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|  | |  | | | |  | | | | |  | | | | |  | | | | | Údaje v žiadosti vypĺňajte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | |
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| **A** | | | | ***Vyplní žiadateľ*** *(údaje o oprávnenej osobe)*4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |
|  | | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | Meno | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | Rodinný stav1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | Dátum narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Rodné číslo (Identifikačné číslo) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | Adresa trvalého pobytu v SR2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adresa prechodného pobytu v SR2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
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|  | | Adresa trvalého pobytu (bydliska) v členskom štáte EÚ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
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|  | | Štát | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Adresa zamestnávateľa v SR3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
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|  | | **Vzťah oprávnenej osoby k dieťaťu/deťom, na ktoré si uplatňuje príspevok** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |
|  | | **A** | | | |  | | | | | | | | | | matka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | **B** | | | |  | | | | | | | | | | otec4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **B** | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | |
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|  | | | Týmto zároveň | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **žiadam /** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **nežiadam** | | | | | | | | | | | | | | | | | | | | o vyplatenie zvýšenia príspevku pri narodení dieťaťa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | z dôvodu, že sa súčasne narodili dve deti alebo viac detí. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Potvrdenie ošetrujúceho lekára o dožití sa 28 dní života dieťaťa/detí uvedených v časti „D“ je /  nie je súčasťou tejto žiadosti. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **D** | | | | | | | | ***Údaje o dieťati/deťoch, na ktoré si oprávnená osoba uplatňuje nárok na príspevok pri narodení dieťaťa*** 5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Číselné odkazy sú uvedené na strane 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **E** | | | | | | | | ***Potvrdenie lekára – gynekológa6*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dieťa/deti, na ktoré si žiadateľ uplatňuje nárok sa matke narodilo/li pri  prvom pôrode,  druhom pôrode,  treťom pôrode,  štvrtom a ďalšom pôrode. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Matka sa od štvrtého mesiaca tehotenstva do pôrodu  zúčastňovala/  nezúčastňovala raz za mesiac na  preventívnych lekárskych prehliadkach | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **F** | | | | ***Vyhlásenie*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |
| Vyhlasujem, že pred uplatnením nároku na príspevok pri narodení dieťaťa  **bol** /  **nebol** daný súhlas k osvojeniu novonarodeného/ných dieťaťa/detí uvedeného/uvedených v časti D a H tejto žiadosti a že toto/tieto dieťa/deti  **bolo/li** /  **nebolo/li** zverené do starostlivosti nahrádzajúcej starostlivosť rodičov na základe rozhodnutia súdu.  Vyhlasujem, že pred uplatnením nároku na príspevok pri narodení dieťaťa ani jedno z detí narodených pred narodením dieťaťa, na ktoré si uplatňujem nárok na príspevok pri narodení dieťaťa  **bolo** /  **nebolo** zverené do starostlivosti nahrádzajúcej starostlivosť rodičov na základe rozhodnutia súdu.  Vyhlasujem, že som po pôrode  opustila /  neopustila zdravotnícke zariadenie bez súhlasu poskytovateľa zdravotnej starostlivosti.  Vyhlasujem, že mi príslušná inštitúcia krajiny, v ktorej sa dieťa/deti narodilo,  **vyplatila /** **nevyplatila** príspevok pri narodení dieťaťa, prípadne inú dávku podobného druhu. 7)  Vyhlasujem, že všetky údaje v tejto žiadosti sú pravdivé a som si vedomý/á právnych následkov uvedenia nepravdivých údajov v tejto  žiadosti. Uvedomujem si, že neprávom prijatú sumu príspevku pri narodení dieťaťa som povinný(á) vrátiť.  **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. 383/2013 Z. z. o príspevku pri narodení dieťaťa a príspevku na viac súčasne narodených  detí 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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| Číselné odkazy sú uvedené na strane 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **G.** | | ***Spôsob výplaty 8 )*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Na účet v banke v SR | | | Číslo účtu | | |  | |  | |  | |  |  |  | |  |  |  |  | Kód banky |  |  |  |  |  |
