Act on Sickness Insurance

(Act No. 187/2006 Coll. Sickness Insurance)

ACT of 14 March 2006

Sickness Insurance

Updated: 41/2009 Coll.
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Parliament passed this Act of the Czech Republic:

PART ONE

INTRODUCTORY PROVISIONS

§ 1

Scope

(1) This Act regulates health insurance (hereinafter referred to as "insurance") in respect of temporary incapacity for work, ordered quarantine, pregnancy and maternity care and household
member or care for him and the organization and implementation of insurance. The implementation of insurance shall also mean health assessment for insurance purposes.

(2) Premiums for insurance regulated by a special legal regulation 1).

(3) This Act shall apply to legal relationships that are not governed directly applicable regulation of the European Communities in the area of insurance, 2).

§ 2

Participation in the insurance

Insurance is part of a natural person

a) mandatory, in the case of persons referred to in § 5 point. a)

b) voluntarily, in the case of persons referred to in § 5, b) or on foreign workers [§ 3, q].

§ 3

Definition of certain terms

In this Act means

a) the insured individual who participates is insurance for insurance is also regarded as a natural person after termination of insurance if it implies withdrawal period (§ 15), claiming the benefit of insurance (hereinafter referred to as "dose") or receives a dose, and physical person at the time of interruption insurance

b) the employer a legal or natural person that employ at least one employee, a government department in which employees are included in employment or employed under contracts for work, business office, which is a state employee assigned to perform public service, prisons and remand prisons (the "prison"), which carries a prison sentence sentenced to work included, institutes for security detention, in which a person performs security detention included in the work, and departments or other organizational components of the security forces or Armed Forces of the Czech Republic, which are paid members of security forces business income or professional soldiers salary, or organizational units of the state or legal entities in which they are to perform service tasks, members of security forces deployed or assigned professional soldiers, (hereinafter "business unit")

c) the employer-based

First a legal person has its registered office or its branch office, which is registered in the Commercial Register, or in other legally designated register or other records prepared by law, established a branch means the address of its location,

Second the individual's place of residence, and in the case of foreigners, place of registered residence in the Czech Republic, a person who has reported or permanent residence in the Czech Republic, place of business in the Czech Republic and, if such person in the Czech Republic does not undertake, but their need for employing staff, the place of work of these employees,
Third with government departments and service their office headquarters stanovenézvláštním regulation or statute, or similar regulation,

d) the employer’s payroll department, which is recorded in the register of wages or salaries of employees, if the employer State means the payroll department of the government departments in which the records are kept salaries,

e) započítatelným TV reception, which is under a special legal regulation included in the assessment base for pension insurance,

f) achieved income assessable income cleared employees to kalendářníhoměsíce,

g) the employment legal relationship under which they perform work pracovnínebo similar activity or service (hereinafter "work") employees referred to in § 5.

h) a self-employed individual considered osobusamostatně-employed person for the purposes of pension insurance under a special legal regulation,

i) self-employment activity considered self-employed for purposes of pension insurance under a special legal regulation, including cooperation in self-employment,

j) of insured employment activities performed under the terms of participation in the founding of insurance, self-employment, if self-employed based on the performance of the activity itself to participate in insurance and employment of foreign workers if they volunteered to participate in insurance

k) time period of support for which is to be paid under this Act dose

l) social events with which this law unites entitlement, the emergence of temporary incapacity, quarantine regulation, the emergence of need for treatment or care of a household member, the onset of maternity benefits and the worker concerned to another job, the state employee other service position or other provisions of the policewoman service position,

m) a termination of pregnancy, childbirth, during which the register narozenízapsáno birth,

n) an employee of domesticated employees referred to in § 5 point. a) points 1, 4 to 6 and 15 who are not working at the workplace of the employer, but under the terms of the agreed work performed at home or at another location and working hours that you own schedules,

a) a contractual employee of the employer an employee whose headquarters are in the country with which the Czech Republic has not concluded an international agreement on social security (hereinafter referred to as "foreign employer"), if it is active in the Czech Republic at the contractual employer,

p) the contractual employer legal or natural person who is under subparagraph c) of residence in the Czech Republic and which are active in the Czech Republic assumed to employees of foreign employers in the Czech Republic for contract staff, according to the contract concluded with the foreign employer, the income of contract staff contractors paid by the employer or the employer compensated contractual foreign employer
q) an employee of a foreign employer, if employed in the Czech Republic for a foreign employer

r) state, with which the Czech Republic concluded the international agreement sociálním zabezpečení, outside these states also Member States of the European Union

a) member of the European Union also state that no member of the European Union, but applies the European Union regulations on the coordination of social security systems;

t) an international agreement on social security, which contains provisions on the application of the legislation on employment in the territory of the other Contracting State.

§ 4

Types of benefits

The insurance shall provide the following benefits:

a) sickness,

b) maternity,

c) nursing,

d) compensation in pregnancy and motherhood.

PART TWO

PARTICIPATION IN THE INSURANCE

TITLE I

CIRCLE OF PERSONS INSURED

§ 5

Insurance is subject to the conditions set out in this Act shall:

a) the employee which for purposes of this Act

First employees in employment

Second members of the Czech Police, Fire and Rescue sboru České Republic, Customs Administration of the Czech Republic, the Prison Service of the Czech Republic, the Security Intelligence Service and the Office for Foreign Relations and Information, professional soldiers and professional soldiers and hereinafter referred to as “members”;

Third State employees under the Civil Service Act,
4th team members in cooperatives where membership is subject to the cooperative relationship, if performed outside the employment relationship for cooperative work, they are rewarded by him,

5th employees employed under an agreement to work,

6th workers employed under foreign law

7th Judges,

8th councilors and local government zastupitelstevměstských parts or districts territorially divided statutory cities and the capital city of Prague, who are long-term performance or released prior to their election to office of a member council were in employment, but shall serve the same extent as long-term release of members council,

9th Members of the Chamber of Deputies and senators of the Senate of the Czech Republic,

10th members of the government, president, vice president and members of the Supreme Audit Office, members of the Council for Radio and Television Broadcasting, Chairman of the Energy Regulatory Office, members of the Institute for the Study of Totalitarian Regimes, members of the Czech Telecommunication Office, the Financial Arbitrator, Deputy Financial Arbitrator, the Ombudsman and representative of the Ombudsman,

11th natural persons who are appointed under a special law to the position nebovoleny Head of Administration or the function of the body of a legal entity established by special law, or to the position of deputy director or statutory authority, if this is a statutory body or head of only one person, and appointment or selection of these persons arose employment or business relationship and physical persons, under a special law which perform public functions outside employment or business relationship, if their employment relationship subject to the specified range of the Labor Code and not listed in paragraphs 7 to 10,

12th volunteers care services,

13th foster parents, who carry out foster care facilities for výkonpěstounské care under a special legal regulation, or who is in foster care receive the salary payable foster parents in special cases under special legal regulation,

14th sentence in prison, and the inclusion of persons to work in security detention included in the work

15th persons employed in a proportion that has an employment, but employment started, because they were not fulfilled the conditions set pracovněprávní předpisy for its emergence,

b) self-employed.

TITLE II

PARTICIPATION OF EMPLOYEES INSURANCE

§ 6
Conditions for participation in the insurance

(1) Employees are partakers of insurance, if

a) perform work

First the Czech Republic, for the performance of work in the Czech Republic is considered as the transient performance of work outside the Czech Republic, where the place of work permanently in the Czech Republic or

Second abroad for an employer based in the Czech Republic, if the place of work is permanently abroad and are not required to participate in pension insurance under the laws of the State in which they consistently perform work, and have permanent residence in the Czech Republic or another EU member state,

b) the employment has lasted or should take at least 15 calendar days and

c) the agreed amount of chargeable income from this job for kalendářníměsíc amount is at least opt for participation in the insurance (hereinafter referred to as "decisive income").

(2) Employees are also partakers insurance if their job did not last and has not lasted longer than 14 calendar days, meet the condition specified in paragraph 1 point. a), the agreed amount of chargeable income is at least the amount of applicable income or their assessable income reached at least the amount of applicable income climbed again to work for the same employer and by the end of

a) the previous employment insurance participation in the founding of re-entering the job elapsed time of at least 6 months, or

b) previous employment, which have not given participation in the insurance because it did not last and has not lasted longer than 14 calendar days, but an employee there at least reached the chargeable income of the decisive income to re-entering the job elapsed time of at least 6 months;

for the same employer is considered to be also the legal successor of the employer.

(3) For employees listed in § 5. a) paragraphs 2, 3, 7 to 11, 13 and 14, the condition referred to in paragraph 1 point. c) deemed to be fulfilled.

(4) If a contract employee who meets the conditions referred to in paragraph 1 point. b) and c) compulsory pension insurance participated in the State where the headquarters of his employer, insurance is a participant under this Act after a period of 270 calendar days of employment in the Czech Republic with the fact that this number 270 calendar days, counted all calendar days of periods of employment in the Czech Republic, which fall within the 2 years before the date of commencement of the last employment in the Czech Republic.

(5) The effective income is 2 000 CZK. The government will increase by the amount of applicable income from 1 January of the calendar year, unless the product of one tenth of the general assessment base determined pursuant to the Act on Pension Insurance, which two years preceding the calendar year, and the conversion rate specified under the Act on pension insurance for a
(6) Foreign employee insurance is involved, if the předepsanémtiskopisu signed up for insurance.

§ 7

Insurance for small-scale employment

(1) small-scale employment means employment in which splněnypodmínky listed in § 6, with the exception of the conditions specified in § 6, paragraph 1 point. c) because the agreed amount of chargeable income is less decisive than income or assessable income has been agreed at all.

(2) In the performance of small-scale employment the employer is insured jenv those calendar months for the duration of such employment, which amounted to at least chargeable income of the decisive income.

(3) assessable income cleared only after the small-scale employment is considered for insurance purposes as income cleared in the calendar month in which the employment ended.

§ 8

Accumulation of more employment insurance

If an employee performs multiple jobs, each of which participates based insurance, the insured from each of these jobs.

§ 9

The exclusion of employees of insurance

The insurance shall be exempt employees performing work in the Czech Republic for

a) an employer who enjoys diplomatic privileges and immunities as are partakers of insurance in another state,

b) an international organization if they are partakers insurance prostřednictvím international organizations and authority declares in writing health insurance that they therefore be excluded from insurance in the Czech Republic, this statement serves employees of a health insurance through an international organization for which they perform work.

§ 10

Origin, termination and suspension of employee insurance

(1) Insurance, employees referred to in § 5 point. a)

a) point 1 day, which started to work, and shall expire on termination of employment, per day, in which the employee started to work, is also regarded as the day before the date of commencement
of employment for which compensation shall be for wages or salary or for which wage or salary is not reduced,

b) point 2, the day that he joined the service, and shall expire on skončeníslužebního ratio

c) Section 3 of the date of entry services, and shall expire on termination of service,

d) Section 4 of the date of commencement of work for the team and shall expire on completion členství team,

e) Section 5 of the day when the first time after the conclusion of the work činnostizačal agreed to perform work, and shall expire on the expiry of which the period for which the agreement was negotiated,

f) Section 6, the day that came to work, and shall expire on termination of the relationship, if it is not a contract employee, insurance is the date on which he began to perform contract work for the employer, and shall expire on the termination of the contract work for the employer,

g) paragraph 7 of the date of taking office and shall expire on termination of office of judge,

h) paragraph 8 of the date on which the due reward for performance členůmzastupitelstev paid to local government councils and boroughs or districts territorially segmented statutory cities and the capital city of Prague, who are long-term performance or released prior to their election to office of a member council were in employment, but shall serve the same extent as long-term release of members of the council, and shall expire on the date on which the fee does not belong. Where the current mayor or the mayor challenges after the election period up to the constituent meeting of the newly elected council, and he paid the remuneration set out in the first sentence, takes his participation in insurance for a period during which he is entitled to such remuneration, it shall apply mutatis mutandis the county governor and the Mayor of Prague

i) of paragraph 9 of the date of election and shall expire on expiry of the term, popřípadědnem termination of the mandate,

j) paragraphs 10 and 11 day of taking office and shall expire on the termination of their functions,

k) paragraph 12 of the date on which he began to provide voluntary worker pečovatelskouslužbu, and expires on the date he ceased to be a volunteer care services,

l) of section 13, if it is a foster parent who performs foster care zařízeníchpro in foster care under a special legal regulation 13 , the date of commencement of foster care and shall expire on expiry of foster care, and if the foster parent, which is a foster care receive the salary payable foster parents in special cases under special legal regulation 14 , the date on which belong to this remuneration, and shall expire on the date on which the fee does not belong for reasons other than temporary incapacity,

m) on the inclusion of paragraph 14 of the work and shall expire on withdrawal from work,

n) Section 15 as from the commencement of work and shall expire on completion of work.
(2) If the agreed amount of chargeable income dosahovatrozhodného income stops due to a) change the agreed amount of chargeable income, an employee terminates participation in insurance on the day preceding the date on which this change occurred, b) increase the decisive income in accordance with § 6 paragraph 5, second sentence, an employee terminates participation in the insurance according to § 6 on the day preceding the date on which this increase occurred.

