, Jahr), seit dem Sie das Arbeitslosengeld und in welchem Staat, einschließlich der Slowakei, beziehen; in die Zeile Nr. 5 der Tabelle B und D das Datum angeben (in der Form Tag, Monat, Jahr), seit dem Sie arbeitslos sind 3. z. B. Unternehmen in der landwirtschaftlichen Produktion, in der Forst- und Wasserwirtschaft, Gewerbe, auf Grundlage einer anderen als der Gewerbeberechtigung ausgeübtes Unternehmen (nach dem Gesetz über Wirtschaftsanwaltsordnung, Steuerberaterordnung, Notariatsordnung), Gesellschafter einer offenen Handelsgesellschaft, Geschäftsführer einer Gesellschaft, Person, die einem Schwerbehinderten persönliche Hilfe leistet, Sachverständiger, Dolmetscher ... . 4. Daten über gleichzeitig geborene Kinder, die in zweiter, dritter, vierter usw. Reihenfolge geboren wurden, sind im separaten Abschnitt F auszufüllen (z. B. F2 – zweites gleichzeitig geborenes Kind, F3 – drittes gleichzeitig geborenes Kind). Adresse der anderen gleichzeitig geborenen Kinder nur ausfüllen, wenn sie von der Adresse des ersten Kindes abweicht. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 1. **Zum Antrag auf Elterngeld hat der Antragsteller zum Zwecke des Vergleichs der in diesem Antrag gemachten Angaben vorzulegen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * Personalausweis (Identitätskarte) des Antragstellers * Reisepass und Nachweis der ständigen oder befristeten Aufenthaltserlaubnis auf dem Gebiet der Slowakischen Republik des Antragstellers – Ausländers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | 1. **Der Antragsteller hat dem Antrag folgende Dokumente und Bescheinigungen beizufügen** |  |
|  | * Geburtsurkunde des Kindes / der Kinder (Original und Kopie), nur in dem Fall, wenn das Kind außerhalb des Gebiets der Slowakischen Republik geboren wurde und die Geburtsurkunde nicht ausgestellt ist, legt der Antragsteller eine amtlich beglaubigte Übersetzung des Dokuments über die Geburt des Kindes vor (dies gilt nicht, wenn das Kind in der Tschechischen Republik geboren wurde) * eine rechtskräftige gerichtliche Entscheidung über die Zuerkennung von elterlichen Rechten und Pflichten in Bezug auf die persönliche Sorge für das Kind, wenn die berechtigte Person eine minderjährige Mutter ist (Original und Kopie), * eine rechtskräftige gerichtliche Entscheidung, mit der das Kind in die elterliche Sorge ersetzende Obhut anvertraut wird (Original und Kopie), * eine Bestätigung des Anspruchs auf Mutterschaftsgeld für ein Kind, für das der Antragsteller Elterngeld beansprucht, ist nur erforderlich, wenn der Anspruch auf Mutterschaftsgeld im Ausland entstand und gezahlt wurde oder wenn das Mutterschaftsgeld in der Slowakischen Republik vom Innenministerium der Slowakischen Republik oder Verteidigungsministerium der Slowakischen Republik gezahlt wurde Im Falle des Anspruchs auf Mutterschaftsgeld, der in der Slowakischen Republik entstand und von der Sozialversicherung gezahlt wurde, ist die Bestätigung nicht erforderlich (das Amt holt die Bestätigung per elektronische Kommunikation mit der Sozialversicherungsanstalt ein).   ***Bemerkung:***  *Wird ein Nachweis über den Bezug des Mutterschaftsgelds oder eine ähnliche Leistung aus dem Ausland vorgelegt, ist die amtlich beglaubigte*  *Übersetzung des Dokuments erforderlich.* |  |
|  | * Trauschein, wenn des Elterngeld vom Ehemann / von der Ehefrau des Elternteils des Kindes beantragt wird, der kein leiblicher Elternteil ist und mit dem Elternteil des Kindes in einem Haushalt lebt (Original und Kopie), |  |

* Bestätigung der Krankenkasse über obligatorische öffentliche Krankenversicherung in der Slowakischen Republik, wenn sich der Antragsteller und das unterhaltsberechtigte Kind in einem Staat aufhalten, der kein EU-Mitgliedsstaat, keine Partei des Abkommens über den Europäischen Wirtschaftsraum oder nicht die Schweizerische Eidgenossenschaft (Teil H) ist.

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| **F...** | | ***Angaben zu einem gleichzeitig geborenen Kind*** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Geburtsdatum | | | | | | | | | | |  | Geburtsnummer (Identifikationsnummer) | | | | | | | | | | | |  | Staatsangehörigkeit | | | | | | | | | | | | |  |
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|  | Adresse des ständigen Aufenthalts in der Slowakischen Republik 2) | | | | | | | | | | | | |  | Adresse des vorübergehenden Aufenthalts in der Slowakischen Republik 2) | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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|  | **Das Kind wurde aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Das Kind ist in der medizinischen Betreuung des Kinderarztes | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Name und Adresse der Gesundheitseinrichtung | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Der Gesundheitszustand des Kindes ist langfristig ungünstig, nach dem Gutachten vom** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |  |  |  |  |
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