

Employment Service of Slovenia

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| Surname and name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personal identification no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I, the undersigned, hereby file the following application pursuant to Article 118 of the Labour Market Regulation Act (Official Gazette of the Republic of Slovenia, No. 80/10, as amended)

**APPLICATION**
**for exercising the right to unemployment benefits**

**I am exercising the right to unemployment benefits:**

🞏 for the first time 🞏 I have already received unemployment benefits and

* fully utilised them
* did not fully utilise them due to
* instead of exercising a new right, I wish to exercise the right in its remaining part, because the duration of the latter is longer than that of the new right

## After the termination of employment:

* I am on sick leave 🞏 I am not on sick leave

## In the last eight (8) months prior to termination of the employment relationship, I was receiving salary compensation due to 🞏sickness, 🞏maternity leave 🞏disability:

🞏 YES 🞏 NO

## I am eligible for old-age pension in accordance with the fourth paragraph of Article 27 of the Pension and Disability Insurance Act (60 years of age and 40 years of qualifying period, excluding purchased periods)

🞏YES 🞏NO

**I am eligible for occupational pension according to the regulations governing occupational insurance** (occupational insurance is a form of insurance that can be taken out by employees who perform particularly difficult work and work that a person is physically or mentally unable to perform after a certain age, such as soldiers, police officers, drivers, foresters, railway workers, pilots and others).

🞏YES 🞏NO

## Receiving benefits from the Pension and Disability Insurance Institute:

🞏 YES 🞏 NO

## Before becoming unemployed as a frontier worker, I commuted daily or at least once a week to another EU Member State, the EEA or the Swiss Confederation, namely to .

🞏YES 🞏NO

**I have qualifying years abroad.**

🞏YES 🞏NO

**Date of termination of compulsory insurance:** 🞏🞏/🞏🞏/🞏🞏🞏🞏

# APPLICANT’S STATEMENT

#### Prior to becoming unemployed (mark with an X as appropriate):

* + I was not receiving and I am not receiving income from employment.
	+ I was receiving and will continue to receive income from employment.

I am aware that I have the obligation pursuant to Article 67 of the Labour Market Regulation Act (ZUTD) to promptly inform the Employment Service of Slovenia about **any** basis for the payment of income from work. If this basis already exists when the right to unemployment benefit is exercised, I shall be obliged to inform the Employment Service of Slovenia thereof **when** exercising the right to unemployment benefit, and in any case no later than **within** eight days of its occurrence. I am aware that in the event of failure to comply with the obligation, my right to unemployment benefit shall cease and I shall be obliged to return the unjustifiably received amounts of unemployment benefit.

1. I am aware that, according to Articles 66 and 139 of the General Administrative Procedure Act, an authorised official of the Employment Service of Slovenia in charge of the procedure will acquire from official records the data necessary for establishing the state of facts that are important for decision-making, and I hereby give permission for this.
2. I am aware that I may only revoke my decision on exercising the right to the remaining unused part of unemployment benefit instead of the new right until the issuing of the decision of the body of the first instance.
3. I am aware that pursuant to the fourth paragraph of Article 63 of ZUTD, I cannot claim the right to unemployment benefit if:
* I am eligible for old-age pension in accordance with the fourth paragraph of Article 27 of the Pension and Disability Insurance Act;
* I am eligible for an occupational pension under the regulations governing occupational insurance.
1. I am aware that pursuant to the fifth indent of Article 65 of ZUTD, my right to benefit ends on the day I turn 65 years of age or when I qualify for old-age pension in accordance with the first indent of the fourth paragraph of Article 63 of ZUTD.

#### I declare that an additional general tax allowance is taken into account in the calculation of income tax prepayment on unemployment benefits (mark X as appropriate):

🞏 **YES 🞏 NO**

*If you select YES or* ***leave the box empty****, the additional general tax allowance will be* ***taken into account*** *when calculating the amount of benefit.*

*If you select NO, the additional general tax allowance will* ***not be taken into account*** *when calculating the amount of benefit.*

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| **Explanation:**The calculation of income tax payment on unemployment benefits takes into account the general tax allowance, which depends on the amount of income (in case of a lower income, a higher general tax allowance is applied).If you receive other (higher) income in addition to unemployment benefit in an individual year, you may be required to pay a relatively high amount based on the income tax reconciliation (additional income tax) on an annual basis.To prevent additional tax payable based on income tax reconciliation or at least a high amount payable based on income tax reconciliation, **you can opt for a lower general tax allowance at the time of the monthly payment when exercising the right to unemployment benefit.** Detailed information is available at the Financial Administration of the Republic of Slovenia): <https://www.fu.gov.si/kontakti/#c116>. |

