PATIKA EGÉSZSÉGPÉNZTÁR
...az Igazi

SELF-ADMINISTERED SCHEME SERVICES - APPLICATION FORM

Telepatika P 06-1 210-9790 www.patikapenztar.hu

PEP2022/05/T/02

General information about the Member *(Please fill in the information in capital letters! Data marked with an asterisk is obligatory!)*

*Member's name

*Name at birth

*Place and date of birth

*Card Number

*Tax number

Phone number

*E-mail address

*Mailing address (postal code, city, street, house / building number)

Indication of a close relative entitled to the scheme (If the beneficiary using the service is not the same as the member, please provide the details of the beneficiary.)

*Name

*Place and date of birth

*Tax number

Requested service *(Please mark the requested service with an X in the box next to the service name. Only one service application can be submitted on an application form.)*

Please be informed that the use of self-administered services is possible after 180 days from the payment to the individual account.

The application for the services must be submitted to the fund during the existence of the event on which the service is based, or within 120 days after the receipt of the document certifying its occurrence, the existence of the condition or entitlement to the service, after which the entitlement expires.

Service name	Documents to be submitted at the same time as the application	Important notices
☐ A one-off, lump-sum allowance in the event of the **birth or adoption of a child**	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ copy of birth certificate ✓ in the case of adoption or custody, a copy of the official documents proving the fact	! The support can be applied for in the amount of a maximum of HUF 1,000,000 per newborn, as a one-time benefit.
☐ Supplementation to **Infant care allowance, childcare fee** ○ as a monthly regular support ○ as a one-off support	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ official confirmation of the benefit received at the time of the first application (not older than 120 days) ✓ a copy of the current account statement or postal payment slip certifying the transfer every month during the period of disbursement ✓ official certificate issued by the payer stating the difference between the benefit and the amount on which the benefit is based (or documents on the amounts enabling the difference to be calculated)	! The support is the difference between the net amount on which the infant care allowance and the childcare fee are based and the amount paid. ! Payment of the infant care allowance is 168 days from the start of entitlement, as per the certification. ! The childcare fee is paid until the child reaches the age of two, and due after the infant care allowance expires. ! One authorised person per child is entitled to request the services of the Fund.
☐ Supplementing the amount of **childcare allowance and child raising support** ○ as a monthly regular support ○ as a one-off support	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ a copy of the childcare allowance and the child raising support certificate issued by the Hungarian State Treasury (not older than 120 days) ✓ a copy of the certificate of the amount paid (for example: bank statement)	! The service of the Fund is to supplement the amount of childcare allowance and child raising support during the period of disbursement, up to the amount equal to the amount of the allowance. ! One authorised person per child is entitled to request the services of the Fund.
☐ **Schooling support (kindergarten, enrolment),** one-time support The service is a support towards the price of school supplies and clothing purchased by a person entitled to child benefit, for any child specified in the Public Education Act.	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ a copy of the certificate of attendance at the school or kindergarten ✓ a copy of the certificate of entitlement to child benefit issued by the Hungarian State Treasury (not required in the case of a student receiving a	! The annual amount of the allowance per child may not exceed the minimum monthly wage as of the first day of the year concerned. ! For the same child, one authorised person per individual account can use the support of the Fund. ! The support is provided on the basis of an