(3) If the small-scale employment will negotiate započitatelnéhopříjmu least in the amount of applicable income or assessable income will be done at least this amount increased, there is assurance from the date on which the assessable income in such amount as agreed or increased.

(4) concluded a staff member referred to in § 5, a) point 1 after termination of employment next to the same employer by two employment relationships to each other immediately follow, no termination of insurance because of termination of previous employment, if other employment conditions are met participation in insurance, in which if it is considered that the insurance lasts without interruption. This applies to the insured person referred to in § 5, a) paragraphs 4 to 11

(5) The insurance contract staff who participated is obligatory pension insurance in the State where the headquarters of his employer, begins on the day following the date on which elapsed 270 calendar days of employment in the Czech Republic, and shall expire on the termination of their employment in the Czech Republic; calendar days credit for time employment in the Czech Republic to the period of 270 calendar days in a period of 2 years before the start of last employment in the Czech Republic applies to § 6 paragraph 4 accordingly.

(6) The insurance contract staff who participated is obligatory pension insurance in the State where the headquarters of his employer, there is the date of commencement of work in the Czech Republic also in case the contract the employer can demonstrate that the contractual employee is required to participated in the state pension insurance where the headquarters of his employer. Originated the insurance contract employees under the first sentence, the insurance on the day following the day on which it was demonstrated that the contractual employee is mandatory pension insurance participated in the State where the headquarters of his employer, the provisions of paragraph 5 of this not being affected. Insurance of employees employed by an employer based in the Czech Republic, whose place of work is permanently abroad and who has permanent residence in the Czech Republic or another EU member state, there is the date of commencement of work abroad also in the event that the employer employee can demonstrate that the employee is required to participated in pension insurance abroad. If Insurance was founded by employees of the third sentence, the insurance on the day following the day on which it was documented that the employee participated mandatory pension insurance in the State in which the permanent place of work.

(7) Insurance of foreign employee arises on the date stated in the application form for insurance, but no earlier than the date on which the application for insurance was made, and shall expire on the termination of employment in the Czech Republic or the first day of the calendar month for which was not within the amount of time or under a special legal regulation premiums paid or the date specified in odhlášce of insurance, but not earlier than the date on which the cancellation was made.
(8) If during the period of insurance, the employee enters the sentence of imprisonment or detention of security, the existing insurance on the onset of imprisonment expires and re-created on taking up employment after prison.

(9) Insurance employee shall be suspended for a period during which the employee does not perform work due to

a) time off without compensation income, or leave the service for which service was provided income or salary, in the case of leave to which the employee is not entitled under a special law, and if this took off continuously for a period longer than 30 calendar days after consecutive; insurance shall be suspended the first day when the employee ceased to work due to the employment or service leave,

b) parental leave, with the exception of the period for which the employee is entitled to maternity benefits.

TITLE III

PARTICIPATION OF THE SELF-EMPLOYED IN INSURANCE

§ 11

Conditions for participation in the self-employed insurance

Self-employed insurance they belong, if

a) self-employed in the Czech Republic or outside the territory of the Czech Republic, but on the basis of authorization under the laws of the Czech Republic,

b) filed an application to participate in insurance on a prescribed form.

§ 12

Insurance in the performance of several self-employed activities

If self-employed concurrently performs several self-employed activities, which is insured only once.

§ 13

Establishment and termination of insurance of self-employed

(1) Insurance creates self-employed person on the date indicated in the application form for insurance, but no earlier than the date on which the application was filed.

(2) A person employed the insurance

a) the date specified in odhlášce of insurance, but not earlier than the date on which the cancellation was made,

b) the date of termination of self-employment,

c) the date of termination of the powers of self-employment
d) the date on which it was suspended self-employment,

e) the first day of the calendar month for which within the time under a special legal regulation paid premiums, and although it was paid in this period, but lower than the amount should be paid, or

f) date of onset of imprisonment or detention security.

PART THREE

BENEFITS

TITLE I

GENERAL CONDITIONS OF ENTITLEMENT TO BENEFITS AND PAYMENT

§ 14

(1) Entitlement to benefits arises if the conditions for entitlement to dákubyly met at the time of insurance or during interruption insurance (§ 10 paragraph 9).

(2) In the case of overlapping insurance, the conditions for entitlement to dávkuposuzují each insurance separately. If entitled to the same dose, except for compensatory allowance during pregnancy and motherhood, from several insurance benefit is due from all insurance only once.

(3) If an employee at the time of the founding pojištěnínastoupil job to another job, which arranged for the work (service) time off in the first job and where work takes place in the first place of work employment, and the emergence of social events took place during the life of another job, belongs only benefit from this additional work.

§ 15

(1) Sickness belongs also, if the creation of temporary incapacity for work (§ 57) or the imposition of a quarantine (§ 105) occurred after the termination of insurance in the withdrawal period. The withdrawal period is 7 calendar days from the date of termination of insurance, but if it took less time insurance, the protection period only as calendar days, how many days it took insurance.

(2) Financial assistance in maternity belongs also, if the insurance after the termination was the onset of the maternity benefits (§ 34 paragraph 1) the withdrawal period. The withdrawal period is for women whose insurance terminated during pregnancy, 180 calendar days from the date of termination of insurance, the provisions of paragraph 1 of the second sentence after the semicolon applies here mutatis mutandis. If there is a woman in the withdrawal period specified in the second sentence re-insurance, the protection period for this new and unused insurance running protection period of the previous insurance is added to the withdrawal period based on this new insurance, up to a maximum total area of 180 calendar days. Unless the protection period under the second sentence, the protection period 7 calendar days from the date of termination of insurance, the provisions of paragraph 1 of the second sentence after the semicolon applies here mutatis mutandis.

(3) The protection period stems only from the insured activity, separately for each insured activity.
The withdrawal period does not follow:

a) the activities of the insured beneficiary of a retirement pension or disability pension for disability the third degree,

b) from further employment referred to in § 14 paragraph 3,

c) agreed on another job just for a holiday in other employment,

d) the employment of small-scale

e) from employment, which negotiated an insured person who is a student or student, where the period of employment falls exclusively within the period of school holidays or vacations,

f) if the insurance or convicted persons in security detention ends at the time of their escape from the prison or security detention.

The protection period expires:

a) the emergence of new insurance, the insurance self-employed persons protection period of employment is not terminate if the claim for sickness and maternity benefits arise from insurance self-employed persons and withdrawal period has not undergone earlier, the fact that the provisions of paragraph 2, third sentence does not apply here,

b) the last day before the date on which the due payment of retirement or disability pension, although this does not apply in the event of a claim for payment of disability pension for disability the first or second degree, in the case of entitlement to maternity benefits,

c) the last day before the date of accession of imprisonment or detention of security,

d) the last day before escaping prisoner or person in security detention from the prison or security detention.

For the purposes of the withdrawal period, the period of interruption insurance considered insurance period.

§ 16

The insured is not entitled to the payment of sickness benefits, maternity benefits and nursing for the period during which

a) the insured performs the activities of which belong to these benefits, work or personal self-employed,

b) he is entitled pursuant to special legislation from work, from which belongs to these benefits continue to assessable income,

c) is in custody, if the benefits to which entitlement has accrued prior to withdrawing into custody,

d) serving a sentence of imprisonment or detention of security, if the benefits to which entitlement has accrued before the advent of imprisonment or detention of security, this does not apply in the
case of maternity benefit, if a woman serving a prison sentence or security detention caring for a child

§ 17

(1) benefits due in calendar days. The amount of benefit per calendar day shall be rounded up to whole crowns.

(2) If an employee per calendar day in which the entitlement to a benefit or in which entitlement to benefit ceases, entitlement to assessable income for part-time, it has the benefit per calendar day pro rata to be determined as a proportion of attributable to the part-time, for which he does not belong to assessable income.

(3) The provisions of paragraph 2 shall apply mutatis mutandis in the event of the day, which was temporary incapacity, which is regarded as a continuation of the previous temporary incapacity for work (§ 55 paragraph 4), and also for the purpose of nursing, in which the employee performed work only after part because the treated person was admitted to institutional care medical facility or released from this facility.

(4) calendar days referred to in paragraphs 2 and 3 are included in the support period.

TITLE II

DAILY BASIS

§ 18

(1) The daily assessment base is determined by the assessment base determined from the relevant period divided by the number of calendar days připadajícichna vesting period, unless stipulated otherwise, are excluded in the decisive period of days (paragraph 7), reduces the number of them calendar days of the vesting period. The daily assessment base is determined with a precision of 2 decimal places valid.

(2) The assessment base is the total employee bases for pension contributions for each calendar month during the relevant period. The assessment base for self-employed is the total monthly bases during the relevant period, of which that person has paid premiums for insurance. The total bases for pension insurance in the first sentence to include the assessment bases on which premium has not been carried away due to exceeding the maximum assessment base, the total monthly bases under the second sentence to include only those monthly assessment bases of premiums which were taken in accordance with a special legal regulation.

(3) The decisive period is a period of 12 calendar months preceding the calendar month in which the social event, unless stipulated otherwise.

(4) If a social event for the employee was in a period when an employee of the insurance by the end of the calendar month preceding the calendar month in which the contingency occurred, has not passed 12 calendar months, the relevant period from the insurance employees in the calendar month preceding the calendar month in which the contingency arose.
(5) If a social event was an employee in a calendar month in which originated insurance employees, the relevant period is the period of insurance of employees by the end of the calendar month.

(6) If the employee has during the relevant period determined in accordance with paragraph 3 of the assessment base or if they are in this decisive period only excluded day, the relevant period preceding the first calendar year in which assessable income was achieved and there is at least 30 calendar days, which is divided into assessment base. Vesting periods under the first sentence begins with the earliest date the employee insurance. The first preceding calendar year shall be determined gradually from the year in which the contingency arose.

(7) days are excluded

a) calendar days of excused absence, an employee at work or on duty, for which employees do not belong to a replacement income or for which it was provided business income or salary, with the exception of calendar days of leave without income compensation or service leave, for which service was provided income or salary, provided the employee by the employer where the employee does not work (service) leave entitlement under a special legal regulation calendar days of temporary incapacity for which the employee not entitled to sick leave by reason of the § 25 point. a) and c), and calendar days of temporary incapacity after the support period according to § 28 paragraph 4,

b) calendar days of temporary work incapacity or quarantine, in which the employee is entitled to pay wages, salary or bonuses during the first 14 calendar days of temporary incapacity (quarantine) or a reduced salary (reduced monthly fee) during the first 14 calendar days of temporary incapacity for work (quarantine), in the period from 1 January 2011 to 31 December 2013 is excluded by these days means the first 21 calendar days of temporary work incapacity or quarantine,

c) calendar days for which the employee paid sick leave, maternity or nursing,

d) calendar days per calendar month for which self-employed under a special legal regulation shall not apply to insurance premiums,

e) calendar days per calendar month in which the self-employed insurance unfruitful.

§ 19

(1) For the purposes of § 18 paragraph 4 to 6 is considered for the formation of insurance

a) an employee who is insured in the performance of small-scale employment (§ 7, paragraph 2), the onset of this employee to work, even if they have not given employment participation in the insurance in the calendar month in which the employee took up employment,

b) for employees released from imprisonment or detention of security re-emergence of an employee to work, which lasted for a period of imprisonment or detention of security,

c) an employee who was recognized disability, day, which was recognized by his disability,

d) an employee, in which interruption insurance (§ 10 paragraph 9), date of insurance determined in accordance with § 10 paragraph 1 to 8.
(2) The insured referred to in § 32 paragraph 1 point. d) and e) the vesting period determined at the date of first removal of the child, this applies even if the insured took over the care of the same child repeatedly.

(3) The employee, who for the duration of that employment are entitled to additional maternity benefits from this work within a period of 4 years of age, previous child with a daily assessment base is considered the daily assessment base determined for calculating the previous maternity benefits if is higher than the daily assessment base determined for calculating the additional maternity benefits, while comparing daily assessment bases before you modify them according to § 21.

(4) The reference period for nursing at the insured, who took care (care) according to § 39 paragraph 4, second sentence, instead of another creditor, determines the date of receipt of care (care).

(5) The employee transferred to another job or another business location due to pregnancy, maternity or breastfeeding instead of the periods determined the day of the social events of the day the transfer if it is to her advantage.

(6) If during the relevant period determined in accordance with § 18 paragraph 4 and 5 is not an employee assessment base, or if not in this decisive period of at least 5 calendar days, which is divided into assessment base shall be deemed the daily assessment base assessable income, which would employee is likely to reach for a calendar day in the calendar month in which was the social event.

(7) If you can not determine the vesting period in accordance with § 18 paragraph 6 because you can not specify the first calendar year preceding the assessment base and at least 30 calendar days, which is divided into assessment base shall be deemed the daily assessment base assessable income, which would employee is likely to reach for a calendar day in the calendar month in which was the social event.

