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|  | | | | | | Štát | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **B** | | | | | | | | | | | | | | ***Sociálne postavenie žiadateľky/žiadateľa*** 3) (*do rámčeka uveďte aj príslušný štát, vrátane Slovenska)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | 3. | | | | | | | |  | | | | | | | samostatne zárobkovo činná osoba 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | | 5. | | | | | | | |  | | | | | | | poberateľ dávky v nezamestnanosti | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **od** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | 2. | | | | | | |  | | | | | | | | zamestnanec MV SR alebo  MO SR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | 3. | | | | | | |  | | | | | | | | samostatne zárobkovo činná osoba 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | | | | 4. | | | | | | |  | | | | | | | | poberateľ dôchodku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | | | | 5. | | | | | | |  | | | | | | | | poberateľ dávky v nezamestnanosti | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **od** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | | | | | 6. | | | | | | |  | | | | | | | | nezamestnaný | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **od** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
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|  | | | | | 7. | | | | | | |  | | | | | | | | Iné uveďte aké | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **G** | | ***Spôsob výplaty*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | V prípade neuvedenia účtu sa príspevok vyplatí/bude vyplácať v hotovosti na adresu trvalého pobytu  v  SR/prechodného pobytu v SR\*.  \*nehodiace sa prečiarknuť | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **H** | | ***Vyhlásenie žiadateľky/žiadateľa*** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vyhlasujem, že sa s nezaopatreným dieťaťom/deťmi nezdržiavame  / zdržiavame  v štáte, ktorý nie je členským štátom Európskej únie, zmluvnou stranou Dohody o Európskom hospodárskom priestore alebo Švajčiarskou konfederáciou a počas pobytu v tomto štáte som povinne verejne zdravotne poistený v Slovenskej republike.  Vyhlasujem, že ďalšie dieťa narodené pred dieťaťom, na ktoré si uplatňujem nárok na rodičovský príspevok  bolo /  nebolo zverené do starostlivosti nahrádzajúcej starostlivosť rodičov na základe rozhodnutia súdu.  Vyhlasujem, že dieťa nebolo prijaté do inej štátnej materskej školy.  V prípade prijatia dieťaťa do štátnej materskej školy, túto skutočnosť som povinný oznámiť v zmysle § 9 zákona č. 571/2009 Z.z. o rodičovskom príspevku – v lehote do 8 dní.  Vyhlasujem, že všetky údaje v tejto žiadosti sú pravdivé a každú zmenu, ktorá má vplyv na nárok na rodičovský príspevok, na jeho výšku a na jeho výplatu (najmä výkon zárobkovej činnosti jedného z rodičov v členskom štáte EÚ) písomne najneskôr do 8 dní oznámim platiteľovi rodičovského príspevku.  **Uvedomujem si, že neprávom prijatú sumu rodičovského príspevku som povinná(ý) vrátiť.**  V zmysle § 11 zákona č. 571/2009 Z. z. o rodičovskom príspevku a o zmene a doplnení niektorých zákonov v znení neskorších predpisov, platiteľovi rodičovského príspevku umožním návštevu v byte a poskytnutie informácií a vysvetlení súvisiacich s podmienkami trvania nároku za účelom overenia skutočností uvedených v tejto žiadosti, rozhodujúcich pre nárok na rodičovský príspevok, na jeho výšku a na jeho výplatu.  **Informácia pre žiadateľa**  Úrad práce, sociálnych vecí a rodiny - IČO 30794536 - spracúva Vaše osobné údaje (vrátane osobných údajov spoločne posudzovaných osôb) v zmysle zákona č. 571/2009 Z. z. o rodičovskom príspevku a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci. V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | V |  | | | | | | | | | | | | dňa | | |  | | | | | | | |  |  |  |  | Podpis žiadateľa | | | | | | | | | |  |
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| **CH** | | | | | | | | ***Správnosť údajov zamestnanec porovnal*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  |
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|  | **I. Číselné odkazy k vyplňovaniu žiadosti o rodičovský príspevok** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. napr.: vydatá / ženatý, slobodná / slobodný, rozvedená / rozvedený, vdova / vdovec.   **Ak si nárok na rodičovský príspevok uplatňuje manžel/manželka rodiča dieťaťa, ktorý nie je biologickým rodičom**  **dieťaťa a ktorý žije s rodičom dieťaťa v domácnosti, túto skutočnosť preukazuje sobášnym listom.**   1. príslušný druh pobytu v SR označte podľa vzoru, pričom prechodný pobyt platí len pre cudzincov 2. v tabuľke B a D uveďte sociálne postavenia, ktoré sa na Vás, resp. na druhú oprávnenú osobu vzťahujú; do riadku č. 4. v tabuľke B a D uveďte dátum (v tvare deň, mesiac, rok), odkedy poberáte dávku v nezamestnanosti a z ktorého štátu, vrátane Slovenska; do riadku č. 5. v tabuľke B a  D uveďte dátum (v tvare deň, mesiac, rok), odkedy ste nezamestnaná /ý 3. napr. podnikanie v poľnohospodárskej výrobe, lesnom a vodnom hospodárstve, živnosť, podnikanie vykonávané na základe iného ako živnostenského oprávnenia (podľa zákona o komerčných právnikoch, zákona o daňových poradcoch, zákona o notároch), spoločník verejnej obchodnej spoločnosti, konateľ spoločnosti, osoba vykonávajúca osobnú asistenciu občanovi s ťažkým zdravotným postihnutím, znalec, tlmočník, ... . 4. Údaje o súčasne narodených deťoch, ktoré sa narodili v poradí ako druhé, tretie, štvrté atď., sa vyplnia v samostatnej časti F (napr. F2 – druhé súčasne narodené dieťa, F3 – tretie súčasne narodené dieťa). Adresu ostatných súčasne narodených detí vyplniť iba v prípade, že je odlišná ako adresa prvého dieťaťa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **II. K žiadosti o rodičovský príspevok žiadateľ za účelom porovnania údajov uvedených v tejto žiadosti predloží** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * občiansky preukaz (identifikačná karta) žiadateľa * cestovný doklad a doklad o povolení na trvalý alebo prechodný pobyt na území Slovenskej republiky žiadateľa – cudzinca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | **III. Žiadateľ doloží k žiadosti doklady a potvrdenia** |  |
|  | * rodný list dieťaťa/detí (originál a fotokópiu**), iba v prípade, ak sa dieťa narodilo mimo územia SR** a nie je vydaný RL dieťaťa osobitnou matrikou, žiadateľ predloží úradný preklad dokladu o narodení dieťaťa (to neplatí, ak sa dieťa narodilo v Českej republike) * potvrdenie o nároku na materské na dieťa, na ktoré si žiadateľ uplatňuje nárok na rodičovský príspevok sa vyžaduje len v prípade nároku na materské, ktoré vzniklo a bolo vyplácané v cudzine alebo ak materské vyplácali v SR silové zložky (MV SR alebo MO SR). V prípade nároku na materské, ktoré vzniklo a bolo vyplácané v SR sociálnou poisťovňou sa potvrdenie nevyžaduje (úrad potvrdenie vyžiada prostredníctvom elektronickej komunikácie so sociálnou poisťovňou).   ***Poznámka****:*  *V prípade predloženia dokladu o poberaní materského z cudziny alebo obdobnej dávky z cudziny sa vyžaduje jeho úradný*  *preklad.* |  |

