

Registration number

Request to determine applicable legal regulations for employees



This application is used to determine jurisdiction over social security legislation in accordance with Regulation (EC) No 883/2004 and its implementing Regulation No 987/2009, Regulation (EEC) No 1408/71 and its implementing Regulation No 574/72, and international social security treaties entered into by the Czech Republic.

OSSZ/PSSZ/MSSZ Brno having the local jurisdiction

Stamp of OSSZ/PSSZ/MSSZ Brno

Application registration number

Case number

Application filed by employer **Application filed by employee** **Application filed by attorney**

E-mail of the submitting party for notifications about the application status

I am applying for a certificate of jurisdiction over social security legal regulations by reason of being gainfully employed during

from to

in the territory of EU/EEA/CH/UK country(ies) with which the Czech Republic has entered into an international treaty(ies) on social security

Based on the information provided below, I request an assessment of my situation under the relevant article of the applicable Coordination Regulations or international social security treaty as

secondment **combination of employment** **exception** **another situation**

A. Basic applicant identification

Surname Name Academic degree Birth

number Surname at birth Former surname(s)

Name at birth Gender Nationality Date of birth

Place of birth Region of birth Country of birth

RESIDENCE ADDRESS – IT DOES NOT HAVE TO BE THE SAME AS PERMANENT ADDRESS (see the instructions)

Building name Street Street No. Municipality

Region POSTAL CODE Country

Telephone Data box E-mail

Health insurance company in CZ

B. Contact address (if different from residence)

Building name Street Street No. Municipality

Region Postal code Country

C. Address of residence:

Building name Street Street No. Municipality

Region Postal code Country

D. Over the period stated in the application, the applicant has been gainfully employed in the territory of the following countries (the Czech Republic must also be mentioned, if applicable)

<input type="checkbox"/> Albania	<input type="checkbox"/> Australia	<input type="checkbox"/> Belgium	<input type="checkbox"/> Belarus	<input type="checkbox"/> Bosnia and Herzegovina	<input type="checkbox"/> Bulgaria
<input type="checkbox"/> Chile	<input type="checkbox"/> Croatia	<input type="checkbox"/> Monte Negro	<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Denmark	<input type="checkbox"/> Estonia
<input type="checkbox"/> Finland	<input type="checkbox"/> France	<input type="checkbox"/> India	<input type="checkbox"/> Ireland	<input type="checkbox"/> Island	<input type="checkbox"/> Italy
<input type="checkbox"/> Israel	<input type="checkbox"/> Japan	<input type="checkbox"/> Canada	<input type="checkbox"/> Korea	<input type="checkbox"/> Cyprus	<input type="checkbox"/> Liechtenstein
<input type="checkbox"/> Lithuania	<input type="checkbox"/> Latvia	<input type="checkbox"/> Luxembourg	<input type="checkbox"/> Malta	<input type="checkbox"/> Hungary	<input type="checkbox"/> Moldova
<input type="checkbox"/> Mongolia	<input type="checkbox"/> Netherlands	<input type="checkbox"/> Norway	<input type="checkbox"/> Germany	<input type="checkbox"/> Poland	<input type="checkbox"/> Portugal
<input type="checkbox"/> Quebec	<input type="checkbox"/> Austria	<input type="checkbox"/> Romania	<input type="checkbox"/> Russia	<input type="checkbox"/> Greece	<input type="checkbox"/> Northern Macedonia
<input type="checkbox"/> Slovakia	<input type="checkbox"/> Slovenia	<input type="checkbox"/> USA	<input type="checkbox"/> Serbia	<input type="checkbox"/> Syria	<input type="checkbox"/> Spain
<input type="checkbox"/> Sweden	<input type="checkbox"/> Switzerland	<input type="checkbox"/> Tunisia	<input type="checkbox"/> Turkey	<input type="checkbox"/> Ukraine	<input type="checkbox"/> Great Britain and Northern Ireland

E. Information about employer in CZ – employer no.

The applicant's employer is in CZ yes no

The application is filed by the employer or the employer's attorney

Name of employer

Identification number Tax registration no.

Variable symbol Employer does not have variable symbol

Building name Street Street No.