(8) The assessment base of employees are also considered income to be under a special legal regulation 20 included in the assessment base for pension insurance, which were achieved in the performance of small-scale employment in those calendar months of the vesting period in which the employee was not of such employment insured in the number of calendar days of the relevant period, while counted as calendar days attributable to such calendar month.

(9) If during the relevant period determined in accordance with § 18 paragraph 3 is not self-employed no monthly basis is considered the daily assessment base the daily assessment base determined for calculating the previous batch of insurance self-employed.

(10) If there is any social event in the withdrawal period, the procedure for determining the applicable period as the social event was the day immediately following the day on which the insurance ended.

(11) Daily assessment base for calculating sickness foster parent, who is in foster care receive the salary payable foster parents in special cases under special legal regulation 14, is one thirtieth of the amount of remuneration payable for the foster parents last calendar month preceding the month in which his temporary incapacity was. Belonged to the foster parents pay for any of the calendar month preceding the month in which he suffered temporary incapacity, is his daily assessment base
for calculating sickness thirtieth of the amount of remuneration which he belonged for the calendar month in which his incapacity was temporary. The daily assessment base for the calculation of sickness benefits in quarantine ordered under a special law and for the calculation of other sickness insurance in this foster parent lays down similarly.

(12) Daily assessment base foreign employee the same way as the daily assessment base for self-employed.

§ 20

(1) If there is more in case of overlapping insurance with insurance that meets the conditions of entitlement to the same benefits, excluding compensatory allowance during pregnancy and motherhood, from multiple insurance (§ 14 paragraph 2 second sentence), entitlement to this benefit

a) the same day, the first daily assessment base for each insured activity, from which the insured asserted entitlement to benefits under § 18 and 19 and the daily assessment base for determining the dose as the sum of the daily bases,

b) from different days to determine the date on which entitlement to payment of insured benefits from other activities, daily assessment base again so that in this basis is considered a total daily assessment before treatment according to § 21 , which was used to calculate paid benefits, and daily assessment base determined in accordance with § 18 and 19 from other insured work, in which entitlement to payment of benefits.

(2) If the daily assessment base determined in the case of multiple failure dočasnýchpracovních according to paragraph 1 and the termination of such incapacity occurs gradually, with the daily assessment base for calculating sickness again and again so that the daily assessment base determined under paragraph 1 shall be deducted daily assessment basis set of the insured activity to which the temporary incapacity for work completed. The provisions of the first sentence shall apply mutatis mutandis also for the case of a claim for more financial aid in maternity.

(3) If the emergence of social events during the parallel withdrawal periods or during periods of overlapping protection and insurance, proceed by analogy with paragraphs 1 and 2.

§ 21

(1) The daily assessment base determined in accordance with § 18 to 20 is adjusted for calculation

a) sickness and nursing so that the amounts of the first reduction limit is counted 90% of the amount over the first reduction limit to the second reduction limit is counted 60% of the amount over the second reduction limit to the third reduction limit is counted, and 30% of the amount above third reduction limit is disregarded,

b) maternity benefits and compensation for pregnancy and motherhood, so that the amounts of the first reduction limit is counted 100% of the amount over the first reduction limit of the second reduction limit is counted 60% of the amount over the second reduction limit in the third reduction boundaries and counts 30% of the amount above the third reduction limit is taken into account.
(2) The daily assessment base amounts calculated under paragraph 1, the band of the first reduction limit, the first reduction limit of the second reduction limit and the second reduction limit to the third reduction limits are rounded to the nearest valid 2 decimal places.

(3) The daily assessment base determined in accordance with paragraphs 1 and 2 shall be rounded to the nearest crown.

(4) For the calculation of benefits is used daily assessment base determined in accordance with paragraphs 1 to 3.

§ 21a

canceled

§ 22

(1) The calendar year is

a) the first reduction limit one thirtieth of the product of the general assessment base determined pursuant to the Act on pension insurance for the calendar year that the two years preceding the calendar year for which the reduction of border states and the conversion factor determined pursuant to the Act on pension insurance for treatment of this general assessment base,

b) the second reduction limit of 1.5 times the amount of the first reduction limit,

c) third reduction limit of 3 times the amount of the first reduction limit;

amount of reduction limits are rounded to the nearest crown upwards, and the calculation of reduction limits under subparagraphs a) to c).

(2) The amount of benefits to which entitlement has accrued prior to 1 January of the calendar year and this claim is still significant this day is to be adjusted without a request from that date according to a new level of the daily assessment base determined by the amounts of reduction limits applicable from 1 January this year.

(3) The amount of reduction limits applicable from 1 January in the calendar year, announced the Ministry of Labour and Social Affairs in the Official Gazette notice.

TITLE III

SICKNESS

Part 1

Conditions of entitlement to sickness

§ 23

Entitlement to sickness the insured, who was recognized temporarily unable to work or who has been quarantined under a special legal regulation, takes the temporary incapacity or quarantine
ordered for more than 14 calendar days in the period from 1 January 2011 to 31 December 2013 more than 21 calendar days.

§ 24

The condition of entitlement to sickness insurance scheme, which is self-employed activities, is also participating in insurance as a self-employed persons according to § 11 for at least 3 months immediately preceding the day of temporary incapacity or the date on which it is quarantined. The provisions of the first sentence shall apply mutatis mutandis to foreign employees.

§ 25

The right to health is not insured,

a) who intentionally inflicted temporary incapacity,

b) which at the time of temporary work incapacity or quarantine was ordered entitlement to retirement pension if the insured activity ended before the date on which he is entitled to payment of retirement pension, be entitled to sickness benefits in this case expires on the last day before the date on which it entitled to payment of retirement pension,

c) which was established in temporary incapacity or quarantine has been imposed at the time of escape from a place of detention or convicted during the escape from the prison or at the time of escape of a person in security detention in place security detention.

Part 2

The support period for sickness

§ 26

(1) The support period begins on 15th of sickness calendar day of temporary incapacity or 15 calendar day quarantine ordered and ends, which ends temporary incapacity or quarantine ordered if the claim for sickness lasts until this day support period, however, shall not exceed 380 calendar days from the date of temporary work incapacity or quarantine regulation, unless stipulated otherwise. In the period from 1 January 2011 to 31 December 2013 support period begins on the 22nd calendar day of temporary incapacity or 22calendar day mandated quarantine.

(2) was created are entitled to sick leave due to temporary incapacity, to count the support period referred to in paragraph 1 of the preceding period of temporary incapacity for work, if they fall into a period of 380 calendar days before the temporary incapacity, the credit is made even if that the previous temporary incapacity for work has been recognized for other insured activity. Previous period of temporary incapacity for work are included in the period of support, even if sickness has not belonged to them. First and second sentence shall not apply if the insured activity lasted at least 190 calendar days after the last temporary incapacity.

(3) founded the temporary inability to work day in which the employee has worked shifts, it is for the purpose of the support period per day of temporary incapacity for work the next calendar day.

§ 27
After the support period provided for under § 26 nemocenské is paid at the request of the insured for the period specified in the decision authority, health insurance as a medical authority, sickness insurance, which paid sick leave, if it can be expected that the insured person is short, the longest but after 350 calendar days after the support period provided for under § 26, acquires the ability to work, even with the existing non-insured business, can do so repeatedly, and in particular the extension of payment of sickness may not be the extension of time longer than 3 months. Sickness can be under the first sentence to pay a total maximum period of 350 calendar days after the support period provided for under § 26.

§ 28

(1) Sickness beneficiaries of the retirement or disability pension for disability paid by the third grade from 15 calendar day of temporary incapacity, or from 15 calendar day quarantine ordered for a period exceeding 70 calendar days and up to date, which resulted in employment, if the employee or insurance ended, if it is a self-employed person or a foreign employee, the period from 1 January 2011 to 31 December 2013 is sick poživatelům these pensions paid from 22 calendar day of temporary incapacity, or from 22 calendar day quarantine ordered for a period exceeding 63 calendar days and up to date, which resulted in employment, if the employee or insurance ended, if it is a self-employed person or a foreign employee. For more temporary incapacity for work in one calendar year, paid sick leave this year for a maximum period specified in the first sentence. If the period of support under the first sentence and the second is exhausted in one calendar year, there is no entitlement to sickness benefit from 1 January of the following calendar year, continues to temporary incapacity or quarantine in the following calendar year. Sickness in the first sentence and the second can not pay more than would be paid off according to § 26. Pensioners for the purposes of the first sentence and second means a natural person who at the time of temporary work incapacity or quarantine ordered is entitled to payment of retirement pension for at least one day of the insured activity, the date on which entitlement to this pension was.

(2) Sickness of employment contracted only for a period of leave from other employment shall be paid within the day, which was to end the holiday.

(3) Sickness of employment negotiated by an insured person who is a pupil or student, only during school holidays (holidays) or part thereof shall be paid within the date when the occupation had ended.

(4) The support period for sickness convict on the run always ends convicted at the time of temporary work incapacity or quarantine ordered from the place of imprisonment. This applies to the insured person in custody or security detention.

(5) Sickness benefits are not paid employees for the time you should take time off without compensation income, or off duty, for which service was provided or salary income, if temporary disability caused or quarantine was ordered first day following the date of entering the such leave. The provisions of the first sentence does not apply when pojišťenka not entitled to maternity benefits from any insured activity, if the insured was recognized temporarily unable to work according to § 57 paragraph 1 point. e) and f) in case of employment or service leave granted for reasons of treatment or care provided in § 39 paragraph 1 point. a) or b) .
(6) Sickness benefits are not paid employees for the period during which the strike lasted, was the temporary inability to work or if it was quarantined first day following the date on which the employee became a participant in the strike.

Part 3

The amount of sickness

§ 29

The amount of sickness benefit per calendar day is 60% of the daily assessment base.

§ 29a

canceled

§ 30

He did the domesticated for allocating employee working period in which they took his temporary incapacity or quarantine ordered at least in part, reducing the amount of sickness benefit per calendar day that the time of temporary work incapacity or quarantine ordered accrue for the period of entitlement to the payment of sickness, so that sickness and total chargeable income for this period does not exceed the product of the daily assessment referred to in § 21 paragraph 4 and the number of calendar days of this period, the number of calendar days, exclude days per calendar year for the first 14 calendar days temporary incapacity or the ordered quarantine in the period from 1 January 2011 to 31 December 2013 calendar days per period of the first 21 calendar days of temporary work incapacity or quarantine ordered.

§ 31

The amount of sickness benefit per calendar day is 50% of health established in accordance with § 29 or 30, if the insured inflicted temporary incapacity

a) caused by participation in a brawl, a brawl here means mutual assault or physical conflict between two or more persons, unless the self-defense or help contested, if not the case referred to in subparagraph c)

b) as a direct result of his drunkenness or abuse of narcotic substances, psychotropic prostředkůnebo or

c) in committing an intentional crime or deliberately culpable offense.

TITLE IV

Maternity

Part 1

Conditions of entitlement to maternity benefits

§ 32
Entitlement to maternity benefits has

a) pojištěnka, who gave birth to a child, from birth to the first time since the beginning of the eighth week before the expected date of childbirth are entitled to maternity pregnant pojištěnka,

b) the insured, if the child is assumed to substitute parental care decision of the competent authority (§ 38);

c) the insured person who cares for a child whose mother died

d) an insured person who cares for the child and the child’s father or husband of a woman who gave birth to a child if the child’s mother can not or should not care for the child to serious long-term illness, for which it was recognized temporarily unable to work [§ 57 paragraph 1 point. e], and is not entitled to payment of maternity benefit [§ 36 paragraph 1 point. e]

e) the insured person who cares for the child and the child’s father or husband of a woman who gave birth to a child if the child’s mother entered into a written agreement pursuant to paragraph 7, that will take care of the child, this agreement can be closed with effect for a period beginning not earlier than the seventh week after childbirth.

The condition of entitlement to maternity benefits, the participation of the insured for insurance for at least 270 calendar days in the last two years before the date of accession to maternity benefits (§ 34 paragraph 1). If the claimed maternity benefits from multiple insurance must be a condition of participation in insurance fulfilled in each of these insurance.

The condition of entitlement to maternity benefits self-employed, in addition to meeting the conditions of the insurance pursuant to paragraph 2, participation in insurance as a self-employed persons according to § 11 for at least 180 calendar days in the last year before the beginning of the period of support provided according to § 34 paragraph 1. The condition of entitlement to maternity foreign employee is in addition to meeting the conditions of the insurance pursuant to paragraph 2, participation in insurance as a foreign employee in accordance with § 10 paragraph 7 for at least 180 calendar days in the last year before the beginning of the support period provided for under § 34 paragraph 1.