1. **I claim tax relief for family members:**

🞏**YES 🞏NO**

**DATA ON THE APPLICANT’S FAMILY MEMBERS** FOR WHOM, ACCORDING TO THE PERSONAL INCOME TAX ACT, THE APPLICANT CLAIMS **TAX RELIEF**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SURNAME AND FIRST NAME | YEAR OF BIRTH | TAX NUMBER | PERSONAL IDENTIFICATION NUMBER (EMŠO) | FAMILY RELATIONSHIP |
|  |  |  |  |  |
|  |  |  |  |  |
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Family relationship – enter the adequate code:

 A – Child

* 1. – child up to 18 years of age
	2. – child up to 26 years of age enrolled in secondary, post-secondary or higher education
	3. – a child more than 26 years of age, if they enrolled in studies before turning 26, for no more than six years from the day of enrolment in undergraduate studies and for no more than four years from the day of enrolment in postgraduate studies
	4. – a child more than 18 years of age who is not enrolled in education and is capable of work, if registered with the employment office
	5. – a child who requires special care and protection, and who has the right to a child care supplement in accordance with the law governing parental care and family benefits, or the right to a supplement for assistance and service in accordance with the law governing pension and disability insurance

B – child unable to work in accordance with regulations governing the social care of mentally and physically disabled persons

C – spouse or co-habiting partner who is unemployed or does not perform an activity

D – parents or adoptive parents of the insured person

Note that in the original, Slovenian version of this document the masculine form is used for reasons of clarity and convenience only.

# I hereby declare that all the information is true and that I take full material and criminal liability for it.

ATTACHMENT TO THE APPLICATION:

#### I. MY EMPLOYMENT RELATIONSHIP TERMINATED DUE TO (mark the reason with an X):

##### EXPIRY OF A FIXED-TERM EMPLOYMENT CONTRACT

*Evidence:* 🞏 *Employment contract(s) - submitted by the applicant*

##### DEATH OF EMPLOYER (NATURAL PERSON)

*Evidence:* 🞏 *Certificate of an administrative unit that the employer (natural person) ceased to exist / obtained by the Employment Service of the Republic of Slovenia*

🞏 *Other:*

##### TERMINATION OF EMPLOYMENT CONTRACT BY MUTUAL AGREEMENT

*Evidence:* 🞏 *Written agreement on termination of employment contract / submitted by the applicant*

1. a. ORDINARY TERMINATION BY THE EMPLOYEE WITHOUT EXPLANATION

*Evidence:* 🞏 *Written notice of employment contract termination by the employee / submitted by the applicant*

b. ORDINARY TERMINATION BY THE EMPLOYEE DUE TO THE CHANGE OF EMPLOYER AND DETERIORATION OF RIGHTS FROM THE EMPLOYMENT CONTRACT OR SIGNIFICANT CHANGES IN WORK CONDITIONS

*Evidence:* 🞏 *Written notice of employment contract termination by the employee / submitted by the applicant*

🞏*Explanation of the reasons for deterioration / changes / submitted by the applicant*

🞏 *Employment contract(s) / submitted by the applicant*

##### ORDINARY TERMINATION DUE TO THE INITIATION OF BANKRUPTCY PROCEEDINGS OR COMPULSORY LIQUIDATION

*Evidence:* 🞏 *Written notice of employment contract termination by the administrator / submitted by the applicant*

##### ORDINARY TERMINATION BY THE EMPLOYER

*Evidence:* 🞏 *Written notice of employment contract termination by the employer / submitted by the applicant*

##### EXTRAORDINARY TERMINATION BY THE EMPLOYER

*Evidence:* 🞏 *Written notice of employment contract termination by the employer / submitted by the applicant*

##### CANCELLATION OR TERMINATION BY AGREEMENT DUE TO CHILD CARE

*Evidence: 🞏 Written notice of employment contract termination or termination by agreement of employment contract due to the care for 4 or more children / submitted by the applicant*

🞏 *Extracts from the register of births for the children / submitted by the applicant*