Municipality Region Postal code

Surname and name of employer's contact person

Telephone Data box E-mail

Employer is an employment agency yes no

Employer is economically active in CZ yes no

Total number of employer's employees Of which currently working abroad

Employment duration from to Indefinite period

Type of employment
 Employment relationship agreement to perform work agreement to complete a job s.r.o.
 managing director/associate member of the collective body of legal person
 other (specify)

While working abroad employment in CZ will be terminated employment in CZ continues leave without pay is provided in

Under the employment in CZ, applicant can draw:
 a) sickness ins. yes no Insured from
 b) pension ins. yes no Insured from
 c) health ins. yes no Insured from

Employee is subject to legal regulations of the sending state one month before secondment yes no

F. Information on activity in CZ – activity no.Applicant acts as an employee in CZ yes no**LOCATIN OF ACTIVITY IN CZ** Same as in previous section

Full company name

Building name

Street

Street No.

Municipality

Region

Postal code

Duration of activity in CZ

from

to

 Indefinite periodApplicant has the status of employee civil servant international transport worker EC contract staff seafarer flight crew

Name of vessel

Flag state

Name of homebase

City of home base

Country of home base

G. Information about employer abroad – employer no.The applicant's employer is abroad yes no Application is filed by the employer or the employer's attorney

Name of employer

Identification number

Tax registration no.

Variable symbol

 Employer does not have variable symbol

Building name

Street

Street number

Municipality

Region

Postal code

Country

Surname and name of employer's contact person

Telephone

Data box

E-mail

Employer is a subsidiary or branch of an employer in CZ listed in section E.

 yes no

Employment duration

from

to

 Indefinite period

Type of employment

 Employment relationship agreement to perform work agreement to complete a job Ltd.managing director/associate member of the collective body of legal person other (specify)

H. Information on activity abroad – activity no.

Applicant acts as an employee abroad yes no

Duration of activity abroad from to Indefinite period

Applicant has the following status when performing activities abroad

- employee civil
 servant
 international transport worker
 EC contract staff

seafarer Name of vessel Flag state
 flight crew Name of homebase City of home base Country of home base

Applicant performs activities abroad for a Czech employer yes no

LOCATIN OF ACTIVITY ABROAD

Applicant has no permanent address in the country(iess) of establishment Same as in previous section

Full name of company/for natural person, name and surname/name of vessel

Building name Street Street number

Municipality Region Postal Country

Applicant enters into employment relationship with the foreign entity yes no

Applicant replaces another posted worker abroad yes no

For the period specified in the application, applicant's activity abroad is

managed by employer in CZ foreign entity both of the previous

I. Activity performance ratios

Applicant's WORKING HOURS are divided over the period stated in the application as follows

<input type="text"/>	%		<input type="text"/>
<input type="text"/>	%	in (specify country)	<input type="text"/>
<input type="text"/>	%	in (specify country)	<input type="text"/>
<input type="text"/>	%	in (specify country)	<input type="text"/>
100%	TOTAL		

For the period stated in the application, applicant is REWARDED for activities in CZ and abroad as follows

<input type="text"/>	%		<input type="text"/>
<input type="text"/>	%	from (specify country)	<input type="text"/>
<input type="text"/>	%	from (specify country)	<input type="text"/>
<input type="text"/>	%	from (specify country)	<input type="text"/>
100%	TOTAL		

Applicant is employed in the territory of member states in a marginal activity yes no

Specify member state(s)

J. Details of previous activities abroad

Applicant has previously performed activities abroad yes no

LOCATIN OF PREVOIUS ACTIVITY ABROAD

Full name of company/for natural person, name and surname/name of vessel

Building name Street Street No.

Municipality Region Postal code Country

In a period from to

Status employee self-employed civil servant seafarer flight crew EC contract staff

K. Details of periods of insurance abroad

Applicant was/is insured under another country's social security system yes no

Insured in the period from to

Applicant (has) received benefits (in cash and in kind) from a foreign social security system yes no

Drew/has drawn benefits in the period from to

Insurance number abroad Name of foreign institution Country

Sector all pension sickness family benefits unemployment benefits recovery of benefits occ. accident and occ. disease

Building name Street Street No.

Region Municipality Postal code

Applicant has been issued a certificate of jurisdiction by a foreign institution in relation to the period of this application yes no

For a period of from to

L. Reasons for an exemption

The applicant will provide the reasons for an exception under Article 16 of Regulation (EC) No 883/2004, Article 17 of Regulation (EEC) No 1408/71, or the relevant provisions of international social security treaties entered into by the Czech Republic.