By the time the participation of insurance for entitlement to maternity benefits in accordance with paragraphs 2 and 3 are also included

a) the period of study in high school, college or high school or conservatory regarded as a systematic preparation for future employment for purposes of pension insurance, if the beginning of the sixth week before the expected date of childbirth falls into a period of 270 days from the date of successful completion of study or to take child care pursuant to paragraph 1, b) to e) occurred in the period of 270 days from the date of successful completion of studies,

b) the time of receipt of disability pension for disability the third degree if the pension was withdrawn and the withdrawal of retirement occurred, or as permanent insurance activity

c) the period of interruption insurance (§ 10 paragraph 9);
period referred to in subparagraphs a) and b) are included to the extent that they do not coincide with the insured activities.

(5) is applied to qualify for maternity insurance that does not condition participation in the insurance pursuant to paragraph 2, shall be credited to meet the conditions of the time participation in the underwriting of insurance in the previous two years prior to the start of financial assistance maternity, overlapping time participation in the insurance can be counted only once. When applied simultaneously entitled to maternity benefits from one or more insurance in which the condition of participation in insurance pursuant to paragraph 2, and insurance in which this condition is not met, shall be credited to meet this condition in insurance, in which this condition is not met, only those days during the two years prior to the start of maternity benefits, which continued participation in insurance in 270 days simultaneously in the number of insurance, which is entitled to maternity benefits applied. If a condition of participation in the insurance pursuant to paragraph 2 are met in several types of insurance, shall be credited to meet this condition of participation in the insurance period during the two years prior to the start of maternity benefits only for the insurance, which is the highest daily assessment basis, taking the procedure under the first sentence and second.

(6) A child for the purposes of paragraph 1 letter a), d) and e) means to reach children ages 1 year and for the purposes of paragraph 1 point. b) and c) a child who at taking care to not reached the age of 7 years and up to the age of 7 years and 31 weeks.

(7) The agreement pursuant to paragraph 1.e) must specify the date from which the insured child care, and day of birth, mother’s signature on the agreement of the child must be certified or validated by health insurance. The date from which it will be insured for the child care should not fall within the period for which the maternity benefit paid mother.

(8) In the cases referred to in paragraph 1 point. d) and e) the conditions for entitlement to maternity find the date of first removal of the child, this applies even if the insured person took care of the same child repeatedly.

Part 2

The support period for maternity benefits

§ 33

Length of support period for maternity benefits

The support period for maternity benefits is

a) at 28 weeks pojištěnky that gave birth to a child,

b) at 37 weeks pojištěnky, which also gave birth to two or more children, and after a support period 28 weeks maternity belongs, just as if pojištěnka cares for at least two of these children,

c) 22 weeks of insured referred to in § 32 paragraph 1 point. b) to e)

d) 31 weeks of insured that the reason set out in § 32 paragraph 1 point.
b) to e) while caring for two or more children, and after a support period 22 weeks maternity belongs, only if the insured person also cares for at least two of these children.

§ 34

The beginning and end of the support period for maternity benefits

(1) The support period for maternity benefits begins start of maternity benefits. The start of maternity occurs

a) the date on which pojištěnka determined in the period from the beginning of the eighth week until the beginning of the sixth week before the expected date of birth, if pojištěnka this day in this period determines the onset occurs at the maternity benefits at the beginning of the sixth week before the expected date of birth,

b) date of birth, if birth occurred before the beginning of the support period referred to in subparagraph a)

c) the date of receipt of child care to the insured in cases specified in § 32 paragraph 1 point. b) to e) . In the cases mentioned in § 32 paragraph 1 point. d) and e) a day while taking a child in care deemed the first day of taking a child into care, this applies even if the insured person took care of the same child repeatedly.

(2) The support period for maternity benefits shall expire when the time specified in § 33 , but not later than the date when the child reached the age specified in § 32 paragraph 6 .

(3) The period of support for the insured in the case referred to in § 32 paragraph 1 point. d) e) shall be counted towards the period during which the maternity benefit paid to the child's mother, except for the period from birth to the end of the sixth week after birth, begins when the child's mother re-pay maternity benefits, it is counted into the period of support period during which the maternity benefit paid to policyholders referred to in § 32 paragraph 1 point. d) and e) .

(4) If, during the support period for which the insured paid maternity, are entitled to additional maternity benefits from the same insurance, shall be paid additional maternity long as it takes to qualify for cash assistance in the previous motherhood support period for this additional maternity benefits shall be determined from the date of arrival at the maternity benefits.

§ 35

The support period for maternity benefits in some cases

(1) For pojištěnky having given birth can not be support period for maternity peněžitépomoci less than 14 weeks and not end before the expiration of 6 weeks after birth.

(2) If the child died before the end of the support period ends podpůrčidoba end of two weeks from the date of death of the child, if not over previously under § 33 and § 34 paragraph 2 , the provisions of paragraph 1 is not yet affected.

§ 36
Suspension of payment of maternity benefits

(1) Financial assistance is not paid maternity

a) the child’s mother for the time that is required under the agreement referred to in § 32 paragraph 1 point. e) a claim for maternity benefits insured person with whom the child's mother entered into this agreement,

b) the insured for the period during which the child was health reasons převzatodo institutional care medical devices and insured in the insured being carried out in action, from which the maternity benefits provided, work or self-employment

c) the insured as long as they can or can not care for the child to serious long-term illness, for which he was recognized temporarily unable to work [§ 57 paragraph 1 point. e], and the child was for this reason, in the care of another natural person or legal entity

d) the period during which pojištěnka does not care of the newborn child and the child was therefore entrusted into substitute parental care or in institutional care

e) the insured for the period during which the child was in care for other than medical reasons on the part of the insured or the child.

(2) If the reasons referred to in paragraph 1, for which the maternity insured not pay, continue the payment of maternity benefit, or to begin the payment until the expiry of the period of support, the fact that the case the reasons referred to in paragraph 1 point. b) and c) and d) and e), count the time during which the maternity insured not pay, his support period. The provisions of § 34 paragraph 2 and 3 while the first sentence is not affected. Agreement referred to in § 32 paragraph 1 point. e) the insured person or the child’s mother also withdraw unilaterally to the provisions of § 32 paragraph 7 of the signature verification is valid while similarly.

Part 3

The amount of maternity benefits

§ 37

The amount of maternity benefits per calendar day is 70% dennihovyměřovacího base.

§ 37a

canceled

Part 4

Joint provision of maternity benefits

§ 38

In the decision of the competent authority pursuant to § 32 paragraph 1 point. b) is considered
a) the court's decision on custody of children other than individual parents 23,
b) the court decision on adoption of a child 24, c) the decision of social and legal protection of children in child custody future adoptive 25,
d) the court's decision on the provisions of individual guardian 26, as guardian of the child care person,
e) the court's decision on the child in foster care under zvláštníhoprávního regulation 27,
f) the decision of social and legal protection of children in child custody natural person who is interested in becoming a foster parent 28,
g) the court's decision on interim measures of child care 29,
h) petition the court to initiate judicial proceedings provisions fyzickéosoby guardian of the child, if that person cares for the child personally and has no duty to maintain it, a period during which the lawsuit is ongoing.

TITLE V

Medical unit

Part 1

Conditions of eligibility for nursing

§ 39

(1) The right to a nursing staff member who can perform the job due to work

a) treatment

First a child under 10 years if the child is ill or suffered injury, or

Second another household member 29, whose zdravotnístav due to illness or injury requires urgent treatment of another natural person or a member of the household, who gave birth if its condition at the time immediately after delivery requires urgent treatment of another natural person or

b) care for a child younger than 10 years because

First school facility or a special children's facilities, or other similar facility for children, whose daily or weekly child care otherwise, or school, which is a pupil, are closed for the regulation of the competent authority due to an accident, emergency measure during an epidemic or other unforeseen events,

Second child can not be ordered quarantine in the care of school children's special device or equipment, or other similar equipment for children, in a daily or weekly child care otherwise, or to attend school, or
Third natural person or a child care, sick, suffered an injury occurred in her situation referred to in § 57 paragraph 1 point b) or c), or gave birth to her quarantine has been imposed, and therefore can not care for the child.

(2) The condition of entitlement to nursing is that the person referred to in paragraph 1, the employee lives in the household, it does not apply if treatment or care for a child under 10 years parent. For purposes of this Act in the event of divorce and child custody court to joint or alternating custody to 30 of both parents in household the household considers each of these parents.

(3) An employee is not entitled to nursing care because of child care, or if another individual is to care for this child is entitled to payment of maternity benefit, or is entitled to parental benefits under a special legal regulation, except: if the other person fell ill, suffered an injury occurred in her situation referred to in § 57 paragraph 1 point b) or c), or gave birth to her quarantine has been imposed, and therefore can not care for the child.

(4) In the same case of nursing (care) belong to nursing only once and only one of the legitimate action of two or authorized, if in case the same treatment (care) are relieved. Alternation in the first sentence is possible only once, an employee who has thus assumed the care (care), the conditions for entitlement to nursing judged on taking care (care). Changing the type of disease (diagnosis) is not the case for a new treatment.

(5) The right to have nursing

a) members

b) employees employed under an agreement on work activity,

c) domesticated employees

d) volunteers care services,

e) a conviction of imprisonment inclusion in the work and people in the security detention included in the work

f) the insured, who are pupils or students from a job that spadávýlučně in the school holidays or vacations,

g) the employee participates in insurance because of job performance of small-scale

h) foreign workers.

Part 2

The support period for nursing

§ 40

(1) The support period is the longest nursing

a) 9 calendar days
b) 16 calendar days, if a lone employee who has at least one trvalépéči child under the age of 16 years, who has not completed compulsory schooling.

(2) The support period begins in nursing from the first day of the need ošetřovánínebo care. The first sentence is true also for taking care (care) otherwise authorized pursuant to § 39 paragraph 4, second sentence. If the need arose nursing (care) the day on which the employee has worked shifts, support period begins the following calendar day.

(3) Running period of support in nursing shall be suspended for a period of inpatient care persons treated in a medical facility. Care benefits to beneficiaries of a retirement pension or disability pension for disability paid within the third degree in the day, which closes the work.

(4) If, during the support period during which the employee pays nursing, there is a need for treatment of another person or the need to care for another individual, shall be paid to the employee care benefits to which entitlement for this reason, the period of support, it takes the previous entitlement to nursing; period of support in case of need for treatment (care), other individuals, however, the date on which the need occurred.

(5) Nursing allowance is not paid employees for the time you should take time off without compensation income if needed care (care) was nejdřívenm following the date of entering on such leave. Care benefits are also paid for public holidays if employees not entitled to payment of nursing for at least 1 calendar day, which was to be a working day for him and where necessary treatment or care persisted.

(6) Nursing allowance is not paid employees for the time you took a strike, if needed care (care) was the earliest date following the date on which the employee became a participant in the strike.

(7) The lone employee [paragraph 1 point. b] shall be deemed for the purposes of nursing staff member was unmarried, widowed or divorced, if you do not live with a companion (type) or in a registered partnership. For lone employee is considered an employee, whose wife (husband) is serving a prison sentence imposed in at least one year or security detention or is missing and launched proceedings for the missing wife (husband) for the dead, and this employee does not live with companion (sort of).

§ 40a

canceled

Part 3

The amount of nursing

§ 41

The amount of nursing per calendar day is 60% of the daily assessment base.

TITLE VI

COMPENSATION BENEFIT IN PREGNANCY AND MATERNITY
Part 1

Conditions of entitlement to compensation benefits during pregnancy and motherhood

§ 42

(1) Entitlement to compensation benefits during pregnancy and motherhood is

a) pregnant worker who is transferred to another job, because the work that has previously been held, according to special regulations shall be prohibited to pregnant women or by the attending physician endangers her pregnancy,

b) a worker who is in the period up to nine months after giving birth transferred to another job, because the work that has previously been held, according to special regulations allowed mothers up to nine months after childbirth or as decided by the attending physician endangers his health or motherhood,

c) a worker who is breastfeeding and is transferred to another job, because the work that has previously been held, according to special regulations breastfeeding women or disabled by the attending physician endangers his health or ability to breastfeeding,

d) pregnant policewoman, members of up to nine months after giving birth or those who are breastfeeding, if under special legal regulations was withdrawn from the existing service location, as it requires the health and safety at work, and was appointed to another duty station,

achieved if no fault of their chargeable income lower than prior to the transfer to another job or appointment to another duty station. To reduce the chargeable income due to shorter working hours or periods of service shall be disregarded.

(2) Entitlement to compensation benefits during pregnancy and motherhood to the conditions specified in paragraph 1, a pregnant employee or those employed in the art field, which is transferred to another job or appointed to another service position because of pregnancy can not come out publicly.

(3) For the purposes of entitlement to compensation benefits during pregnancy and motherhood is considered a transfer to another job or other provision to the service position involving modification of working conditions

a) reduction in the amount of work required and the pace, or exemption from the performance of some work to remove all the causes on which such work is prohibited for pregnant women, mothers until the ninth month after childbirth or breastfeeding women, or which endangers pregnant women, its health, maternity or breastfeeding,

b) the transfer of work to another location or to transfer to another workplace because work on the existing site is prohibited for pregnant women, mothers until the ninth month after childbirth or breastfeeding women, or endangers pregnant women’s health, maternity or breastfeeding,

c) the discharge performance of night work (night service).

