Jihočeská univerzita
v Českých Budějovicích
University of South Bohemia
in České Budějovice

Bursar's Ordinance
K 172

Annexe to Bursar's Ordinance K 172

Application for a contribution from the Social Fund to pension insurance/supplementary pension savings

Name and surname: ....

Date of birth: ....

Unit + faculty: ....

Name of pension company: ....

Payment details **for the employer provided by the pension company after you have reported the information that the employer will be contributing:**

Pension company account number: .... Bank code.......................

Contract number: .... Variable symbol: ....

Constant symbol: ....… Specific symbol: ....

Effective date of contract: ………………………………………

Check the type of product stated in the contract: ☐pension insurance / ☐supplementary pension savings

By signing this application, I declare that I agree to the employer collecting the above data for the purposes of granting and providing a contribution to pension insurance or supplementary pension savings and handling or otherwise processing them for the same purposes in accordance with Act No 110/2019, on the Protection of Personal Data, as amended.

Date …………………………………..   …………………………………………………..
                                                              Employee signature

The Human Resources Office has verified the staff member's entitlement to the contribution in accordance with Ordinance K172.

                                                              …………………………………………………..
                                                              Representative of the Human Resources Office – signature

Please attach a copy of your pension insurance/supplementary pension savings contract to the completed application form.

Both documents should be sent electronically or delivered in person to the relevant human resources office of the faculty/constituent part.

You are obliged to notify the relevant human resources office of the faculty/constituent part without delay of any changes to any of the above information. Please indicate the relevant changes on the new form (Application for a contribution from the Social Fund to pension insurance / supplementary pension savings).