

1. Employer's Identification

Variable symbol	CID / TID / BID
<input type="text"/>	<input type="text"/>
	CID <input type="checkbox"/> TID <input type="checkbox"/> BID <input type="checkbox"/>

2. List of Employees, Assessment Bases, and Insurance Premium and Contributions Paid

List item No.	Period	Birth ID	Legal relation ID	Calend. days	Days of strike	Days of period acc. Art. 26	Employee type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ass. basis for NP-Employer	Ass. basis for SP and SDS-Employer	Ass. basis for IP-Employer	Ass. basis for PvN-Employer	Ass. basis for UP-Employer	Ass. basis for GP-Employer	Ass. basis for RFS-Employer	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	
Ass. basis for NP-Employee	Ass. basis for SP-Employee	Ass. basis for IP-Employee	Ass. basis for NP-Employee	Ass. basis for OSP-Employee		Ass. basis for PFP-Employee	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €		<input type="text"/> €	
NP - Employer	SP a. SDS - Employer	IP - Employer	PvN - Employer	UP - Employer	GP - Employer	RFS - Employer	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	
NP - Employee	SP - Employee	IP - Employee	PvN - Employee	OSP - Employee		PFP - Employee	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €		<input type="text"/> €	
After termin. <input type="checkbox"/>	Inval. terminated LR. <input type="checkbox"/>	Hours <input type="text"/>	Calendar days of excl. periods: FROM <input type="text"/> TO <input type="text"/>		CONTINUING <input type="checkbox"/>		
Coach registered with the Registry of NP in sport <input type="checkbox"/>	Amount of wages paid: <input type="text"/> €	Period of wages payment due to serious operational reasons: FROM <input type="text"/> TO <input type="text"/>					

List Item No.	Period	Birth ID	Legal Relat. ID No.)	Cal. days	DDays of strike	Days of period acc. Art. 26	Employee type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assm.. basis for NP-Employer	Assm. basis for SP a. SDS-Employer	Assm. basis for IP-Employer	Assm. basis for PvN-Employer	Assm. basis for UP-Employer	Assm. basis for GP-Employer	Assm. basis for RFS-Employer	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	
Assm. basis for NP-Employee	Assm. basis for SP-Employee	Assm. basis for IP-Employee	Assm. basis for PvN-Employee	Assm. basis for OSP-Employee		Assm. basis for PFP-Employee	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €		<input type="text"/> €	
NP - Employer	SP and SDS - Employer	IP - Employer	PvN - Employer	UP - Employer	GP - Employer	RFS - Employer	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	
NP - Employee	SP - Employee	IP - Employee	PvN - Employee	OSP - Employee		PFP - Employee	
<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €		<input type="text"/> €	
After termin. <input type="checkbox"/>	Inval. termin. of LR. <input type="checkbox"/>	Amount of hours <input type="text"/>	Calendar days of exc. periods: FROM <input type="text"/> TO <input type="text"/>		CONTINUING <input type="checkbox"/>		
Coach registered with the Registry of NP in sports <input type="checkbox"/>	Amount of wages paid: <input type="text"/> €	Period of wages payment due to serious operational reasons: FROM <input type="text"/> TO <input type="text"/>					

3. Signatures and stamps

Form completed by (First and Last Name): <input type="text"/>			Form receipt Date <input type="text"/>
Page No. <input type="text"/>	Form completion Date <input type="text"/>	Signature and stamp of the Employer <input type="text"/>	Signature and stamp of the Social Insurance Agency <input type="text"/>