M. Request for exception under the Framework Agreement for the application of Article 16(1) of Regulation (EC) No 883/2004 in relation to habitual cross-border telework

Employee and employer are requesting an exceptions under the Agreement yes no
Telework is performed in a Member State other than that of the employer's establishment, yes no
usually from home in the country of residence
When working remotely, the employee remains connected to the employer's work environment via IT yes no
Other gainful activity is also performed in a state where telework is done yes no
Employer for whom the telework is carried out

 Same as in E.
Cross-border telework is performed in the scope of % of working hours in
(specify country)

N. Classification of economic activities (CZ-NACE)

Field of activity performed by the employer according to CZ-NACE

- A - AGRICULTURE, FORESTRY AND FISHING
- C - MANUFACTURING
- E - WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES
- G - WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES
- H - FREIGHT ROAD TRANSPORT
- J - INFORMATION AND COMMUNICATION ACTIVITIES
- J - DATA PROCESSING AND HOSTING ACTIVITIES; ACTIVITIES RELATED TO WEB PORTALS
- L - REAL ESTATE ACTIVITIES
- N - ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES
- O - PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY
- Q - HUMAN HEALTH AND SOCIAL WORK ACTIVITIES
- S - OTHER SERVICE ACTIVITIES
- B - MINING AND QUARRYING
- D - ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY
- F - CONSTRUCTION
- H - TRANSPORTATION AND STORAGE
- I - ACCOMMODATION AND FOOD SERVICE ACTIVITIES
- J - INFORMATION TECHNOLOGY ACTIVITIES
- K - FINANCIAL AND INSURANCE ACTIVITIES
- M - PROFESSIONAL, SCIENTIFIC AND TECHNICAL
- N - ACTIVITIES OF TEMPORARY EMPLOYMENT
- P - EDUCATION
- R - ARTS, ENTERTAINMENT AND RECREATION ACTIVITIES
- T - ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE
- U - ACTIVITIES OF EXTRATERRITORIAL ORGANISATIONS AND BODIES

O. Declaration by a third-country national

I declare that I have a valid residence permit in yes no For the period from to
the Czech Republic no
I acknowledge that I have to comply with the condition of legal residence when performing activities in the territory of the country(ies) of activity.

P. Additional information

Q. Attorney's details

Attorney is natural person (NP)

Surname Name Birth number

Identification number Data box Attorney has a data box

Telephone E-mail

Building name Street Street No.

Municipality Region Postal code Country

The attorney is legal entity (LE)

Name

Identification number Country that assigned ID number

Data box Attorney has a data box

Building name Street Street No.

Municipality Region Postal code Country

R. Applicant's declaration

I declare that the information provided in this application and all attached documents are complete and true and in the case of a change in the above information I will notify the relevant OSSZ/PSSZ/MSSZ Brno/ČSSZ. I am aware that the provision of false or incomplete information may lead to a change in the applicable social security legal regulation with all its consequences (including the cancellation of the certificate of jurisdiction) with retroactive effect.

The applicant hereby authorises his/her employer to receive communications sent by the OSSZ/PSSZ/MSSZ Brno/ČSSZ regarding the application.

In Date:

Applicant's / applicant's attorney's signature

.....
Confirmation by the employer's authorised representative/attorney

OSSZ/PSSZ/MSSZ Brno in Information verified on

Name, surname and signature of authorised person OSSZ/PSSZ/MSSZ Brno

Enclosures:

- 1. A copy of the employment contract(s), including amendments and supplements relevant to the submitted application (if the OSSZ/PSSZ/MSSZ Brno does not already have them).**
- 2. A copy of the certificate of legal jurisdiction if issued to the applicant by a foreign institution in relation to the period of this application.**
- 3. Copies of contractual documents under which the applicant has worked in the Czech Republic and abroad (depending on the specific situation).**

Contractual documents may be submitted as certified copies. Document authentication according to the original can be done of charge by OSSZ/PSSZ/MSSZ Brno. Unauthenticated contractual documents attached to the application will be considered as supporting documents in accordance with Article 3(2) of Regulation (EC) No 987/2009.

The application serves to fulfil the employer's notification duty pursuant to Art. 15 of Regulation (EC) No 987/2009 and to fulfil the notification obligation of a person residing in the territory of CZ, performing activities in the territory of two or more Member States under Article 16(1) of Regulation (EC) No 987/2009 and Article 104(3) of Act No 187/2006 Coll., as amended.

OSSZ/PSSZ/MSSZ Brno/ČSSZ requires and processes personal data in accordance with the legal regulations for the protection of personal data and only for legitimate purposes. For more information, see <https://www.cssz.cz/web/cz/gdpr-informace-o-zpracovani-osobnich-udaju>.