

## Request for determination of legislation applicable for an employee

### INSTRUCTION FOR COMPLETION

<b>General information</b>	<p>When completing the request electronically, it is advisable to proceed from the beginning by individual sections. The purpose is to ensure the accessibility of the corresponding fields (so that they can be filled in) and the correct setting of the obligation to use the selected fields, depending on the applicant's situation.</p>
	<p>In the header, indicate the locally competent social security administration, i.e. DSSA/PSSA/MSSA Brno, indicate whether the request is submitted by an employer, employee or agent, the request period from – to, the states of the activity and the situation (mandatory information).</p>
	<p>Local competence for submitting the request:                      - for a posting, an exception and other situation: the DSSA which provides the employee's sickness insurance;                      - for simultaneous activities: the DSSA of the employee's permanent or declared residence or the DSSA which provides the employee's sickness insurance.</p>
	<p>If the request is submitted by the employer or the employer's agent, for the corresponding entity in Section E. or G., mark the option "The application is submitted by this employer or this employer's agent".</p>
	<p>If the request is submitted by an agent, i.e. a natural person or legal person with power of attorney for all CSSA actions, services and forms or only for selected CSSA services and forms, mark the option "Request is submitted by an agent" and fill in the data in Section R.</p>
	<p>If you are interested in receiving e-mail notifications about the status of your application, please provide the e-mail address of the submitter, i.e. the person who sends the application electronically and has access to the user profile on the CSSA ePortal.</p>
	<p>Give the date in DD.MM.YYYY format.</p>
	<p>By Member States for the purposes of this request are meant EU and EEA states, CH and the UK (hereinafter "Member States").</p>
<p>By Contracting States here are meant states with whom the Czech Republic has concluded an international agreement on social security (hereinafter "Contracting States").</p>	
<p>Select a situation:                      Posting – For the situation where the applicant temporarily pursues a gainful activity on the territory of another Member State or Contracting State.                      Simultaneous activities – For the situation where the applicant pursues a gainful activity on the territory of two or more Member States or Contracting States.                      Exception – For the situation where an exception from the applicable legislation is requested.                      Other situation – For the situation of a civil servant, flight or cabin crew member, sailor. For the situation where the applicant pursues a gainful activity only on the territory of the Czech Republic and needs a certificate on applicable legislation. For other situations.</p>	
<b>A. Basic identification of a claimant</b>	<p>Family name, Forename, Nationality and Birth Date are mandatory information.</p>
	<p>If you do not have a Czech birth number, enter the insured person's registration number assigned to you by the CSSA.</p>
	<p>Residence – refers to the period of the request and for the purposes of this request this is the usual residence (Article 1 subpara. j) under Regulation (EC) No 883/2004), in the sense of the centre of one's life interests, which need not be the same as the permanent stay. This is not a temporary or transitional residence. The place of residence given by the applicant in the request for determination of legislation applicable has an effect on the possible future provision of cash and in-kind benefits, as well as unemployment benefits.</p>

