**Application for Contribution from the Social Fund of FSV UK**

to the pension insurance with state contribution (Act no. 42/1994 coll.)

to private life insurance (Act no. 37/2004 coll.)

to supplementary pension savings with state contribution (Act no. 427/2011 coll.)

First and last name:

Workplace:

Requested amount of contribution:  CZK

By signing this request I declare that I agree that the employer will collect my personal data for the purpose of declaration and granting the reimbursement of costs for professional progress and that the employer can handle and process them for the same propose according to the provisions of law No. 110/2019 Sb. concerning the protection of personal data, as amended.

Date:       Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Required supplements:**

1. A copy of the agreement for pension insurance with state contribution, or agreement for supplementary pension savings with state contribution or private life insurance, or the latest amendment to these agreements governing the employer's contribution.
2. A copy of the document in which the insurance company provides a bank connection for sending contributions related to this agreement.

**Employee is obliged to:**

1. notify the employer of any changes made to the information stated above no later than within five business days after such a change arises,
2. submit on a regular basis to the head of the personnel office annual overviews of the paid contributions issued by the relevant bank (financial institution) for these purposes, no later than by June 30 of the following calendar year for the past year.

**Statement by the Personnel Department:**  complies  does not comply

Date of commencement of employment at FSV: \_\_\_\_\_\_\_\_\_\_\_\_

Workload coefficient: \_\_\_\_\_\_\_\_\_\_

Amount of contribution: \_\_\_\_\_\_\_\_\_\_\_\_CZK

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of the Personnel Department: Budget Supervisor:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_