

*Charles University, Faculty of Social Sciences*

**Application for a 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, academic degree:**  ……………………………………………………………...

**Date of birth:** …………….…...

**Workplace:** ……………………………………………………………...

**Beginning of the labour relations at UK:** …………….

**Level of workload at FSV UK:** ……………………………………………………………...

**Requested amount of contribution:** ………... **CZK to**

**pension insurance x)**

**private life insurance x)**

**supplementary pension savings with state contribution x)**

**Name of the pension fund/insurance company/pension company:**

…………….................………………………... **x)**

**Address of the pension fund/insurance company/pension company:**

……………………………………... **x)**

**..................................................................................................................................................................**

**Account number / code of the bank:** ………..………. **/** ……….

**Constant code** ……………………………………………………………...

**Variable code** ……………………………………………………………...

**Specific code** ……………………………………………………………...

**The bank account where the employer will send the contribution:** ………………………...

By signing this application I hereby declare that I agree that the employer collects the above data for the purposes of granting and providing a contribution to pension insurance, supplementary pension savings with state contribution, private life insurance and that he handles them or otherwise processes them for the same purposes in accordance with act no. 101/2000 coll., on the protection of personal data, as amended.

**Date:** ……………. **Employee’s signature:** ........................................................

**Add the following to the application:**

A copy of the agreement for pension insurance with state contribution, or agreements for supplementary pension savings with state contribution or private life insurance, or with an amendment to the agreement governing the employer's contribution for the relevant amount of the contribution.

**Note:**

Employee is obliged to:

1. notify the employer of any changes to the information stated above no later than within five business days after such a change arises,
2. notify the pension fund/insurance company/pension company that the employer will contribute to the pension insurance, or pension savings with a state contribution or private life insurance,
3. submit on a regular basis to the account office annual overviews of the paid contributions issued by the relevant bank (financial institution) for these purposes, not later than by 30.4. the following calendar year for the past year. If the employee fails to prove the payments of the contribution within the stipulated time limit, the provision of the contribution under this measure **will be suspended** until the payment of the contributions has been proved. It is not possible to pay the contribution retroactively in accordance with this measure for the period when the interruption occurred.

**Statement by the personnel office:** [ ]  **complies** ………... **/** [ ]  **does not comply x)**

Date: …………….

……………………………………………………………...

**Statement by the account office with an indication of the amount of the contribution:**

Date: …………….

……………………………………………………………...

**Approval by the Secretary of the faculty of the payment of the contribution and to what extent:**

Date: …………….

……………………………………………………………...

**Confirmation of the account office about receipt of the application for processing:**

Date: …………….

……………………………………………………………...

x) *CHECK APPROPRIATE*