☐ **University, college support (tuition, student housing, rent)**, one-time support Reimbursement of tuition fees, usage fees, student housing fees, rental fees paid in respect of a natural person who has not reached the age of 25, and is a student in a state-accredited higher education institution.	university or college education) ✓ invoices proving the purchase of products and services, simplified invoices, originals of receipts, copies of electronic documents (Proofs of purchases not older than 120 days are required)	invoice issued and paid within 15 days before the first day of the school year and within 15 days after the last day of the school year. ! Invoices in the name and address of the member or beneficiary may be eligible.
☐ **Unemployment benefit,** ○ as a monthly regular support ○ as a one-off payment	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ copy of the decision establishing the original jobseeker's allowance or unemployment benefit issued by the Job Centre (not older than 120 days) ✓ a copy of the bank statement or postal receipt confirming the fact of the	! Within the scope of this support, the services of the Fund is, pursuant to Act IV of 1991 on job assistance and unemployment benefits, supplementing the amount of jobseeker's allowance and unemployment benefit during the period of disbursement, up to the amount of the amount on which the support is based.
☐ Support for the financing of **public utility fees,** which can be used on an ongoing basis and paid monthly The service is the reimbursement of public utility fees (electricity, gas, drinking water, sewerage fees) payable by the member who is a consumer to be protected as defined by law.	✓ a copy of the bill, simplified bill, receipt, electronic document issued and paid during the term of membership and while qualified as a consumer to be protected, on the amount and payment of the monthly utility fee ✓ a notice on the registration of the consumer to be protected, a confirmation sent to the consumer by the natural gas distributor or the electricity distributor	! The confirmation qualifying as a protected consumer must be renewed annually (until 31 March of the year concerned) ! The monthly amount of support that can be used to finance public utility fees may not exceed 15 percent of the minimum monthly wage valid on the first day of the year concerned.
☐ Support for the repayment of a **mortgage loan for residential purposes**, which may be granted on the basis of the corresponding documents issued at any time of the year during the membership	✓ a housing loan and mortgage contract or a certified copy thereof ✓ proof from the credit institution of the amount of the instalment for the last three months	! The monthly amount of support that can be used to repay the mortgage loan for residential purposes may not exceed 15 percent of the minimum monthly wage valid on the first day of the year concerned. ! Employer loan is not eligible.
☐ Aid for **damage caused by fire and other natural forces**; in case of damage caused by fire and other natural forces as specified in the Act on insurance companies and insurance activities (fire, explosion, storm, other damages caused by natural forces, nuclear energy, settlement, earthquake), may be granted once if a targeted support provides coverage.	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ a copy of the insurance claims inspector report confirming the occurrence of the event ✓ the result of the insurance claims inspector survey or ✓ invoices proving the cost of recovery ✓ copy of the title deed (not required to be certified) ✓ a statement confirming the permanent residence of the member	! The Fund provides the aid only on the basis of damage to residential property owned by the Member, or a close relative of the Member but also used by the Member as a permanent residence, in consideration of the damages in fixtures and fittings. ! The amount of the aid is the amount of the proven damage but not more than the amount specified in the targeted support agreement.
☐ Allowance for the **institutional care for elderly**, can be applied for as a regular payment if the amount of the monthly care fee exceeds the amount of the minimum pension ○ as a monthly regular support ○ as a one-off payment	✓ the registration form registering the beneficiary using the service, if he/she is not the same as the member ✓ proof from the institution of the person receiving the cafe, the person paying for the care, the duration of the accommodation / care and the amount of the care home fee ✓ the original of the invoices issued to the name and address of the member or the declared close relative	! Support for the daily or monthly fee for placement in a care institution. ! The allowance may be paid for the duration of the institutional placement up to the amount of the confirmed daily or monthly fee but not more than the daily or monthly amount of the minimum pension. ! For the same person, one authorised person per individual account can use the support of the Fund.
☐ Support for **funeral expenses**	✓ a copy of the death certificate ✓ document in proof of being a close relative ✓ originals of invoices certifying funeral expenses issued not earlier than 120 days in the name of the member or beneficiary	! The Fund provides this service to the member of the fund in the event of the death of a close relative of the member. ! One-off support available after the death.

More detailed information can be found on www.patikapenztar.hu in the Self-administered services menu!

Amount requested (please mark with an X):

☐ The maximum amount that can be legally granted; ☐ different amount, in this case HUF ☐☐☐☐☐☐☐

Please transfer the amount of the payable support to my account number maintained at the following financial institution.

Name of the financial institution maintaining the account: …….....

Account number: ☐☐☐☐☐☐☐☐-☐☐☐☐☐☐☐☐ -☐☐☐☐☐☐☐☐

*Method of payment: ☐ please pay the full amount

☐ I request payment up to the current balance (in this case, the remaining amount cannot be claimed later)

☐ I request payment from the amount of the employer's targeted support (in this case the payment is made up to the amount of the received support)

Declaration

I understand that I must notify the Fund within 30 days of the termination of the right to the support and that the Fund will not be liable for any disadvantages resulting from the failure to notify.

Dated: ……, ...…… 20…….

……
Member's signature

To be returned: Patika Egészségpénztár, seat: H-1022 Budapest, Bimbó út 18., mailing address: H-1535 Budapest, Pf.: 861.