

**Affidavit on a single employer**

***In connection with the determination of jurisdiction in the field of social security and health insurance applicable to workers in the European Union (EU), the European Economic Area (EEA) and Switzerland, I:***

Name and surname: ………………………………………………………..

Date of birth: ………………………………………………………..

Nationality: ………………………………………………………..

Address of permanent residence: ……………………………………………………………………………..…………………………..

Passport number (or other travel document number): ………………………………………………………..

I solemnly declare

that in accordance with EU Regulation 883/2004 and Council Implementing Regulation No. 987/2009 to date /on the expected date of commencement of work at the Silesian University in Opava, a public university with headquarters Na Rybníčku 626/1, 746 01 Opava, ID 47813059 (hereinafter referred to as "SU"), i.e. to ....................................... ... \* within other EU, EEA and Swiss states:

* I have **no other employer**;
* I am **not a self-employed person**;
* I receive / do not receive **old-age pension**\***.**

In this context:

* I acknowledge that if I have another employer or income as a self-employed person in another EU Member State, EEA or Switzerland, I have to apply to the relevant social security institution for the issue of a "Certificate of Accession to Social Security Legislation" (Form A1) and without unnecessary delay to submit it to the Personnel and Wages Department SU,
* I undertake to immediately inform the Personnel and Wages Department SU of any changes in the facts stated in this affidavit;
* I undertake to fully compensate SU for any damage that may be caused to it in connection with my late or additional submission of Form A1, or in the event of non-disclosure of changes in the facts mentioned herein, especially if my jurisdiction for social security law and health insurance of another EU / EEA country or Switzerland is determined retroactively, including the obligation to pay the SU's duplicate payments to the social security systems, any fees and penalties and costs of legal representation of SU in the Czech Republic and abroad.

...................................... .......................................  
 *place and date signature*