

určené pre záznamy SP

SICKNESS BENEFIT APPLICATION FORM

# (quarantine/isolation)

# benefit claimed during the crisis situation

## Insured person who is claiming the sickness benefit due to prescribed quarantine or isolation:

Name: ............................................................................................................................................

Surname: .......................................................................................................................................

Date of birth: ............................................. Birth number: .........................................

Delivery address for letters:1)..........................................................................................................

Telephone number (optional):2) ......................................................................................................

e-mail (optional): 2) ......................................................................................................

**Insurance relationship** from which I claim sickness benefits(if from several insurances, list all):

🞎 Employee3)

(enter name and registered office of employer/s)

🞎 Compulsorily sickness insured self-employed person3

🞎 Voluntarily sickness insured person3)

## I claim sickness benefit on the basis of temporary incapacity for work issued by the attending physician due to a quarantine measure/isolation.

**Date of occurrence of temporary incapacity for work:** ........................

**Name and surname of the attending physician** ......................................................................

# I request to pay the sickness benefit due to a quarantine measure/isolation:

## 🞎 to the bank account3)

number in IBAN format .......................................................................................................

## In the case of a foreign transfer, enter additional detail:

SWIFT code .........................................................................................................................

Exact and complete bank name ..........................................................................................

Street and number of the bank (bank address) ..............................................................................................................................................

Postal code ....................................... Town/city ............................................................

State ........................................................................................................................

## 🞎 in cash to address3)

Street and house number ...............................................................................................................

Postal code, municipality....................................................................................................

I am aware of the obligation to immediately notify the relevant branch of the Social Insurance Agency of all facts that affect the right to sickness benefit (especially starting an employment). In case of providing false information, or in case of non-communication of relevant facts, I am aware of the obligation to return the wrongly paid benefit, or part of it.

in case of non-communication of relevant facts, I am aware of the obligation to return the wrongly paid benefit, resp.

in case of non-communication of relevant facts, I am aware of the obligation to return the wrongly paid benefit, resp.

with failure to notify relevant facts I am aware of the obligation to repay wrongly paid dose, respectively.

with failure to notify relevant facts I am aware of the obligation to repay wrongly paid dose, respectively.

Úplné výsledky sa nepodarilo načítať

Skúsiť znova

Opakuje sa pokus…

Opakuje sa pokus…

I am aware of the obligation to immediately notify the relevant branch of the Social Insurance Agency of all facts that affect the right to pandemic sickness benefits (especially starting a job).

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I am aware of the obligation to immediately inform the relevant branch of the Social Insurance Agency all the factors that affect the claim for pandemic sickness (especially for teaching).

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Úplné výsledky sa nepodarilo načítať

Skúsiť znova

Opakuje sa pokus…

Opakuje sa pokus…

In case of providing false information, resp.

In case of providing false information, resp.

In the case of providing false information, respectively.

In the case of providing false information, respectively.

Úplné výsledky sa nepodarilo načítať

Skúsiť znova

Opakuje sa pokus…

Opakuje sa pokus…

........................................ ...................................................................

Place, date Name, surname and signature of the insured4)

1. state if different from the address of permanent residence
2. 1) state if different from the address of permanent residence
3. 1) state if different from the address of permanent residence
4. 1) indicate if different from permanent address
5. 1) indicate if different from permanent address
6. Úplné výsledky sa nepodarilo načítať
7. Skúsiť znova
8. Opakuje sa pokus…
9. Opakuje sa pokus…
10. Úplné výsledky sa nepodarilo načítať
11. Skúsiť znova
12. Opakuje sa pokus…
13. Opakuje sa pokus…

2) provide at least one contact for operational contact in the case of discrepancies

1. 2) provide at least one contact for operational contact in case of discrepancies
2. 2) provide at least one contact for operational contact in case of discrepancies
3. 2) Please provide at least one contact for the purpose of operating a connection in case of irregularities
4. 2) Please provide at least one contact for the purpose of operating a connection in case of irregularities
5. Úplné výsledky sa nepodarilo načítať
6. Skúsiť znova
7. Opakuje sa pokus…
8. Opakuje sa pokus…
9. Úplné výsledky sa nepodarilo načítať
10. Skúsiť znova
11. Opakuje sa pokus…
12. Opakuje sa pokus…

3) mark the appropriate detail with X, in the case of payout data, exactly one method must be marked

1. 3) mark the appropriate data with X, in the case of payout data, exactly one method must be marked
2. 3) mark the appropriate data with X, in the case of payout data, exactly one method must be marked
3. 3) satisfactory figure mark X, for data on the payment must be indicated just one way
4. 3) satisfactory figure mark X, for data on the payment must be indicated just one way
5. Úplné výsledky sa nepodarilo načítať
6. Skúsiť znova
7. Opakuje sa pokus…
8. Opakuje sa pokus…
9. Úplné výsledky sa nepodarilo načítať
10. Skúsiť znova
11. Opakuje sa pokus…
12. Opakuje sa pokus…

4) when sending the application electronically, the signature of the insured is not required, then state only the name and last name

1. 4) when sending the application electronically, the signature of the insured is not required, then state only the name and
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5. Úplné výsledky sa nepodarilo načítať
6. Skúsiť znova
7. Opakuje sa pokus…
8. Opakuje sa pokus…
9. Úplné výsledky sa nepodarilo načítať
10. Skúsiť znova
11. Opakuje sa pokus…
12. Opakuje sa pokus…

Instruction:

1. In this way, the insured person can only claim a sickness benefit, i. e.the sickness benefit due to the recognition of temporary incapacity for work due to a quarantine measure or isolation. In other cases, the standard procedures for claiming sickness benefits apply.
2. The application can be sent to the locally competent branch of the Social Insurance Agency by sending an electronic form **only in one** of the following ways

• preferably via slovensko.sk, if the insured has an activated electronic mailbox on this portal

• by e-mail to the "korona" e-mail address of the branch: [**E-mailovú adresu pobočky SP**](https://www.socpoist.sk/e-mailove-adresy-pobociek-socialnej-poistovne/68395s) (signature not required)

• by post to the address of the relevant branch: [Kontakty – pobočky](https://www.socpoist.sk/kontakty--xly/48023s) (signature required)

• in person to a mailbox located in front of a branch of the Social Insurance Agency (we do not recommend this method, you endanger others).

1. In the case of an employee, the branch is locally competent according to the registered office of the

employer. In the case of a compulsorily insured self-employed person and a voluntarily insured person, a branch according to the place of permanent residence of the insured.

1. Do not send requests in duplicate, or in several ways, this delays the decision on entitlement to

the benefit not only for you but also for other insured persons.