1. EXTRAORDINARY TERMINATION BY THE EMPLOYEE because the employer:
* has not provided them with work for more than two months and has, in addition, not paid them the legally prescribed wage compensation;
* has not paid their social security contributions in full for three successive months or on three occasions within a six-month period;
* failed to enable the performance of work as a result of a decision taken by the competent inspection service for more than 30 days, and has not paid them the legally prescribed wage compensation;
* has not paid them salary by the legally determined or contractual deadline on two successive occasions or on two occasions within a six-month period;
* has not paid them salary or has paid them substantially reduced salary for at least two months;
* has failed to ensure health and safety at work and the employee has on a previous occasion requested that the employer eliminate a threat of direct and unavoidable danger to life and health;
* failed to ensure equal treatment;
* failed to protect employees against sexual or other harassment or bullying in the workplace.

*Evidence:* 🞏 *Written notice of employment contract termination by the employee / submitted by the applicant*

🞏 *Copy of a written warning to employer / submitted by the applicant*

🞏 *Copy of notice to labour inspector / submitted by the applicant*

#### At the time of cancellation by the employer, I was:

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| --- | --- |
| * an employee representative

*Evidence:* 🞏 *Consent of the Union or body / submitted by the applicant* | * on parental leave

*Evidence:* 🞏 *Decision of social services centre* |
| * on sick leave

*Evidence:* 🞏 *Medical sheet / submitted by the applicant* | * a person with a level II or III disability, a worker with a disability, according to the Pension and Disability Insurance Institute

*Evidence:* 🞏 *Disability decision of the Pension and Disability Insurance Institute* |
| * pregnant or breastfeeding
 | * none of the above
 |

**In relation to termination of employment:**

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| --- |
| * I did not claim judicial protection according to the law
 |
| * I claimed judicial protection according to the law
 |
| * I will claim judicial protection according to the law
 |

*Evidence:* 🞏 *Request for judicial protection at the competent authority and social court / submitted by the applicant*

### INFORMATION ON THE DURATION OF THE PERIOD OF NOTICE IN CASE OF A BUSINESS REASON OR REASON OF INCOMPETENCE

During the period of notice, I used \_\_\_\_\_\_\_ days of absence from work for participation in labour market measures, for which the employer

🞏 has 🞏has not

paid me salary compensation.

During the period of notice, the employer or Employment Service of Slovenia:

🞏 has not offered me a new adequate employment contract for an indefinite period with another employer

🞏 has offered me a new adequate employment contract for an indefinite period with another employer, which I declined for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. TERMINATION OF EMPLOYMENT CONTRACT BASED ON COURT JUDGMENT

*Evidence:*  🞏 *Court judgement*

11. CESSATION OF ACTIVITY AS A SELF-EMPLOYED PERSON (sole trader, self-employed cultural worker, etc.)

*Evidence:*  🞏 *Proof of registration or deregistration from the relevant register (order on registration / deregistration from the business register, decision on registration / deregistration from the self-employed cultural workers’ register ...) / obtained by the Employment Service of Slovenia*

🞏 *Explanation of reasons for cessation of activity with relevant evidence / submitted by the applicant*

🞏 *Calculation of the prepayment of tax on income from the activity for the current and past year - for the sole trader / obtained by Employment Service of Slovenia*

🞏 *Decision on personal income tax assessment for the current and past year – for other self-employed persons / obtained by the Employment Service of Slovenia*

🞏 *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

12. RELOCATION TO ANOTHER CITY DUE TO THE EMPLOYMENT OF A SPOUSE OR COHABITING PARTNER

*Evidence:*  🞏 *Statement on marriage or an extra-marital relationship / submitted by the applicant*

🞏 *Employment contract of the spouse / submitted by the applicant*

🞏 *Statement on one-way distance by public transport from the place of residence of the insured person to the place of employment of the spouse or cohabiting partner / submitted by the applicant*

13. TERMINATION OF EMPLOYMENT CONTRACT OF AN ALIEN

*Evidence:*  🞏 *Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

14. TERMINATION OF A PUBLIC OR OTHER FUNCTION IN BODIES OF LEGISLATIVE, EXECUTIVE OR JUDICIARY POWER BASED ON ELECTION OR APPOINTMENT

*Evidence:*  🞏 *Evidence of exercising the right to return to work / submitted by the applicant*

15. OTHER REASONS (state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Evidence:*  🞏 *Documentation on termination of employment / submitted by the applicant*