(4) Entitlement to compensation benefits during pregnancy and motherhood is not an employee, if
a) operates under an agreement to work,

b) convicted in prison included in the work or is assigned to work in security detention,

c) participates insurance because of job performance of small-scale

d) a voluntary worker care services,

e) a student or student unless the employment falls exclusively within the period of school holidays or vacations,

f) the foreign employee.

Part 2

The support period for compensatory allowance during pregnancy and motherhood

§ 43

(1) The compensatory allowance during pregnancy and maternity is paid per calendar day, which lasted for transfer to another job or service provision to another place. Pregnant policewoman or a female employee compensation during pregnancy and maternity pay until the beginning of the sixth week before the expected date of confinement.

(2) Compensatory allowance during pregnancy and maternity benefits are payable for each calendar day in which the employee or members

a) was temporarily unable to work or it was quarantined,

b) nursing a child under 10 years of age or cared about them and c) cared for another family member for reasons mentioned in § 39 paragraph 1,

c) had time off without compensation income, or off duty, as provided kterénebyl business income or salary,

 d) had unexcused absence from work, even for part of the calendar day

e) a party to the strike,

f) has been on maternity or parental leave.

Part 3

The amount of compensatory allowance during pregnancy and motherhood

§ 44

(1) The compensatory allowance during pregnancy and maternity shall be the difference between a daily basis to identified on the worker to another job or to other provisions of the policewoman
service position and diameter of its chargeable income incurred on one calendar day of each calendar month after the transfer or provisions.

(2) Average income chargeable under paragraph 1 is found by dividing the income of a single calendar month divided by the number of calendar days in that month, with the exception specified in § 43 paragraph 2.

(3) In paragraphs 1 and 2 also apply in the event that a transfer to another job or service provision to another location or to terminate the transfer or provision of this occurred during a calendar month.

TITLE VII

Common Provisions on Benefits

Part 1

Entitlement to benefits and their payment

§ 45

Entitlement to benefits

Entitlement to benefits arises on the conditions stipulated herein.

§ 46

Entitlement to benefits

(1) entitlement to benefits arises to conditions set tímtozákonem for entitlement and its payment of a claim for the payment of the manner prescribed by this Act.

(2) entitlement to benefits expires three years from the date of the kterýdávka or part belongs. The period under the first sentence does not follow procedures for dose and time that a natural person who had to have a guardian, a guardian was appointed.

§ 47

Waiver of right to payment of benefits

(1) An insured may by written statement filed plátcidávky give entitlement to the payment of sickness benefits, maternity benefits and nursing. Pojištěnka, which gave birth to a child, may waive entitlement to payment of maternity benefit after the first 14 weeks of the support period, but not earlier than six weeks elapsed from the date of birth. In a statement in the first sentence must be given the date from which the insured waives entitlement to the payment of benefits. Surrendering the right under the first sentence the entitlement to the payment of benefits until the end of the support period. Under the waiver of claims under the first sentence shall not be deemed an agreement according to § 32 paragraph 1 point. e) or cancellation according to § 36 paragraph 2, third sentence.
entitlement to benefits can not be waived for the period for which no benefits were paid, and where are the benefits of deductions made by an administrative or judicial decision or by agreement of the deductions to cover the overpayment or regression of dose compensation (§ 126).

Part 2

Accumulation of claims for payment of benefits

§ 48
(1) If there is one insurance at the same entitlement to multiple benefits, has

a) the entitlement to maternity benefits are entitled to priority over payment of other benefits to the provisions of § 36 paragraph 1 point c) and § 57 paragraph 1 point e) it is not yet affected,

b) the entitlement to sickness precedence over the claim for payment of nursing.

(2) If there is one insurance claim for the payment of sickness due to temporary incapacity at the time when the insured takes entitlement to sickness due to quarantine the sick pay due to temporary incapacity for work until after the support period for sickness due to quarantine, this applies both ways.

(3) If there is more in cases of overlapping entitlement to insurance různýchdávek other than compensatory allowance during pregnancy and motherhood should not be a total benefit per calendar day higher than the amount of sickness was calculated from the daily assessment base of the third reduction limit; if the total dose greater decreases first and then health care benefits to a total dose does not exceed the amount of sickness. Maternity benefit according to the first sentence does not decrease.

Part 3

Moving right to benefits and their payment

§ 49
Entitlement to a benefit and entitlement to benefits can not be assigned or pledged.

§ 50
Agreement on deductions from benefits paid can not be closed, with the exception of Agreement establishing deductions to cover the overpayment or regression of dose compensation (§ 126).

§ 51
(1) If the insured died after becoming entitled to a benefit, becomes entitled to payment of amounts of benefits which were not insured paid gradually husband (wife), children and parents, if living with the insured at the time of his death in the household, if the insured person meets conditions for entitlement to the payment of benefits, these people also enter into the management of batch. If the insured has not exercised the right to payment of benefits may be entitled to exercise the person referred to in the first sentence.
(2) Claims upgrading to persons referred to in paragraph 1 shall not předmětemdědictví, become the subject of inheritance, unless such persons.

Part 4

Change the entitlement to benefits and their payment

§ 52

If it is found that

a) entitled to benefits or the payment ceases, the dose is withdrawn or the payment stops, from the day following the date on which the period has expired for which has already been paid,

b) the charge was granted or paid a lower amount than what belongs or has been wrongfully denied or was granted at a later date, than from what belongs to, increase the dose or confesses, and the date from which the dose or increase belongs, if entitlement to benefits extinguished under § 46 paragraph 2,

c) the benefit has been granted or paid a higher amount than what belongs or has been granted or paid unjustly, the dose is reduced or withdrawn, or the payment stops, from the day following the date on which the period has expired, for which already been paid,

d) have changed the facts decisive for the amount of benefit or entitlement to the payment, proceed by analogy with the provisions of subparagraph b) or c).

PART FOUR

ASSESSMENT FOR HEALTH INSURANCE

TITLE I

GENERAL PROVISIONS

§ 53

(1) Assessing the health status of insured persons and other persons for the purpose of insurance includes assessing

a) temporary incapacity,

b) the ability to work after a period of support,

c) health status for purposes of providing financial assistance in maternity, nursing and compensatory contribution in pregnancy and motherhood.

(2) Assessment of health status

a) pursuant to paragraph 1. a) and c) carried out by the attending physician (§ 54), or in certain cases (§ 75 and 80) the competent authorities of health insurance by their physicians,

b) pursuant to paragraph 1. b) the competent authorities carry health insurance by their doctors.
§ 54

The attending physician

(1) the attending physician for the purposes of this Act zdravotnické zařízení that their doctors provided by the insured or other person considered outpatient, institutional or spa treatment, except in emergency services and emergency services, facilities and preventive care to treatment of the insured in the first aid if it has permission to medical care. Physician for the purposes of sickness insurance for soldiers means departmental medical facilities under a special legal regulation 34).

(2) The physician who performs health assessments according to § 53 paragraph 1 point. a) and c) is authorized to perform this activity only in the range of expertise 35).

(3) to decide in matters of temporary incapacity or need for treatment or care (hereinafter? need treatment?) is not entitled to the attending physician or physician referred to in § 79 paragraph 1 point. c) after the semicolon, for the prohibition of body sickness insurance according to § 79 paragraph 1 point. c).

TITLE II

ASSESSMENT OF TEMPORARY INABILITY TO WORK

Part 1

Basic concepts

§ 55

Temporary incapacity

(1) Temporary incapacity means a situation in which the failure of health or other reasons that this Act does not allow the insured

a) the insured to perform the current action and takes the disorder for more than 180 calendar days, and other than the existing insured activity

b) perform the duties of job-seekers under a special legal regulation 36) (hereinafter referred to as? duty job seekers?), was the temporary incapacity of the withdrawal period or, when the temporary incapacity after the end of the current activities of the insured, even though insured is not the job seeker.

(2) The temporary incapacity is not treating the insured

a) nursing home in the night,

b) during the detoxification of alcohol, narcotic drugs or psychotropic substances, except in cases where the insured ingested these substances without their own fault,

c) the provision of health care in the personal interest of cosmetic or aesthetic reasons, for consideration by the insured.
The temporary incapacity of the insured, who performs několikpojištěných activities, assesses the physician for each activity separately insured.

If the insured after termination of temporary incapacity vzniknev following calendar day other temporary incapacity, it is the temporary inability to work as a continuation of the previous temporary incapacity.

§ 56

Mode temporarily unable to work and place of residence of the insured at the time of temporary incapacity

(1) mode temporarily unable to work the insured physician in the decision of a temporary incapacity. Mode temporarily unable to work can be insured by the treating physician changed in accordance with the change in health.

(2) mode temporarily unable to work insurance covers

a) determining treatment regimen under a special legal regulation 37,  

b) the obligation to remain during the temporary incapacity in the place of stay and observe the extent and duration of walks allowed, place of residence temporarily unable to work the insured is a place that insured told the attending physician in the development of temporary incapacity, or a place to stay that changed in accordance with paragraph 3,  

c) permit excursions, including their scope and duration, if health insurance and a specified treatment regime does not these walks,  

d) permitting a change of residence during the temporary incapacity for work pursuant to paragraph 3, sentence first and third, if health insurance and a specified treatment regimen that does not change,  

e) implementation of the rehabilitation work, if it secures the Labour Office of the Czech Republic.

(3) Change the place of residence during a temporary disability may be insured only with the prior consent of the attending physician. If the insured under the first sentence allowed a change of residence during a temporary inability to work during the first 14 calendar days of temporary incapacity in the period from 1 January 2011 to 31 December 2013 during the first 21 calendar days of temporary incapacity, or belong to the insured after the expiry of this period in time, a temporary inability to work longer assessable income [§ 16 point. b] also in the period during which he at the time of temporary incapacity due this income, the insured person is obliged to change residence in advance in writing or otherwise proven to notify the employer. Change residence temporarily unable to work due to the insured residence abroad may only permit the physician without the prior written consent of the competent authority, health insurance, the consent of the authority asks the sickness insurance institution insured.

(4) Permission walks or change their size and time [paragraph 2 point. c] and change of residence during temporary neschopnostipodle paragraph 3 of the first and third sentences decided by the attending physician, a change of residence decided by the attending physician only at the request of
the insured person temporarily unable to work. If the insured person is temporarily unable to work ask for permission walks or change their size and time for a permit or change of residence at the time of temporary incapacity and the doctor walks or any amendment or change of residence permit, issue a doctor about this decision not to permit only if the insured issue of this decision requires. The decision on the walks and residence permits changes in physician and other procedure shall apply a special legal regulation 38 for deciding the performance of health care.  

(5) A change of residence does not require the insured and the attending physician does not act on it in case, if a change of residence in connection with the provision of institutional care or spa treatments, this change in reporting the insured doctor at discharge from inpatient care or spa treatments.

Part 2

Assessment of temporary incapacity

§ 57

The emergence of temporary incapacity

(1) The attending physician will decide on the establishment of temporary incapacity

a) the insured, if the examination finds that his health due to illness or injury (hereinafter referred to as "disease") obliges the insured to perform the current activity, or, if the creation of temporary incapacity of the withdrawal period, the obligation to perform job-seekers, even if the insured is not the job seeker,

b) the insured, who was admitted to institutional care in a hospital or odbornémléčebném Institute (hereinafter referred to as "institutional care") or who has been under public health insurance provided comprehensive spa treatment 39 ,

c) the insured, who was admitted to hospital as průvodcenezletilého children admitted to inpatient care 40 , except for the insured who is entitled to payment of maternity benefit,

d) the insured is unable to damage or loss of orthopedic aids or insured to carry out existing activities, or, if the emergence of temporary work incapacity in the withdrawal period, the obligation to perform job-seekers, even when the insured is not the job seeker,

e) the insured at the time of entitlement to payment of maternity benefit if his condition prevents serious long-term care for the child, long-term illness for the purposes of this Act means a disease, which according to medical science has to last longer than one month

f) pojišťovny that documented potvrzením sickness insurance institution, is not entitled to maternity benefits from any insured activity, from the beginning of the sixth week before the expected date of confinement.

(2) Temporary incapacity for work begins on the date in which her doctor found out when stipulated otherwise.
(3) The attending physician may, if the insured person could not visit the doctor or other justified cases, the temporary incapacity of the insured person was prior to the date referred to in paragraph 2, for periods longer than 3 calendar days before the date on which the temporary working inability to find the physician may do so only with the prior written consent of the competent authority sickness insurance issued at the request of the attending physician. If the doctor has decided that the temporary incapacity in the period was longer than 3 calendar days before the date on which the temporary incapacity found, without the consent of the competent authority, health insurance, it is considered that the temporary incapacity lasts only 3 calendar days before the date in which it found.