<b>B.</b>	<b>Contact address</b>	Provide a contact address if it is different from the residential address listed in Section A.
<b>C.</b>	<b>Address of stay</b>	Transitional address of stay – if you reside temporarily outside the residence given in Section A.
<b>D.</b>	<b>The claimant pursues gainful activity in the territory of these states for the period indicated in the application</b>	<p>When being posted to temporarily perform activities in another Member State/Contracting State, the foreign state concerned is to be indicated. As for the Member States, only one state is to be selected.</p> <p>For simultaneous activities, two or more states of performance of activities are to be listed, including the Czech Republic, if this is the actual situation.</p> <p>For an exception or other situation, the states of performance of the activity, including the Czech Republic, are to be listed, if this is the actual situation.</p>
<b>E.</b>	<b>Information about the employer in the Czech Republic</b>	<p>If you have more than one employer in the Czech Republic during the request period, fill in Section E. once for each of them.</p> <p>If you carry out activities abroad for your Czech Republic-based employer during the request period, enter information about this activity in Section H. If you carry out activities for him in the Czech Republic, enter information about this activity in Section F.</p> <p>The employer is economically active in the Czech Republic – for the option "yes" to be marked, the employer must carry out genuine activities in the Czech Republic, i.e. be economically active in the Czech Republic. If necessary, an employee of the DSSA/PSSA/MSSA Brno/CSSA will further check the data by assessing contractual documents proving the economic activity of the employer in the Czech Republic (invoices, orders, contracts, etc.).</p> <p>Total number of employees of the employer and Number of employees working abroad during the period of request – If the request is for an ongoing period, provide the status as of the date of application. If the application is for a future period, provide the expected status as of the start date of the requested period. If the application is for a past period, provide a qualified estimate in relation to the requested period.</p> <p>Indicate the duration of employment from – to (indefinite period may be marked if this is the actual situation).</p> <p>Type of employment – tick one option.</p> <p>For a posting, indicate whether the employee participated in the social security system of the posting Member State for at least one month before the posting (in the case of a posting within EU Member States, this is obligatory information).</p>
<b>F.</b>	<b>Information about activity in the Czech Republic</b>	<p>If you have more than one work place in the Czech Republic during the request period, fill in Section F., once for each of them.</p> <p>If you are performing work activities in the Czech Republic for a foreign employer during the request period, please provide information about that employer in Section G.</p> <p>Enter the address of the work place/places in the Czech Republic relating to the request period.</p> <p>Indicate the duration of work performed in the Czech Republic from – to (indefinite period may be marked if this is the actual situation).</p> <p>The status of the applicant is mandatory.</p> <p>By civil servant is meant a state employee (an employee of central state administration bodies and their contributory organizations, if they are authorised to perform state administration - in the case of a posting also for activities abroad), a person in a service relationship and an employee of a territorial self-governing unit who performs administrative activities in under independent or delegated powers.</p> <p>If the claimant is a sailor, indicate Other situation in the beginning of the application. If the claimant pursues also other gainful activity, indicate the simultaneous activity situation in the beginning of the application. If the claimant is a sailor and his vessel sails under the flag of the Czech Republic, enter the vessel name and flag state and in the same time do not fill the section H. Information about an activity abroad in respect of the activity as a sailor.</p> <p>By flight or cabin crew member is meant a member of a flight crew or cabin crew performing activities for passenger or cargo transport.</p>

		If the claimant is a flight or cabin crew member, indicate Other situation in the beginning of the application. If the claimant pursues also other gainful activity, indicate the simultaneous activity situation in the beginning of the application. If the claimant has a home base airport in the Czech Republic, enter the name of the home base airport and town, where the home base airport is located, and in the same time do not fill the section H. Information about an activity abroad in respect of the flight crew activity.
<b>G.</b>	<b>Information about the employer abroad</b>	If you have more than one employer abroad during the request period, fill in Section G. once for each of them.
		If you carry out activities in the Czech Republic for your foreign employer during the request period, enter information about this activity in Section F. If you carry out activities for him abroad, enter information about this activity in Section H.
		For a foreign employer, give its identification number, its tax number and CSSA variable symbol (if it is registered in the Czech system).
		For an employee posting to Contracting States indicate whether the foreign employer is a daughter/mother company of the Czech employer.
		In case of posting to a contractual state indicate if the activity of the claimant performed for the employer abroad is compared to the activity performed for the employer in the Czech Republic same or different.
		Indicate the duration of employment from – to (indefinite period may be marked if this is the actual situation).
		Type of employment – tick one option.
<b>H.</b>	<b>Information about activity abroad</b>	If you perform more than one activity abroad during the request period, fill in section H, once for each of them.
		If you are performing work activities abroad for a Czech Republic-based employer during the request period, please provide information about that employer in Section E.
		Indicate the duration of work activities abroad from – to (indefinite period may be marked if this is the actual situation).
		The status of the applicant is mandatory.
		If the claimant is a sailor, indicate Other situation in the beginning of the application. If the claimant pursues also other gainful activity, indicate the simultaneous activity situation in the beginning of the application. If the claimant is a sailor and his vessel sails under the flag of a state other than the Czech Republic, enter the vessel name and flag state and in the same time do not fill the section F. Information about an activity in the Czech Republic in respect of the activity as a sailor.
		If the claimant is a flight or cabin crew member, indicate Other situation in the beginning of the application. If the claimant pursues also other gainful activity, indicate the simultaneous activity situation in the beginning of the application. If the claimant has a home base airport abroad, enter the name of the home base airport and town, where the home base airport is located, and in the same time do not fill the section F. Information about an activity in the Czech Republic in respect of the flight crew activity.
		Enter the address of the work place/places abroad.
		For simultaneous activities: If you do not have the permanent address of the place of performance of activity abroad (e.g. if you are a driver in international truck transport, a business representative, etc.), indicate this fact and do not fill in the address in the PLACE OF WORK ABROAD block (nor the State field). List all states of activity in Section D.
		Information on replacing another posted worker is mandatory for a posting.
		The applicant's activity abroad is managed for the period specified in the request – tick one of the options.
<b>I.</b>	<b>Share of the activities</b>	The section is only mandatory for the simultaneous performance of an employee's activities in two or more Member States and in request for an exception. In the case of a request for a future period, provide a qualified estimate for the next 12 calendar months.
		If you work simultaneously in 2 to 4 Member States (including the Czech Republic) during the request period, please provide information for these states. The sum of these values will be 100 %. If no activity is pursued in the Czech Republic, provide 0 for the Czech Republic.