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| ***EXERCISING THE RIGHT TO UNEMPLOYMENT BENEFIT AFTER THE TERMINATION OF VOLUNTARY INSURANCE*** |

16. TERMINATION OF VOLUNTARY INSURANCE DUE TO THE TERMINATION OF EMPLOYMENT CONTRACT SUSPENSION ACCORDING TO THE REGULATIONS ON EMPLOYMENT RELATIONSHIPS

*Evidence:* 🞏 *Documentation on the termination of the legal relationship that was the basis for voluntary insurance / submitted by the applicant*

🞏 *Confirmation of paid contributions from the Financial Administration of the RS / obtained by the Employment Service of Slovenia*

17. TERMINATION OF VOLUNTARY INSURANCE OF THE SPOUSE OR COHABITING PARTNER OF SLOVENIAN CITIZENS EMPLOYED ABROAD

*Evidence:* 🞏 *Documentation on the termination of the legal relationship that was the basis for voluntary insurance (proof of the termination of employment of the spouse or cohabiting partner abroad) / submitted by the applicant*

🞏 *Confirmation of paid contributions from the Financial Administration of the RS / obtained by the Employment Service of Slovenia*

18. TERMINATION OF VOLUNTARY INSURANCE OF THE SPOUSE OR COHABITING PARTNER OF DIPLOMATS OR OTHER CIVIL SERVANTS POSTED TO WORK ABROAD

*Evidence:* 🞏 *Documentation on the termination of the legal relationship that was the basis for voluntary insurance (proof of the termination of the post of the spouse or cohabiting partner posted to work abroad) / submitted by the applicant*

🞏 *Confirmation of paid contributions from the Financial Administration of the RS / obtained by the Employment Service of Slovenia*

The application was filed on \_\_\_\_\_\_\_\_\_\_\_\_\_ with the following attachments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The application needs to be completed in \_\_\_\_\_\_\_\_\_\_\_ days with the following attachments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The application was completed on \_\_\_\_\_\_\_\_\_\_\_\_\_ with the following attachments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **Name, surname and signature of the authorised official at the Employment Service of Slovenia:**

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the purpose of calculating the compulsory health insurance contribution by the employer/**payer, the EMPLOYMENT SERVICE OF SLOVENIA** (hereinafter: the Service), under the provisions of Article 48 of the Healthcare and Health Insurance Act (Official Gazette of the Republic of Slovenia, No. 72/06 – official consolidated version, as amended)**[[1]](#footnote-1)** I, the undersigned (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personal identification number (EMŠO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby

**D E C L A R E**

For the purpose of the correct calculation of the compulsory health contribution, I hereby declare that **in the first or the last month** when I receive a cash benefit and at the same time income from another employer/payer, **the Service** shall be

* **the main employer/payer** that provides the majority of the income and calculates and deducts the compulsory health contribution from the income paid for that month;
* **the other employer/payer** that pays a minor part of the income for the month and shall have no obligation to calculate the compulsory health contribution.

I further declare that

* **I am eligible for the compulsory health contribution to be paid from the budget of the Republic of Slovenia** because I am a war-disabled person, war veteran or a victim of wartime aggression, therefore the Service as the main employer/payer is **NOT** obliged to calculate the compulsory health contribution;
* **I am not eligible for the compulsory health contribution to be paid from the budget of the Republic of Slovenia**, and therefore it is calculated by the Service when it is the main employer/payer.

**I hereby undertake to provide information on any change affecting my compulsory health contribution obligations as soon as such a change occurs.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As of 31 December 2023, voluntary supplementary health insurance is abolished and a compulsory health contribution is introduced. Under Article 48 of the Healthcare and Health Insurance Act (Official Gazette of the Republic of Slovenia, No. 72/06, as amended), the compulsory health contribution is therefore deducted from income in the amount of EUR 35. If the unemployment benefit claimant receives income from an employer/payer for a few days in a given month, and unemployment benefit for a few days in the same month, the claimant has to decide who should deduct the compulsory health contribution for the month when there are two payers of income.

If you indicate "main payer/employer" in the declaration below, this means that even in months when there are two payers of income, the Service will deduct the mandatory monthly health contribution of EUR 35 from the unemployment benefit. During these months, the other payer/employer will not be your main payer and there will be no need for it to deduct the compulsory health contribution. [↑](#footnote-ref-1)