(4) is detected when the attending physician after examination of the reasons for the decision of temporary incapacity, but the insured requires a decision about the origin of temporary incapacity, the attending physician shall issue a decision on the temporary incapacity suffered, on this decision and next steps applies a special legal regulation for deciding the performance of health care. This special regulation is also valid for the procedure if the insured does not agree with the date of the temporary incapacity or the fact that recognition of its temporary inability to work.

(5) The attending physician, who decided on the creation of temporary neschopnostia this failure was terminated by decision of the sickness insurance (§ 75), may decide on the temporary incapacity of the insured in the same period of 7 days after a previous temporary incapacity decision of that body for the same or similar illness, with the exception of an acute flare of the same disease, only with the prior written consent of that authority granted at the request of the attending physician.

§ 58

The course of temporary incapacity

(1) During the temporary incapacity physician assesses whether health insurance is stabilized and that the working ability of the insured renewed. For stabilized for the purposes of this Act of any medical condition which has stabilized at a certain level of health and work ability, which allows the insured to perform the current operation or other insured without worsening health condition, and that no other treatment can significantly influence, maintaining the stabilization of health while it may be conditioned by a certain treatment or work restrictions.

(2) The attending physician determined taking into account the health pojištěncetermin next medical treatment or control. The term physician characterized the decision of temporary incapacity.

(3) If the insured proves there are serious reasons for which nemůžedostavit to treatment or control of the day determined in accordance with paragraph 2, provides the physician an alternative date.

(4) If the insured has proven there are serious reasons that could not attend for treatment or control of the day determined in accordance with paragraph 2, the physician shall issue a new decision of temporary incapacity. This temporary incapacity for work is considered a continuation of the previous temporary incapacity.

§ 59
Termination of temporary disability

(1) The attending physician will decide on the termination of temporary incapacity

a) the insured, if the examination finds that his medical condition allows the insured to perform the current activity, and the date when finding out, or at least the third calendar day after the examination,

b) the insured, if passed at least 180 days of temporary pracovníeschopnosti examination and discovers that his condition is stabilized,

c) the insured at the end of institutional care or a full spa treatment, if the condition specified in a),

d) the insured, who was admitted to hospital as a child průvodcezletilého admitted to institutional care, institutional care at the end of this child or at the end of the insured stay in the facility, to the institutional care has been taken this child,

e) the insured that a repair or a new measure or orthopedic aids can perform work existing insured, or, was the temporary incapacity of the withdrawal period or, when the temporary incapacity after the end of the current activities of the insured, to perform the duties of job-seekers, even if the insured is not the job seeker,

f) pojištěnky who is entitled to maternity benefits to počátkušestého week before the expected date of birth, if pojištěnka begun to receive maternity benefits before

g) the insured, which prevented serious long-term illness pečovato child, if the examination finds that his health again can take care of the child,

h) pojištěnky, which was in a temporary inability to work souvislostis pregnancy and childbirth according to § 57 paragraph 1 point. f), the end of the sixth week after delivery, unless further provisionally unable to work for other reasons,

i) the insured, if the examination finds that his medical condition allows to perform the duties of job-seekers, was the temporary incapacity of the withdrawal period or, when the temporary incapacity after the end of the current activities of the insured, even if the insured is not a candidate for employment,

j) insured who has failed to medical treatment or control of health status on the date indicated on the decision pursuant to § 58 paragraph 2, without the insured to prove the existence of serious reasons for which this treatment was unable to attend or control, and that date,

k) insured, which was recognized disability, and nejpozdějšítricátým day from the day following the day on which the insured person was recognized invalid; doctor District Social Security Administration is obliged to the attending physician of the date of recognition of disability in writing. If the insured recognized disability as a result of legal proceedings on the claim, the physician terminates temporary incapacity within 10 days of written notification by the authority which issued the decision on disability retirement, the outcome of this procedure, the physician is obliged to invite the insured no later than working day following the day on which it was notified in writing of the outcome of these proceedings, to immediately came to the doctor to end temporary
incapacity. Temporary incapacity terminates the physician under the second sentence, even if the insured person to call the doctor it does not,

I) the insured, who is a beneficiary of retirement pension and the insured activity ended before the date on which the period of temporary disability entitlement to payment of retirement, not later than the date on which written notice by the authority lapsed health insurance are entitled to sick leave, if termination of temporary incapacity for work not previously under a) to e) or j).

(2) The attending physician temporary incapacity terminated according to paragraph 1. a) the insured, who was recognized as invalid in the first or second degree, if the insured at the date on which the disability was recognized in the first or second stage occurs or takes any other disorder other than that was the reason for the recognition of temporary incapacity, or occurred or insist other reasons which would justify the recognition of temporary incapacity, and such failure or do not allow the insured to perform an insured activity or to perform the duties of the job applicant, if the insured work is over, even if the insured is not the job seeker, in which case temporary incapacity continues. The attending physician must determine the date from which the temporary incapacity for work continues for the reasons given in the first sentence.

(3) The procedure of insured disagreement with the decision to end failure dočasné pracovní according to paragraphs 1 and 2 shall apply a special legal regulation for deciding the performance of health care.

§ 60

Decisions on matters of temporary incapacity

The decision of the temporary inability to work, over a period of temporary incapacity also serves as a temporary work card unable insured, the decision on the termination of temporary disability and the decision amending the temporary unable to work insurance issued to the physician prescribed forms. Some of these forms, which is designed for employers, must not contain brand statistical diagnosis or other information from which a diagnosis can be deduced.

Part 3

Obligations and privileges of physicians

§ 61

Obligations of attending physician

The attending physician must

a) decide on the establishment of temporary incapacity in cases specified in § 57 on the day when it was discovered

b) keep records of the insured incapable of temporary work, which decided about the origin of temporary incapacity, or which took into their care, this means the records written record in the diary registration of any decision about the origin and termination of temporary incapacity, which contains the registration number of the prescribed form, the name or names (the "name") and
Surname of the insured, date of temporary incapacity, diagnostic code of illness or injury, day
treatment and time and date of next inspection, the date of termination of temporary incapacity and
any indication of a transfer or takeover dočasně insured unable to work with the date of delivery or
receipt, name and surname of a physician to whom the insured has been transferred to or from
which care has been taken into care, and workplace addresses of doctors,

c) provide for the temporary unable to work insured and insured on the scheme to inform
d) give the insured of the decision on temporary disability and the decision to terminate the
temporary incapacity or the decision to change the temporary insured unable to work together with
relevant messages for employers, in the day they were issued or the date of release from
institutional care

e) send the competent authority of health insurance on a prescribed form of reports of temporary
inability to work and report on the termination of temporary incapacity, and not later than the third
working day following the date on which the decision on the creation or termination of temporary
incapacity, and the prescribed reporting form to change the temporary unable to work insured, not
later than the working day following the date on which the decision on change of the temporary
insured unable to work, this obligation is fulfilled and to forward the report within the time limits
that authority,

f) establish to the satisfaction of the competent authority, medical health insurance term monitoring
for enforcement assessment of temporary incapacity and for that purpose summon the insured to
control

g) decide on an application for a permit insured walks and change their scope or extension or change
of residence permits during temporary incapacity in cases specified in § 56 paragraph 3
sentence of the first and third and inform this decision no later than the next working day by the competent
authority sickness insurance in the prescribed form, if necessary to permit change of residence
during the temporary incapacity prior consent of the sickness insurance institution may allow this
change only on the basis of prior consent,

h) the judge during the temporary incapacity, whether the insured was to restore the ability to work,
and after 180 calendar days of temporary incapacity, whether it is insured health stabilized,

i) mark on discharge from inpatient care, if the insured person's medical condition does not allow an
insured to perform the current activity, the decision of temporary incapacity date of release from
institutional care and place of residence, where the insured after the release delay, and these facts
clearly announce later than the second day after the release of the competent authority of the
insured against sickness,

j) to confirm the insured on the prescribed form for payment of benefits or providing compensation
for wages, salary or remuneration or reduced salary (reduced fees) during the temporary incapacity
of temporary incapacity, as of the date of issue of the certificate or a maximum of 3 calendar days in
advance; takes the temporary incapacity for more than 14 calendar days in the period from
1 January 2011 to 31 December 2013 more than 21 calendar days is required to confirm the insured
for the purpose of compensating wage (salary) or a reduced salary (reduced fees), its duration is
always at 14 calendar days in the period from 1 January 2011 to 31 December 2013 to 21 calendar days from the date of its establishment,

a) record the decision on the temporary incapacity of the day taking care insurance to its insured and the date of release from custody, the date of entry into institutional care and the date of termination of inpatient care and day treatment or other control, if the insured person upon release from institutional care or complex spa treatment of his medical condition does not allow an insured to perform the current activity, or lasts longer if the activity to perform the duties of job-seekers, set a date by which the insured person is obliged to come to a temporary incapability to control physician, and not later than the fifth calendar day date of completion of inpatient care or complex spa care

l) inform in writing about the origin and termination of temporary incapacity doctor who registers insured, within 7 calendar days to accept temporary employment insurance incompetent physician other than the registered general practitioner,

m) to decide on the termination of temporary incapacity in cases specified in § 59 paragraph 1, the day on which they found reasons to waive temporary incapacity,

n) the insured to notify the competent authority and insurance for change in a prescribed form of diagnosis that justifies a temporary incapacity, not later than the working day following the date of the change decided

a) notify the competent authority, health insurance and employers of breaches of the insured temporarily unable to work, and not later than the next working day after the day when it learned of the breach,

p) provide necessary assistance to the competent authority in controlling health insurance assessment of temporary incapacity, in particular, to implement this control in your workplace or for this purpose to come to the competent sickness insurance, and tell employees health insurance institution authorized to check compliance with the temporary unable to work insured employers or employees authorized to perform this inspection at the request actually needed to carry out inspections, including the temporary set of the insured unable to work in the extent to which employees are entitled to control compliance with this regime,

q) notify the competent authority of health insurance on a prescribed form of temporary work release insured incapable of taking care of their temporary work of the insured unable to care of another physician in their care, not later than the working day following the date on which this event has occurred,

r) to notify the competent authority of the health insurance change in headquarters hospital, or change your workplace

a) transmit preventive care facilities to request a report on his health insurance temporary work and unable to progress and expected duration of temporary incapacity, give preventive care facilities report on the health status of temporary work unable insured, whenever it is reasonable to assume that the relation to the illnesses there is a change or loss of medical fitness to perform the current job
t) provide for the appropriate forms have been used for purposes of carrying out insurance against abuse and notify immediately the competent authority of health insurance loss, destruction or damage to the prescribed forms,

u) keep the medical records of temporary incapacity, including records of results of own investigations and medical reports produced by other physicians, and fill the necessary information on the prescribed forms,

v) notify the employer of the insured incapable of temporary work at his request, the information specified in § 65 paragraph 2 point. b),

w) issue in the cases specified documents or forms in accordance with European Community law and international treaties,

x) in advance to inform the insured that for a specified period of time does not have to decide in matters of temporary incapacity [§ 79 paragraph 1 point. c].

§ 62

Duties of equipment preventive care

Equipment preventive care is required on the report of the attending physician on the health status of temporary work unable to issue insurance within 7 days and, if necessary, further investigation of health status within 15 days of statement about the health of temporary work eligibility of the insured unable to perform the current job and send them to the physician, who requested the opinion.

§ 63

Permission treating physicians and preventive care equipment

(1) The attending physician's assessment of health status for purposes of temporary disability is entitled to request

a) the medical assistance of the competent authority in determining the health insurance and the temporary control of the insured unable to work and evaluation of health status and disease progression,

b) the competent authority, health insurance information on the average duration of a temporary incapacity for individual diagnosis and physician expertise in regional and national average for the preceding calendar year,

c) information from employers on work status, job description and working conditions, insurance and occupational health care facilities,

d) the competent authority, health insurance information to draw on the support period for entitlement to sickness benefits for temporary work unable insured

e) equipment from preventive care express medical certificate of temporary work insured unable to perform the current job, in the time limit set in § 62,
f) from entities other information about the deadlines set for the repair or purchase new or orthopedic aids and other information that are directly related to the assessment of temporary incapacity.

(2) Equipment preventive care is entitled to request a report to your doctor about health insurance temporary work and unable to progress and anticipated duration of temporary incapacity.

