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| PRIHLÁSENIE ODHLÁSENIE | | | | | | | | ZAMESTNANCA | | | |  |  |  | | | | | | | | |
| do registra poistencov a sporiteľov starobného dôchodkového sporenia  faxom alebo elektronickou poštou | | | | | | | | | | | | | | | | | | | | | | |
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| IDENTIFIKÁCIA ZAMESTNÁVATEĽA (na príslušnom mieste označte znakom „X“) | | | | | | | | | | | | | | | | | | | | |  | |
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| *Právnická osoba:* | | *Fyzická osoba:* | | | |  | | | | | | | | | | | | | | | | |
| Názov: | | | | | | | | | | | | | | | | | | | | | | |
| Adresa: | | | | | | | | | | | | | | | | | | | | | | |
| Variabilný symbol: | | | | | | | | | | |  | | | | | | | | | | | |
| IČO/DIČ: | | | | | | | | | | | | | | | | | | | | | | |
| *V prípade zamestnávateľa fyzickej osoby:* | | | | | | | | |  | | | | | | | | | | | | | |
| Rodné číslo: | | | | | | | | |  | | | | | | | | | | | | | |
| Priezvisko: | | | | | | | | | Meno: | | | | | |  | | | |  | |  | |
| Forma uzatvorenia pracovnoprávneho vzťahu  *(v príslušnom stĺpci označte znakom „X“):* | | | | | | | | | | | | | | | |  | |  | |  | | |
| PVP– právny vzťah s pravidelným mesačným príjmom  PVN – právny vzťah s nepravidelným príjmom | | | | | | | | | | | | | | | | | | | |  | | |
| D - dohoda o prácach vykonávaných mimo pracovného pomeru  *(dohoda o pracovnej činnosti, dohoda o vykonaní práce, dohoda o brigádnickej práci študenta)* | | | | | | | | | | | | | | | |  | |  | |  | | |
| IČPV – identifikačné číslo právneho vzťahu *(uvádzajte iba pri odhlásení zamestnanca, keď IČPV má už zamestnanec na uvedený právny vzťah Sociálnou poisťovňou pridelené)*  \* adresu trvalého pobytu vypĺňajte iba za zamestnanca – cudzinca bez pobytu na území SR | | | | | | | | | | | | | | | | | | |  |  | | |
| IDENTIFIKÁCIA ZAMESTNANCA | | | | | | | | | | | | | | | | | | | | | | |
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| *Por.č.* | *Priezvisko* | | | *Meno* | | | *IČPV* | *Rodné číslo* | | *Adresa trvalého pobytu\** | | | | | | | *PVP* | | | *PVN* | | *D* |
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| Dátum vzniku poistenia: | | | | | | | | | | | | Dátum zániku poistenia: | | | | | | | | | | |
| Tlačivo vyplnil: | | | | | | | | | | | | | | | | | | | | | | |
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| Dátum odoslania tlačiva: | | | | | | | |  | | | | | | | | | | | | | | |
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##### Poznámka: Vyplnené tlačivo odošlite ako prílohu e-mailom na adresu [hlasenie@socpoist.sk](mailto:hlasenie@socpoist.sk) alebo faxom na čísla 0906 171 865, 0906 171 723. V prípade vyššieho počtu zamestnancov použite ďalšiu stranu. Tlačivo sa použije buď iba na prihlásenie, alebo iba na odhlásenie zamestnanca. Údaje je potrebné najneskôr do troch dní potvrdiť predložením vyplneného Registračného listu FO Sociálnej poisťovni. Pokiaľ k vzniku poistenia vôbec nedošlo (odstúpenie od zmluvy) predložte Registračný list FO – zrušenie prihlásenia.

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| IDENTIFIKÁCIA ZAMESTNANCA  pokračovanie zo str. 1 | | | | | | | | | |
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| *Por. č.* | *Priezvisko* | *Meno* | *IČPV* | *Rodné číslo* | | *Adresa trvalého pobytu\** | *PVP* | *PVN* | *D* |
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| Dátum vzniku poistenia/odoslania tlačiva: | | | | | Dátum zániku poistenia: | | | | |
| Tlačivo vyplnil: | | | | |  | | | | |