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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** | | ***Správnosť údajov porovnal s originálom*** | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |
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|  | Priezvisko | | | |  | | | | | | | | | |  | Meno | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |
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|  | Dátum porovnania | | | | | | |  | | | | | | | | | |  | |  | | Podpis zamestnanca | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |
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| **Číselné odkazy**   1. napr.: vydatá / ženatý, slobodná / slobodný, rozvedená / rozvedený, vdova / vdovec, 2. príslušný druh pobytu v SR označte podľa vzoru, pričom prechodný pobyt platí len pre cudzincov, 3. vyplní občan členského štátu EHP (Európsky hospodársky priestor) zamestnaný alebo SZČO na území SR v zmysle nariadenia Rady EHS   č. 1612/68 o slobode pohybu pracovníkov v rámci spoločenstva,   1. žiadateľkou o príspevok je matka, ktorá dieťa porodila, otec dieťaťa môže žiadať o príspevok pri narodení dieťaťa len v prípade, ak matka   dieťaťa zomrela alebo po matke bolo vyhlásené pátranie  alebo mu bolo dieťa zverené do osobnej starostlivosti na základe rozhodnutia súdu,   1. **ak sa dieťa narodilo mimo územia SR** a v čase podania žiadosti o príspevok pri narodení dieťaťa, dieťa nemá vydaný rodný list podľa § 23   zákona č. 154/1994 Z. z. o matrikách v znení neskorších predpisov, oprávnená osoba priloží k písomnej žiadosti o príspevok pri narodení  dieťaťa úradný preklad rodného listu dieťaťa vydaného v cudzine alebo iného dokladu o narodení dieťaťa oprávnenej osobe (matke),   1. akceptuje sa aj potvrdenie gynekológa vydaného v zahraničí a jeho úradný preklad, 2. údaj nevypĺňa oprávnená osoba, ktorej sa dieťa narodilo na území SR a ktorá má bydlisko na území SR (oprávnená osoba uvedený text prečiarkne) 3. na účet v banke alebo na účet v pobočke zahraničnej banky na území SR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Za účelom porovnania údajov uvedených v žiadosti žiadateľ predloží** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | * občiansky preukaz (identifikačnú kartu) žiadateľa alebo Preukaz – povolenie na pobyt cudzinca   **Žiadateľ doloží k žiadosti doklady a potvrdenia:**   * ak je žiadateľom otec dieťaťa * rozhodnutie súdu o zverení dieťaťa do jeho výchovy, * nevyžaduje sa potvrdenie lekára – gynekológa v časti „E“ žiadosti, * 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 ošetrujúceho lekára dieťaťa (o uzatvorení dohody o poskytovaní všeobecnej ambulantnej starostlivosti a o dožití sa 28 dní veku dieťaťa/detí); akceptuje sa aj potvrdenie pediatra vydaného v zahraničí a jeho úradný preklad,   Pozn.: pokiaľ detský lekár v „Potvrdení ošetrujúceho lekára dieťaťa“ neuvedie informáciu o uzatvorení dohody o poskytovaní všeobecnej ambulantnej starostlivosti, môže žiadateľ túto „dohodu“ (originál a fotokópiu) doložiť samostatne,   * potvrdenie príslušnej inštitúcie štátu o vyplatení/nevyplatení príspevku alebo inej dávky toho istého druhu, ak sa dieťa narodilo mimo územia SR   Pozn.: ak sa dieťa narodilo mimo územia SR a v danom štáte obdobný príspevok neexistuje, postačuje vyplniť časť „F“ – „Vyhlásenie“ tejto žiadosti,   * potvrdenie zamestnávateľa v SR, že v čase narodenia dieťaťa občan členského štátu EHP vykonáva na území SR zárobkovú činnosť (platí len pre občana iného štátu EÚ, ktorý na území SR vykonáva zárobkovú činnosť), * ak je oprávnená osoba maloletá matka, k žiadosti predloží rozhodnutie súdu o priznaní rodičovských práv a povinností vo vzťahu k osobnej starostlivosti o dieťa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |