

平成 23 年 3 月 25 日

日系企業の皆様へ

在チエコ日本国大使館経済班

日・チエコ社会保障協定第10条に基づく申請に関する個別審査の  
調査用紙(英語版)について

日本からチエコに一時的に派遣される被用者でチエコ国内の現地法人と雇用契約を締結している方々については、昨年12月1日より、日・チエコ社会保障協定第10条に基づきチエコ社会保険料の免除申請が可能となり、個別審査を経て認められれば、チエコの社会保険料が免除されることとなりましたが、今般、別添のとおり、当該個別審査の際に使用される調査用紙の英語版を入手しましたので、申請から一定期間経過後にチエコ当局より送付されるチエコ語版調査用紙の内容理解促進に資するよう情報提供いたします。



ČESKÁ SPRÁVA SOCIÁLNÍHO ZABEZPEČENÍ  
ÚSTŘEDÍ - ODBOR NEMOCENSKÉHO POJIŠTĚNÍ ZAMĚSTNANCŮ

Křížová 25, 225 08 Praha 5

address: xxxx  
xxxx  
xxxx  
xxxx

**RE: Request for information in matter of exception according to the Article 16 of the Regulation (EC) No. 883/2004**

Prague, xx.xx.20xx

Dear Sir or Madam

The Czech Social Security Administration (further referred to as the "CSSA") has been asked by the competent institution of **State** to agree with granting an exception from applicability of the Czech legislation in the field of social security to the below mentioned foreign worker.

**Name Surname, born dd.mm.yyyy - application No. xxxVJ/20xx/xx**

With reference to the provision of § 11 of the Act No. 582/1991 Coll., on Organisation and Implementation of Social Security, as amended, we ask you to provide us with **following data about the above mentioned person:**

**1. IS HE/SHE IN ANY LABOUR RELATION WITH YOUR (CZECH) ORGANISATION?**

- **YES,**  
what kind of labour relation (employment contract, agreement to perform work etc.):  
.....
- **NO**

**2. IS HE/SHE A MEMBER OF STATUTORY BODY OF YOUR ORGANISATION?**

- **YES**
- **NO**

**3. WHAT IS THE TIME PERIOD HE HAS BEEN WORKING, WORKED OR WILL WORK IN YOUR ORGANISATION? (GIVE THE EXACT DATE OF THE COMMENCEMENT AS WELL AS THE END OF THE WORK.)**

From ..... to .....

**4. THE POSITION OCCUPIED BY THE ABOVE MENTIONED PERSON**

- has been newly created for this person
- had been created in the past and occupied by a Czech worker until the above mentioned person undertook it
- ☐ had been created in the past and until the above mentioned person undertook it, it had been occupied by another foreign worker whose posting in the CR was finished already

**5. DOES/DID/WILL HE/SHE PURSUE ANY REGULAR GAINFUL ACTIVITY IN ANOTHER COUNTRY WHILE WORKING IN THE CR?**

- **YES,** in which country/-ies: .....  
in what extent (e.g. %, number of days a month etc.): .....
- **NO**

**6. WHO REMUNERATES HIM/HER?**

- your company (the Czech one)
- the company abroad

**7. WHO CONTROLS HIS/HER WORK IN THE CR?**

- your company (the Czech one)
- the company abroad

**8. HAVE THE SOCIAL-SECURITY PREMIUM AND CONTRIBUTIONS TO THE STATE EMPLOYMENT POLICY BEEN PAID FOR HIM/HER IN THE CZECH REPUBLIC?**

- **YES,**  
in time period from.....to.....
- **NO**

**9. DID HE/SHE DRAW ANY FINANCIAL BENEFITS OF THE SICKNESS INSURANCE FROM THE CZECH SYSTEM?**

- **YES,**  
in time period from.....to.....  
type of benefit .....
- **NO**

**10. HAVE THE HEALTH-INSURANCE PREMIUMS BEEN PAID FOR HIM/HER IN THE CZECH REPUBLIC?**

- **YES,**  
in time period from.....to.....
- **NO**

**11. DID HE/SHE DRAW ANY HEALTH CARE BENEFITS IN THE CZECH REPUBLIC?** (E.G. MEDICAL TREATMENT, MEDICAMENTS ETC.)

- **YES,** in time period from.....to.....  
• **NO**

**12. WHERE DOES THE ABOVE MENTIONED PERSON AND HIS/HER FAMILY MEMBERS LIVE WHILE HE/SHE IS WORKING IN THE CZECH REPUBLIC?** (IT IS SUFFICIENT TO NAME THE COUNTRY/-IES.)

The above mentioned person him-/herself:

His/her family members (children, wife/husband etc.):

**13. NAME THE REASONS WHY THE ABOVE MENTIONED PERSON SHOULD REMAIN SUBJECT TO THE FOREIGN SOCIAL SECURITY SYSTEM. (OTHER THAN ECONOMIC)**

**14. WHAT WOULD BE THE NEGATIVE CONSEQUENCES FOR YOUR (CZECH) COMPANY IF THE ABOVE MENTIONED PERSON WAS NOT PERMITTED TO REMAIN SUBJECT TO THE FOREIGN SOCIAL SECURITY SYSTEM?**

\_\_\_\_\_  
Date and signature of the responsible person

\_\_\_\_\_  
Organisation stamp

**Contact data of the responsible person:**

Name:

Telephone:

E-mail:

.....  
The requested information is necessary so as the request for an exception from applicability of the Czech social security legislation could be examined properly by CSSA and the Centre for International Reimbursements (further referred to as the "CIR").

The final common decision of CIR and CSSA will be submitted to the competent institution abroad based on the gained data. This institution then issues (in case of affirmative decision) the E 101 form that confirms applicability of the legislation of the EU/EEA member state.

PLEASE, SEND **TWO COPIES** OF YOUR **REPLY TILL XX.XX.20XX** IN THE FOLLOWING WAY:

- **first copy to the CSSA** either via e-mail to the address of the entrusted employee of the Department of International Insurance Relations: name.surname@cssz.cz (tel. 257 06x xxx) or per fax no. 257 063 046. You can send your reply per post to the following address as well: Česká správa sociálního zabezpečení, odbor 32 – oddělení mezinárodních pojistných vztahů, Křížová 25, 225 08 Praha 5, Czech Republic
- **second copy to the CIR** either via e-mail to [vyjimky@cmu.cz](mailto:vyjimky@cmu.cz) or per fax no. 222 734 951 or per post to the following address: Centrum mezistátních úhrad, nám. W. Churchilla 2, 113 59 Praha 3, Czech Republic

In case we do not receive your response by the deadline, it will not be possible to meet the requirement of the competent foreign institution for a consent with granting the exception according to the Article 16 of the Regulation (EC) No. 883/2004 for the above mentioned worker. Consequently this person would be subject to the Czech social-security legislation (i.e. sickness, pension, health and casualty insurance) while working in the CR.

Best regards

\_\_\_\_\_  
Name Surname  
Department of International Insurance Relations

**Instructions how to fill in this investigative letter:**

**PLEASE, PAY SPECIAL ATTENTION WHEN FILLING IN.** In case of any uncertainties do not hesitate to contact the entrusted employee of the Department of International Insurance Relations of CSSA (see contact above).

Fill in **ALL THE QUESTIONS** carefully. In case any question is not answered you increase the probability of denial of the exception because of insufficiently accomplished investigative letter. In case you are not able to answer the particular question write in for what reason.

If none of the suggested answers to the particular question is suitable, please write in another one. The main purpose is to describe the situation as in detail as possible and to present all facts that could be of any influence on our final decision.

In case you do not have enough space to any answer use an extra sheet of paper and state clearly to which of the questions your answer belongs.