Part 4

Obligations and may temporarily unable to work the insured

§ 64

(1) An insured person who is temporarily unable to work, he shall

a) comply with a system temporarily unable to work insured,

b) allow the competent authority, health insurance and to the extent specified in § 65 paragraph 2 point. c) employers also check compliance with the temporary insured unable to work, when this control is temporarily unable to work the insured must prove their identity and present decisions of temporary incapacity,

c) to appear at a specified time doctor or medical health insurance, the competent authority to check the health assessment and temporary incapacity,

d) submit to the competent authority, medical health insurance documents you will need to check the health assessment and temporary inability to work and to this end also prove their identity,

e) submit to the invitation of the health insurance medical examination by a doctor and health insurance body examination in a medical facility designated by the sickness insurance institution, if it is necessary to check the assessment under § 74 or assessment under § 80,

f) notify the competent authority of sickness insurance, or employer if the employer carries it out, the reasons for his absence at the place of residence at time of inspection compliance regime temporarily unable to work insured, not later than the working day following the date of this inspection or the date on which the about her,

g) to appear within a prescribed period after the end of institutional care or a full spa treatment the doctor to check the temporary incapacity [ § 61 point. k)], or if it prevents serious reasons, to discuss with your doctor in this period another term

h) notify the physician in recognizing temporary incapacity residence, where the time of its temporary inability to abstain,

i) in advance to ask your doctor for permission to change the place of residence at the time of temporary incapacity, if he wants to change this position in the cases specified in § 56 paragraph 3 sentence of the first and third,

j) notify the physician changes the existing data on the activities of the insured and employers
k) reported in the case referred to in § 57 paragraph 1 point. d) the attending physician time that will last for repair or purchase new or orthopedic aids,

l) to surrender at the end of temporary incapacity doctor decision of temporary incapacity,

m), tell your doctor, who is his employer or is self-employed or if the foreign employee; if more insured employers, tells all of their employers,

n) give the physician a written confirmation of health insurance authority, is not entitled to maternity benefits from any insured activity has to be recognized for temporary incapacity pursuant to § 57 paragraph 1 point. f)

o) tell your doctor and registered doctor contact him

p) the employer shall forward the decision on temporary incapacity of a decision on termination of temporary incapacity (quarantine), confirmation of its duration and the decision amending the temporary work insured and unable to inform the employer in advance of the change of residence during the first 14 calendar days of temporary incapacity to work and from 1 January 2011 to 31 December 2013 during the first 21 calendar days of temporary incapacity, or belong to the insured after the expiry of this period in time, temporary incapacity longer assessable income [ § 16 point. b ], also in the period during which he at the time of temporary incapacity due this income.

(2) An insured person is entitled to request the competent authority of the health insurance information on the utilization of the support period for the payment of sickness benefits.

Part 5

Duties and powers of the employer

§ 65

(1) The employer is obliged to inform the competent authority shall request health insurance and doctor information

a) equipment preventive care,

b) employment status, job description and working conditions of employees temporarily unable to work.

(2) The employer is entitled to

a) give the competent authority of the health insurance incentive to check reasonableness of the temporary inability to work and to ensure compliance with the temporary unable to work insured in case of its employees,

b) request information from the attending physician about the whereabouts of employees during the temporary incapacity and the extent and duration of walks allowed,

c) check whether an employee during the first 14 calendar days of temporary incapacity to work and from 1 January 2011 to 31 December 2013 during the first 21 calendar days, or belong to the insured
after the expiry of this period in time, a temporary inability to work longer assessable income [§ 16 point. b], also in the period during which he at the time of temporary incapacity due this income, comply with the obligations laid down in § 56 paragraph 2 point. b).

TITLE III

ASSESSMENT WORK SKILLS AFTER the support period

§ 66

(1) doctor assesses the health insurance authority to request temporary work to the Institution is unable to insured health insurance, whether it is expected that the insured after a support period takes in the short term disability (§ 27), and it also insured other than the current activities.

(2) The assessment under paragraph 1 of the sickness insurance institution oprávněn požádat attending physician on the expression of health insurance temporary work and unable to submit medical reports, findings and opinions and reports on the progress of the disease, the physician is obligated to comply with this request within 8 calendar days from receipt of the request, unless the body a longer period of sickness insurance.

TITLE IV

ASSESSMENT OF HEALTH FOR THE PROVISION OF CASH maternity, nursing and compensatory contribution in pregnancy and maternity

Part 1

Assessment of health status for purposes of providing maternity benefits

§ 67

The attending physician for the purpose of providing maternity benefits must

a) provide for insured pregnant and the expected date of birth that day to confirm the prescribed form,

b) certify on the prescribed form that pojištěnka birth, and date of birth, if the insured maternity not pay before the date of birth,

c) the attending physician to perform the duties specified in § 61 point. t) and w)

d) confirm the prescribed form, that child's mother can not or must not child care for a serious long-term disease [§ 32 paragraph 1 point. d] for which would be recognized temporarily unable to work according to § 57 paragraph 1 point. e) if the pojištěnkou.

Part 2

Assessment of health status for the purpose of providing nursing

§ 68

Establishment and termination of the need for treatment or care
The attending physician will decide on the needs of nursing, if the examination finds that

a) a child under 10 years is ill or suffered injury,

b) a person who has attained at least 10 years old, is ill or suffered an accident and her medical condition requires urgent treatment of another person,

c) the woman who gave birth, because the state requires in the period immediately after birth essentially treating another person,

d) a natural person who normally cares for a child younger than 10 years, fell ill, suffered the injury occurred in her situation referred to in § 57 paragraph 1 point. b) or c) or gave birth, and therefore can not care for this child.

(2) the need for treatment beginning the day in which her doctor zjistil. Ošetřující doctor may decide in justified cases, the need for treatment arose earlier date than the date specified in the first sentence, but no more than 3 calendar days before the date in which they discovered the need for treatment.

(3) The attending physician will decide on the termination of the need for treatment,

a) If the examination finds that the need for treatment in accordance with paragraph 1 is past, and the date when finding out, or at least the third calendar day after the examination,

b) if a natural person referred to in paragraph 1 point. b) to d) nedostavík treatment or control condition, or the person providing the care of a child under 10 years does not need treatment to control this child, in the day that it was intended, without that person has shown there are serious reasons for to the treatment or control could not attend; need treatment will end that day.

(4) The attending physician prescribed forms issued by the decisions of the need for treatment, the decision to end the need for treatment, confirming the need for care and confirmation of the continued need for treatment. These forms shall not contain statistical diagnostic marker 41, or other information from which a diagnosis can be deduced.

(5) is detected when the attending physician after examination of reasons for issuing the decision of the need for treatment, but the insured requests such a decision, the physician shall issue a decision that needed care suffered, on this decision and the next steps to apply a special legal regulation 38 of decisions in the performance of health care. This special regulation is also valid for the process of disagreeing with the decision to end the need for treatment in accordance with paragraph 3.

§ 69

Obligations of attending physician

The attending physician is to assess the need for treatment must

a) decide on the treatment needs of the day, when it was discovered

b) keep records of decisions issued by the emergence of the need for treatment, the particulars of this evidence is valid § 61 point. b) appropriately,
c) give the insured person or the need for treatment or jejímu průvodci, the decision of the need for treatment and the decision to end the need for treatment, and the day they were issued,

d) establish to the satisfaction of the competent authority, medical health insurance term monitoring for enforcement assessment of the need for treatment and for this purpose treating a person with the need to call to check

e) decide to end the need for treatment in cases specified in § 68 paragraph 3 on the day, when discovered, it waives the need for treatment,

f) provide necessary assistance to the competent authority in controlling sickness care needs assessment, in particular, to implement this control in your workplace or for this purpose to come to the competent sickness insurance, and tell employees health insurance institution authorized to carry out the request actually needed to carry out control, to the extent in which the sickness insurance institution authorized to carry out this check,

g) keep medical records on the need for treatment based on their own examination and medical reports produced by other physicians,

h) the attending physician to perform the duties specified in § 61 point. t) and w)

i) inform the insured in advance that for a specified period of time does not have to decide in matters of the need for treatment [§ 79 paragraph 1 point. c].

§ 70

Duties of medical devices

Medical equipment is required to confirm in writing at the request of the authority pojišťencenebo sickness acceptance of treated persons in institutional care in a medical facility (§ 40 paragraph 3).

§ 71

Duties of the insured

An insured person who receives care benefits is obliged to call the doctor who issued the decision on the needs of care or health insurance authority to come to the doctor or medical health insurance authority, the person with the need for treatment to control health assessment and treatment needs.

§ 72

Permissions employer

The employer is entitled to give the competent authority of the health insurance initiative for the justification of the need for treatment control, if an insured person who receives care benefits, the employee. He gave the employer under the first sentence of stimulus control is required at the request of the sickness of the particulars required to implement this control.

Part 3
Assessment of health status for the purpose of providing compensatory allowance during pregnancy and motherhood

§ 73

(1) Equipment preventive care decides that they are given the reasons set out in § 42 paragraph 1 for the transfer of pregnant pojišťenky, pojištěnky up to nine months after childbirth or pojištěnky, nursing, on another job or another business location, if the examination detects these reasons, the decision issued on a prescribed form.

(2) If the device is detected preventive care in the examination důvodyk decision under paragraph 1, but pojištěnka requires that decision, shall issue a decision that the existing job or activity resulting from the inclusion of the service or function to which it was established, does not jeopardize her pregnancy, health or maternity until the end of the ninth month after childbirth or breastfeeding ability, on this decision and the next steps to apply a special legal regulation in for deciding the performance of health care.

TITLE V

CHECK THE ASSESSMENT OF HEALTH INSURANCE FOR

§ 74

(1) health insurance authority performs checking your doctor

a) the accuracy of health assessment and temporary incapacity and need for treatment and management of the correctness and completeness of medical documentation in this assessment,

b) the obligations attending physicians in the assessment of health and temporary disability and need for treatment.

(2) Checking the assessment of temporary incapacity for work is done in the workplace doctor or another place designated medical authority, health insurance, usually for personal participation in the investigation of the insured; doctor health insurance authority may determine in which cases the presence of the insured under consideration is needed. This applies also for assessing the need for treatment control.

(3) The inspection body shall draw up health insurance enrollment, which shall transmit a copy of the doctor.

(4) The attending physician is obligated to give doctors the authority sickness insurance necessary cooperation to control, in particular to allow access to their workplace and provide the necessary medical documentation. The failure to co-operation in controlling the body sickness insurance save doctor disciplinary fine of up to 10 000 CZK.
(5) Based on discussions with your doctor body health pojištěnístanoví schedule inspections assessment of temporary incapacity for work doctor and the doctor about it in writing. Schedule must be determined for at least 3 months.

(6) If there are reasons to perform an emergency control assessment of health status for the purposes of sickness insurance, sickness insurance institution shall so notify the attending physician at least 2 working days before the date of inspection.

§ 75

(1) If the health insurance authority, that there are no grounds for the duration of temporary disability or need for treatment, decide on the termination of temporary disability or need for treatment, if it is not completed by a physician.

(2) This decision is enforceable on the date the decision is uvedenjako date of termination of temporary incapacity or the date of termination of the need for treatment, but not earlier than the date of its publication, as present oral or written delivery insured policyholder absent. If the insured person did not attend the checks referred to § 74 paragraph 2, without having to prove the existence of serious reasons for their absence, the decision is enforceable on the date of inspection.

TITLE VI

MONITORING OF COMPLIANCE WITH THE INSURED PERSONS TEMPORARILY unable to work

§ 76

(1) Compliance with the regime temporarily unable to work insured by a competent authority responsible for employee health insurance on their own initiative or that of the attending physician of the insured or employer. Where a stimulus to implement this control physician or employer, the latter is required to check within 7 days of receipt of the request and the outcome of the applicant in writing immediately.

(2) The compliance control mode temporarily unable to work schedules pojištěncese written record, which shall control the outcome. If you were to check compliance with the arrangements temporarily unable to work found a breach of the insured under this scheme, the authority sends sickness record of the temporarily incapable of work insured, doctor and employer.

(3) authorized employees of health insurance body that carries out the compliance regime temporarily unable to work the insured is required to prove identity card with photograph issued by the authority of health insurance. Particulars card down regulation.

(4) For failure to co-operation in the control according to § 64 paragraph 1 point. b) the authority may impose health insurance policyholders pořádkovoupokutu up to CZK 10 000.

(5) Has the control of compliance with the obligations laid down in § 56 paragraph 2 point. b) the employer applies to paragraph 2 by analogy with the fact that the record also sends the employer health insurance body.

TITLE VII
SYNERGY MEDICAL EQUIPMENT AND NATURAL AND LEGAL PERSONS

§ 77

(1) Health care facilities are required at the request of the health insurance reimbursement
a) perform a physical examination of the person who is obliged to undergo this examination according to § 64 paragraph 1 point e) for purposes of assessing temporary incapacity or control assessment of temporary incapacity and assessing work ability after the support period and the health status of persons for the purpose of assessing the need for treatment,
b) prepare medical documentation to the extent specified health insurance authority, which is required to assess the health and working ability and control of temporary incapacity and need for treatment.

(2) Health care facilities are obliged to doctors sickness insurance institution upon request free of charge to communicate the information needed to control health assessment and temporary incapacity, the authority to allow doctors access to the health insurance and medical records to the extent necessary to rent medical institution health insurance medical documentation in extent determined by the sickness insurance institution.

(3) Medical equipment satisfies the obligations of paragraphs 1 and 2, within designated authority, health insurance, and if no time limit specified, within 15 calendar days from the date of request received.

(4) The fee for the procedures under paragraph 1 shall be governed by a list with point values zdravotníchvýkonů 131 and by special legal regulations 441. The payment gives the person who requested the enforcement, on the basis of the bill submitted by the medical establishment. This applies also to replace postage for sending medical documentation pursuant to paragraph 2.

