Social Insurance Agency,

Branch

Date

The Employer

*(Name and address of the employer in the case of a legal person / title, name and surname, permanent residence in the case of a natural person)*

Variable symbol:

*(Employer’s Number, as assigned by the Social Insurance Agency)*

Re

**Application for refund of social insurance premiums**, reported on the form Monthly Premiums and Contributions Statement/Premiums and Contributions Statement, that have been paid without legal grounds

Pursuant to Section 145(1)(b) of Act No 461/2003 Coll. on Social Insurance we are requiring the Social Insurance Agency, Branch ………………….., to return the social security premiums which have been paid without any legal grounds.

We request the refund of the social insurance premiums concerning the following employee:

Title, name, and surname:

Legal relationship identification number:

Birth number:

Justification:

The premiums paid without any legal grounds for the period:

The amount of premiums paid without any legal grounds: EUR

|  |
| --- |
| Stamp and signature of the Employer |