

Notification of Commencement of Employment (Termination of Employment) 2022



Action type

Action validity date as of

(Correction as of)

List of actions:

- 1 – Commencement
2 – Termination
3 – Change

- 5 – Correction
6 – Transfer

- 9 – Commencement of being subject to Czech legislation
10 – Termination of being subject to Czech legislation

DSSA code - Organizational units of RSSA (DSSA/PSSA/Brno MSSA)

<input type="text"/>	<input style="width: 990px;" type="text"/>
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1. Date of commencement and termination of employment

Date of commencement of employment

Date of termination of employment

2. Basic identification of the insured person

Czech birth number

Family name

Forename

Degree

Birth date

3. Address of permanent residence and additional identification data of the insured person

Address of the permanent residence – Street

House number

Gender

Municipality

Post office

Postal Code

State

Family name at birth

Contact Address – Street

House number

Place of birth

Municipality

Post office

Postal Code

State

Citizenship

All other Family names preceding the current Family name (except for family name at birth)

4. Address of residence in the Czech Republic if the permanent residence is outside the Czech Republic

Street

House number

Municipality

Post office

Postal Code

5. Employer identification and employment data

Employer's name

Company ID number

Variable symbol

Type of activity

Place of activity (country)

Small-scale employment:
(Tick the valid option)

Yes

No

New variable symbol (for transfer action only)

6. Pension information

Type of pension

Pension received from

7. Identification of the last (current) foreign insurance provider

Name of the last (current) foreign insurance provider

Specifications P - last

S - current
N - none

Street

House number

Municipality

Postal Code

State

Foreign insurance number

8. Data on health insurance and other sickness insurance

Health Insurance Fund

The name of the previous body that provided sickness insurance, if it was not the CSSA

The name of the current body that provides sickness insurance, if it is not the CSSA

9. Information for unemployment support

Reason for not providing documents

Type of employment

Netto monthly income

Transitional allowance/surrender value/severance pay

Belongs:
(Tick the valid option)

Yes

No

Paid amount:
(Tick the valid option)

Yes

No

Reason for termination of an employment relationship

Severance pay (Article 67(1) of the Labour Code) – a multiple of income

Severance pay (Article 67(2) of the Labour Code) – a multiple of income

Reason for termination of service

Transitional allowance - a multiple of income

Surrender value - a multiple of income

Pension insurance period

Insurance from	Insurance to

Insurance from	Insurance to

10. Signatures and seals

Number of annexes

Date of completing the form

Employer's signature and stamp

Signature and stamp of the DSSA (PSSA/MSSA Brno)

Date of receipt of the form at the DSSA (PSSA, MSSA Brno)

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