

**Application for nursing benefit
(entitlement claimed regarding the coronavirus)**

Insured person:

Surname, name:.....
Date of birth:.....Birth number:.....
Address:.....
Telephone number (optional):.....
E-mail (optional):.....

Insurance relationship from which I am claiming nursing benefit: (if there are more than one insurance, please state all):

- Employee *
- Compulsorily insured self-employed person under the sickness insurance scheme *
- Person insured on a voluntary basis under the sickness insurance scheme*

Employer (s) (in case of an employee):.....

A child for whom I offer personal and full day care:

First name, surname:
Date of birth:Birth number:

The child attends a pre-school facility or social services establishment where a care is provided to the child, or a school, which has been closed by a decision of a competent authority or a quarantine measure in connection with the spread of a new coronavirus disease:

.....
(insert name of the establishment)

I provide personal and full care to the child from:.....

I am entitled to the payment of a nursing salary until.....

not later than the closing date of the closure of the facility/ establishment.

I am aware of the obligation to notify the competent branch office of the Social Insurance Agency all facts affecting the entitlement to nursing benefit (in particular, entry into employment and termination of child care) without delay. In case that false information is provided, or in the absence of relevant information, I am aware of the obligation to repay the benefit unduly paid or, if so, a part of it.

I apply to payout nursing benefit as follows:

cash to the address *

Street and No.....

Zip code, municipality.....

to bank account *

IBAN number * * *

of which I am the owner *

of my spouse *

name, surname and date of birth of spouse:

.....

in the case of a foreign bank account, the following particulars are to be entered:

Swift Code of the Bank

Full name of the bank

Street and number (address of the bank)

Postal code:..... City.....

State

In the case of an application for payment of the sum of the benefit on behalf of which the spouse is the holder, I also declare on my honor that, at the time of receipt of the benefit, I have the right to dispose of the funds in that account and the spouse consents to that method of payment

date.....signature**.....

* Please mark with X, regarding payment data, just one type of payment must be marked

**there is no need to sign the application in case you are sending I via e-mail

An application may be submitted to the Social Insurance Office at the e-mail address of the relevant branch office, by electronic means, via e-Slovensko, or by post, to the address of the relevant branch office.

The postal- and e-mail addresses of the branch offices are published on the website of the Social Insurance Agency: www.socpoist.sk