* potvrdenie zdravotnej poisťovne o povinnom verejnom zdravotnom poistení v SR, ak sa žiadateľ a nezaopatrené dieťa

zdržiavajú v štáte, ktorý nie je členským štátom EÚ, zmluvnou stranou Dohody o Európskom hospodárskom priestore

alebo Švajčiarskou konfederáciou (časť H).

* **Ak oprávnená osoba je maloletou matkou a súd právoplatne rozhodol** o priznaní rodičovských práv a povinností vo vzťahu k osobnej starostlivosti o dieťa, **žiadateľ** **uvedie nasledovné údaje z posledného rozhodnutia súdu:**

**ECLI kód (uvedený na rozhodnutí súdu): .............................................. ALEBO**

**Spisovú značku rozhodnutia súdu: ....................,Dátum vydania rozhodnutia súdu.....................**

**Názov súdu: ...........................................................................**

* **Ak súd právoplatne rozhodol o zverení dieťaťa** do starostlivosti nahrádzajúcej starostlivosť rodičov, prípadne rozhodol o zverení dieťaťa do starostlivosti jednému z rodičov, **žiadateľ uvedie nasledovné údaje z posledného rozhodnutia súdu:**

**ECLI kód (uvedený na rozhodnutí súdu): .............................................. ALEBO**

**Spisovú značku rozhodnutia súdu: ....................,Dátum vydania rozhodnutia súdu.....................**

**Názov súdu: ...........................................................................**

**Na základe uvedeného žiadateľ nepredkladá kópiu rozhodnutia súdu.**

* ***pre uplatnenie rodičovského príspevku na dieťa od 3 do 6 rokov veku – z dôvodu neprijatia do štátnej materskej školy:*  rozhodnutie spádovej materskej školy zriadenej orgánom miestnej štátnej správy v školstve alebo orgánom územnej samosprávy, t.j. „štátna materská škola“ o neprijatí dieťaťa do zariadenia na aktuálny školský rok**

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| **F...** | | ***Údaje o súčasne narodenom dieťati (vypĺňa sa iba pri žiadosti o rodičovský príspevok pre deti do 3 rokov veku)*** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Dátum narodenia | | | | | | | | | | |  | Rodné číslo (Identifikačné číslo) | | | | | | | | | | | |  | Štátna príslušnosť | | | | | | | | | | | | |  |
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|  | Adresa trvalého pobytu v SR 2) | | | | | | | | | | | | |  | Adresa prechodného pobytu v SR 2) | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
|  | Ulica | | |  | | | | | | | | | | | | | | | | | | | | | | | | číslo | | | |  | | | | | | |  |
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|  | PSČ | | |  | | | | | Obec | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  |
|  | Adresa trvalého pobytu (bydliska) v členskom štáte EÚ | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Ulica | | |  | | | | | | | | | | | | | | | | | | | | | | | | číslo | | | |  | | | | | | |  |
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|  | **Dieťa bolo zverené do starostlivosti nahrádzajúcej starostlivosť rodičov rozhodnutím príslušného orgánu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Dieťa je v starostlivosti detského lekára | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Priezvisko | | | |  |  |  |  |  |  |  |  |  |  |  | Meno | | | |  |  |  |  |  |  |  |  |  |  | Štát | | | | | | | | |  |
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|  | Názov a adresa zdravotníckeho zariadenia | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Dieťa má dlhodobo nepriaznivý zdravotný stav na základe posudku od** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |  |  |  |  |
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