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**Notification of changes related to the employer contribution
at** Select an item.

**Part A - Employee:**

Last name and first name, title of employee:............................................................................................................

SU department (part, unit): ..............................................................................................................

Hometown:..............................

In accordance with the Rules for the Establishment of the Social Fund and for the Provision of Contributions from the Social Fund, I hereby announce

1. **Effective from: .............................. change:**

|  |  |  |
| --- | --- | --- |
|  | **Original figure** | **New figure** |
| in personal data (e.g. permanent address, surname, etc.) |  |  |
| the amount of the monthly participation fee |  |  |
| the PZS provider (pension or investment fund, etc.) |  |  |
| other important facts |  |  |

1. **discontinuation of payment of the** participation fee / **termination of the contract** for Select an item. \* **as of:** ...........................

At .............................. on: ....................EmployeeSignature: ..................................................

**Part B - Personnel and Payroll Department:**

He took over on: ..............................Subscription: .........................................................................

**Changes have been made:**

* Ke dni: ..............................
* Employer contribution is stopped/renewed\* as of: ..............................

Date: ..............................Subscription: .........................................................................