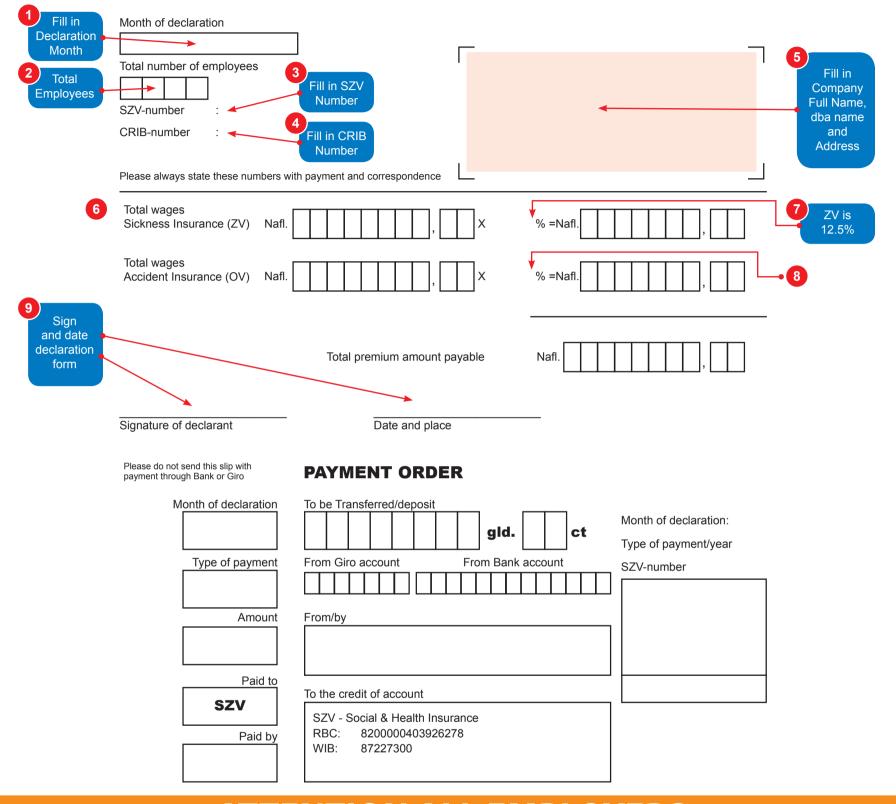


Declaration form payment of Sickness & Accident Insurance (ZV/OV) Premium



ATTENTION ALL EMPLOYERS

Please be advised, to fill in your monthly declaration forms for payment of your company's Sickness and Accident Insurance (ZV/OV) premiums completely, accurately and on time. In order to avoid assessments, declarations and payments are to be done no later than the 15th of the month for the previous month. The below listed steps will assist you with filling out the declaration form:

5tep 1: fill in month of declaration e.g. Jan 2015

Step 2: fill in the declared total number of employees of that month

5tep 3: fill in the company's SZV number

Step 4: fill in the company's CRIB-number

Step 5: fill in the company's full name, "doing business as" (dba) name and correct address (telephone number optional)

Step 6: calculate the ZV and OV wages. An explanation of the calculation can be located on SZV's website (www.szv.sx) or picked up at SZV in building 1 level 1.

Step 7: as of January 1, 2015 the premium percentage for ZV is 12.5%

Step 8: please use the applicable OV percentage.
For further information concerning the
OV percentage, please contact the
Registration department.

Step 9: sign and date your declaration form

PLEASE BE ADVISED OF THE FOLLOWING:

- In all cases, your ZV/OV declaration form has to be submitted at the SZV cashier located at the SZV building 1 level 1.
- For your own administration, you are advised to bring a copy of the declaration form to be stamped.
- Should you choose to pay your ZV/OV premium via the bank, always mention your SZV and CRIB number, company name and period of payment.