



Cessantia Request Form

To the executive board of SZV, Harbour View, Sparrow road #4, Philipsburg, St.Maarten

The undersigned ID. no.,

address

phone informs SZV about termination of his/her service relation with employer

..... code:

otherwise than by his/her fault or due to circumstances attributable to him/her, per <date:

D/M/Y>.....

The undersigned hereby requests to qualify for the Cessantia Lump Sum, 'article 3, lid 1' of the Cessantia-landsverordening (P.B. 1983 number. 85).

The undersigned declares that he/she was employed by the earlier mentioned employer in the period of

..... until

The last wage amount was Fls per week / 2 weeks / month *.

Philipsburg,(date D/M/Y)

** Delete if not applicable.*

(To be completed by SZV)

Number of years of service:..... Wage: Fls.per week / 2 weeks/ month

Benefit calculation :

.....X 1 X Fls.= Fls.

.....X 1¼ X Fls.= Fls.

.....X 2 X Fls.= Fls.

Total Fls.

Withdraw:

Wage tax % Fls.

Premium AOV/AWW 14% Fls.

Premium AVBZ 2% Fls.

Total Fls.

Netto Fls.

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Benefit calculation:	Name: Signature:	Date (D/M/Y):
Benefit calculation checked:	Name: Signature:	Date (D/M/Y):