

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

**1** Fill in Declaration Month  
Month of declaration:

**2** Total Employees  
Total number of employees:

**3** Fill in SZV Number  
SZV-number:

**4** Fill in CRIB Number  
CRIB-number:

**5** Fill in Company Full Name, dba name and Address

Please always state these numbers with payment and correspondence

**6** Total wages Sickness Insurance (ZV) Nafl.  X % =Nafl.

Total wages Accident Insurance (OV) Nafl.  X % =Nafl.

**7** ZV is 12.5%

**8**

**9** Sign and date declaration form  
Total premium amount payable Nafl.

Signature of declarant \_\_\_\_\_ Date and place \_\_\_\_\_

Please do not send this slip with payment through Bank or Giro

## PAYMENT ORDER

Month of declaration:

To be Transferred/deposit  gld.  ct

From Giro account  From Bank account

Type of payment/year:

Amount:

From/by:

SZV-number:

Paid to: **SZV**

To the credit of account

SZV - Social & Health Insurance  
RBC: 8200000403926278  
WIB: 87227300

Paid by:

## 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:

- Step 1:** fill in month of declaration e.g. Jan 2015
- Step 2:** fill in the declared total number of employees of that month
- Step 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](http://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.