		<p>If you work simultaneously in the territory of more than 4 Member States (including the Czech Republic) during the request period, provide data for the 4 states with the largest shares. The sum of these values will be less than 100 %. If no activity is pursued in the Czech Republic, provide 0 for the Czech Republic.</p> <p>If necessary, an employee of the DSSA/PSSA/MSSA Brno/CSSA will further check the data by assessing contractual documents for the preceding profit period (usually the preceding 12 months).</p> <p>Marginal activities are activities that are permanent but not significant in terms of time and economic return and represent less than 5 % of a worker's regular working hours and/or less than 5 % of their total remuneration/income. If the activity in one of the monitored criteria comes to less than 5 % and at the same time less than 10 % in the other, this is also a marginal activity.</p>
<b>J.</b>	<b>Special situations</b>	If working on the territory of a Member State, select one of the options listed if the claimant is in such a situation during the time of the request. You can provide details in the Additional information field.
<b>K.</b>	<b>Information about previous activities abroad</b>	Fill in only in the case of previous activity abroad. Fill in the data for the 2 year period preceding the period of this request. If you have more than one such activity, list only the last one here (information about other activities can be included in Section Q.).
<b>L.</b>	<b>Information about periods of insurance abroad</b>	<p>Fill in if participating in insurance abroad.</p> <p>If you have a foreign insurance number, please fill in this number, the name of the foreign institution, the state and the sector to which the number relates. By sector is meant the social security sector, e.g. social insurance, health insurance, all, etc.</p> <p>Fill in the period of insurance abroad and the period of receiving benefits abroad from – to (indefinite period may be marked if this is the actual situation).</p>
<b>M.</b>	<b>Grounds for a request for exception</b>	Fill in only in the case of a request for an exception under Article 16 of Regulation (EC) No 883/2004, Article 17 of Regulation (EEC) No 1408/71 or under international social security agreements concluded by the Czech Republic.
<b>N.</b>	<b>Request for exception under the Framework Agreement on application of Article 16(1) of Regulation (EC) No. 883/2004 in cases of habitual cross-border telework</b>	Tick if you are requesting an exception under the Framework Agreement relating to employees performing telework i.e. cross-border remote work (usually performed from home in a Member State other than that of the employer's registered office), using information technology, taking up less than 50 % of their working time. Further information at <a href="https://www.cssz.gov.cz/web/cz/-/telework-eu">https://www.cssz.gov.cz/web/cz/-/telework-eu</a> .
<b>O.</b>	<b>Classification of economic activities (CZ-NACE)</b>	In the case of activity in Member States, you must indicate one (main) field of activity.
<b>P.</b>	<b>Declaration of a third-country national</b>	If you are not a national of a Member State and if you work also on the territory of the Czech Republic during the period of the request, indicate whether you have a valid residence permit in the Czech Republic, and if so, indicate the period of its validity from – to. When working, migrating persons must fulfil the conditions for legal residence in all states in which they work.
<b>Q.</b>	<b>Additional information</b>	Additional information regarding the applicant's specific situation can be provided.
<b>R.</b>	<b>Information about an agent</b>	Fill in the information if the request is being submitted by an agent, i.e. a natural person or legal person with power of attorney for all CSSA actions, services and forms or only for selected CSSA services and forms. If the agent does not have a data box, enter the address details (i.e. Street, Municipality, etc.).
<b>S.</b>	<b>Declaration</b>	The person, who is submitting the request, hereby confirms that the information provided in the request is true and is aware of the consequences of providing false or incomplete information.

<b>List of abbreviations used</b>	
No	Number
CSSA	Czech Social Security Administration

DD.MM.YYYY	day, month, year
EEA	European Economic Area; the states of Iceland, Lichtenstein and Norway
EEC	European Economic Community
EC	European Community
EU	European Union
MSSA Brno	Municipal Social Security Administration Brno
DSSA	District Social Security Administration
PSSA	Prague Social Security Administration
UK	Great Britain and Northern Ireland