§ 78

Natural and legal persons that carry out or mediate repair or sale of orthopedic or mobility aids, have a duty to disclose on request free information on the time limit set for the repair or purchase new orthopedic or aids, or other information which are directly related to the assessment of temporary incapacity for work, which was established according to § 57 paragraph 1 point. d) the attending physician or competent health authority insurance.

TITLE VIII

STATUTORY BODIES IN VIOLATION OF SICKNESS INSURANCE REQUIRED FOR MEDICAL ASSESSMENT FOR HEALTH INSURANCE

§ 79
The institution is entitled to health insurance if the doctor breached its obligations for health assessments for insurance purposes and for this violation, he was finally fined in accordance with § 138 paragraph 1.

a) notify the founder of the medical facility or authority which decided on the registration of medical devices, and the respective health insurance company that the doctor breached his obligations under this Act, this notice shall be accompanied by a copy of the decision imposing fines,

b) submit the initiative of the Czech Medical Chamber of the Czech Dental Chamber or disciplinary proceedings with a doctor under a special legal regulation 45, this initiative is accompanied by a decision imposing a fine. The result of this procedure, the body sickness respective chamber within 1 month after the end of his writing,

c) determine doctor ban decisions in matters of temporary disability or need for treatment for up to 2 years if the fine was imposed for an administrative offense specified in § 138, paragraph 1 point. I) or
if the fine was imposed for an administrative offense referred to in § 138 paragraph 1 point. m) and a period of one year from the imposition of the penalty decision sickness insurance institution according to § 75 para 1 again on the termination of temporary disability or need for treatment, and was attending physician to the possibility of determination of non-notified in writing, if the physician entity, this ban can be imposed only to doctors, which caused, that in this period of one year was again decided by authority of the health insurance on the termination of temporary disability or need for treatment.

(2) health insurance authority is obliged to notify the relevant health insurance company that
a) the average duration of a temporary inability to work under medical expertise established over a period of at least 6 months in the temporary inability to work, decided by the same physician, differs significantly from the regional or national average duration of a temporary incapacity established by that authority,

b) treating physician over the prior written notice violates povinnostistantanovené in § 61, 67 and 69 § 80

(1) In case of prohibition decisions according to § 79 paragraph 1 point. c) carry out a physician decision making in matters of temporary incapacity and need for treatment for the duration of the ban body sickness insurance, provided that this prohibition if the insured can not choose another doctor or if otherwise in § 82 paragraph 5 Lékařorgánu health insurance while fulfilling obligations attending physician referred to in § 61 point. a) b), d), h), j), l) and m) and § 68, leads the medical records of temporary incapacity or need for treatment to the extent necessary for the decision, fill the necessary information on the prescribed forms, the device communicates racing preventive care at the request of the expected length of temporary disability insurance and provides the forms that are used for the purpose of carrying out insurance against misuse.

(2) When deciding body sickness insurance in the cases referred to in paragraph 1
a) use forms prescribed under this Act, physicians who use,

b) apply the provisions of § 56 paragraph 4, third sentence, § 57, paragraph 4, § 59 § 3 and § 68, paragraph 5,

c) apply the provisions of § 75 paragraph 2 first sentence, if the termination of temporary disability
or the termination of the need for treatment.

(3) When deciding on matters of temporary disability or need for treatment pursuant to paragraph 1, organsunemocenského medical insurance based on medical reports and reports by physicians and other medical examinations and the results of its own.

(4) The attending physician who has been to ban the rule according to § 79 paragraph 1 point. c) is required to send the body neodkladněa free health insurance referred to in paragraph 1 upon request the necessary documents for health insurance.

PART FIVE
ORGANIZATION AND IMPLEMENTATION
TITLE I
BODIES OF SICKNESS INSURANCE AND RESPONSIBILITY FOR THE IMPLEMENTATION OF INSURANCE

Part 1
Sickness insurance authorities
§ 81
(1) Insurance competent authorities carry health insurance.
(2) The authorities of health insurance are
a) the district social zabezpečení
b) The Czech Social zabezpečení

c) service bodies,
d) Ministry of Labour and Social Affairs.
(3) Staff authorities are
a) The Ministry of Defence,
b) Ministry of Interior,
c) the Prison Service of the Czech Republic,
d) The General Directorate of Customs,
e) The Security Information Service,
f) The Office for Foreign Relations and Information.

Part 2
Jurisdiction sickness insurance authorities to carry out insurance
§ 82
Jurisdiction of
(1) Insurance carried
a) District Social Security Administration and the Czech Social Security Administration, if the insured person referred to in § 5. a) paragraphs 1, 3 to 13 and 15, with the exception of insured persons performing work in connection with the insured, (hereinafter referred to as "employed persons") and insured specified in § 5. b)
b) Ministry of Defence, in the case of professional soldiers
c) The Ministry of Interior, in the case of members of the Police of the Czech Republic and members of the Fire and Rescue Service of Czech Republic
d) The Prison Service of the Czech Republic, in the case of members of the Prison Service of the Czech Republic and in the case of prisoners serving sentences included in the work, people in security detention included in the work and carrying out insurance activities in connection with the insured (hereinafter " convicted persons ")
e) The General Directorate of Customs, in the case of members of the Customs Administration of the Czech Republic,
f) Security Intelligence Service, in the case of members of the Security Intelligence Service,
g) The Office for Foreign Relations and Information, in the case of members of the Office for Foreign Relations and Information.

(2) If the claim was created to benefit the protection period, performs tenorgán sickness insurance, which was responsible for carrying out insurance activities of the insured, from which the withdrawal period follows, unless otherwise in paragraph 3 or 4

(3) If an individual participates at the same insurance as the insured person referred to in paragraph 1 point. a) the insured person as referred to in paragraph 1 point. b) to g) and claims benefits from both of these insurance benefits paid by the sickness insurance authorities which are competent to carry insurance of members, these bodies fulfilling the tasks that have to policyholders referred to in paragraph 1 point.a) District Social Security Administration, concerning the amount and payment of benefits, reduction or withdrawal sickness failure mode temporarily unable to work insured and the compensation regression.

(4) Control of temporary incapacity according to § 75 paragraph 1 of the insured, who was a member and whose temporary incapacity for work occurred after termination of service in the protection period, and assessment of working ability after the support period (§ 66) of the insured made the district administration Social Security, and always at the request of the relevant service authority.

(5) In the case of prohibition decisions according to § 79 paragraph 1 point. c) official bodies set out in § 81 paragraph 3 point. e) or f) the competent authorities may ask the District Social Security Administration to decide in matters of temporary incapacity and need for treatment took place the official authorities, the District Social Security Administration is required to comply with this request. Insured on this assumption inform the official authorities.

§ 83

The local jurisdiction of the District Social Security Administration

(1) The local jurisdiction of the District Social Security Administration for the implementation

a) insurance of employees, including monitoring compliance with the obligations of employers in governing the insurance-based employer, if this office is identical with the place of wage department, or if the employer has no payroll, if the employer has a payroll office and place of wage department is not consistent with established employer, shall be governed by local jurisdiction of the District Social Security Administration site wage department,
b) insurance of self-employed, including monitoring the performance of their duties in insurance is governed by the permanent residence self-employed. If a person is self-employed permanent residence in the Czech Republic is governed by the local jurisdiction of the District Social Security Administration reported pobytu6 place) in the Czech Republic. If a person is self-employed permanent residence in the Czech Republic or reported stay in the Czech Republic, subject to the jurisdiction of local district social site security self-employment, if the few places self-employment, the locally competent District Social Security, in whose district declared by the self-employed predominantly self-employment activity.

(2) The local jurisdiction of the District Social Security Administration is governed

a) a workplace doctor, who leads the insured in the records temporarily unable to work, in the case of keeping a register of insured persons temporarily unable to work and control of health assessments for insurance purposes and in cases specified in § 79 paragraph 1 point. c) and § 84 paragraph 2 point. a) Section 5,
b) place of residence of the insured at the time of temporary incapacity určenéhopodle § 56 paragraph 2 point. b) and 3 or in accordance with § 64 paragraph 1 point. g) in the case of checking
compliance with the arrangements temporarily unable to work insured,
c) a place of permanent residence of the insured, if the insured place of permanent residence in the
Czech Republic, or place of registered residence in the Czech Republic or the place where the Czech
Republic resides, unless the insured place of permanent residence in the Czech Republic or
place registered residence, if the jurisdiction can not be determined under paragraph 1 or
subparagraph a) or b)
d) the address of the authority to protect public health, who ordered quarantine.
(3) was created to qualify for sickness or maternity benefits in the protection period shall be
determined by the local jurisdiction of the District Social Security Administration under paragraph 1
so as to further take insurance, from which it was entitled to such benefits.
(4) The local jurisdiction of the District Social Security Administration in the management of
administrative offenses are governed by
a) pursuant to paragraph 1. a) if it is a misdemeanor or administrative tort committed by an
employer or an offense committed by the insured who committed the offense as an employed
person
b) pursuant to paragraph 1. b), if the offense committed by the insured who committed the offense
as a self-employed,
c) a place of permanent residence of the insured or other person, if the offense committed by the
insured or another natural person and can not determine the jurisdiction referred to in
subparagraph a) or b)
d) based medical facilities in case of an administrative offense committed medical facilities,
e) a legal person established in the case of an administrative offense committed by a legal entity and
can not determine the jurisdiction referred to in subparagraph a) or d).
(5) If the local jurisdiction of the district social zabezpečeníurčit under paragraphs 1 to 4, or if it
would be more locally relevant district social security, the Czech Social Security Administration
District Social Security Administration, which will be responsible for implementing and monitoring
compliance with insurance obligations.
(6) The provisions of paragraphs 1 to 4 shall apply, unless otherwise provided in this Act otherwise.

TITLE II
DUTIES AND AUTHORITY IN THE IMPLEMENTATION OF INSURANCE
Part 1
Responsibilities and powers of authorities sickness insurance
§ 84
The tasks of the district social security administrations
(1) The District Social Security Administration in carrying out insurance of employed persons and
self-employed persons perform the tasks stipulated in this Act sickness insurance institution, unless
the tasks in this implementation is carrying out Czech Social Security Administration.
(2) The District Social Security Administration
a) decide in the first instance in matters of insurance pursuant to paragraph 1, namely:
First the occurrence, duration and termination of insurance, if a dispute arose about participation in
the insurance
Second granting benefits and their withdrawal, suspension of payment of benefits and changes in
benefits,
Third for recovery of dose
4th the payment of sickness after a support period,
5th the termination of temporary disability or need for treatment in cases specified in § 75 paragraph 1,
6th regression of compensation,
7th on Administrative Offences,
8th establishing a prohibition pursuant to § 79 paragraph 1 point. c)
9th the matters referred to in § 80 paragraph 1,
10th in other cases provided by this Act,
b) benefits paid by the deadline,
c) issue the insured a written notice of the nature of their benefits paid, the amount of the daily
dose of the daily assessment base and the time for which benefits were paid, and written notice of
overpayment of sickness which the insured person is obliged to pay back because of a retirement
pension or disability pension for disability the third degree, and the period for which the
overpayment has been quantified,
d) declare the pay dates for payment of benefits and deadlines in the case before the pay date to be
submitted documents for the payment of benefits,
e) keep records associated with the payment of benefits
f) keep records of employees and self-employed, the insurance carried, including the registration
period of insurance and registration deadlines and proponent of times, and other documents for the
payment of benefits, employee records and self-employed persons temporarily incapacitated for
work as mandatory quarantine, and records of the insured entitlement to payment of benefits
according to the type of benefits,
g) keep records of the decision to breach the treating physicians associated with the assessment and
validation of health status and temporary incapacity for insurance purposes and allow the treating
physicians to inspect these records, if the decisions that affect them,
h) keep records of employers who fall within their territorial jurisdiction,
i) monitor compliance with the obligations of employers and self-employed in insurance obligations
and other legal or natural persons imposed on them by this Act,
j) monitor compliance regime temporarily incapacitated for work insured,
k) exhibit a woman who does not meet the conditions for entitlement to maternity benefits, at the
request confirmation of this fact,
l) point out in writing to the attending physician, the employer and the insured, who is granted sick
leave, drawing the support period of 180 days in length, at least 15 days in advance, and length of
380 days, at least 2 months in advance,
m) inform in writing the self-employed workers and foreign employees on termination of their
participation in the insurance of failure to pay premiums for insurance, not later than the eighth day
of the second calendar month následujícího month in which participation in the insurance for this
reason lapse,
n) provide treating physicians, employers and insurance charge forms prescribed under this Act and
the treating physicians free envelopes for sending messages and notifications provided pursuant to §
61 of the district social security administrations in cases where the cost of delivery of such shipments
affected Czech Social Security Administration pursuant to § 167b ,
a) provide insurance to employers and free expert information on insurance
p) be notified within 15 days of receipt of the prescribed form a written contract employers and
contract employees appointed to participate in the insurance contract staff who participated is
obligatory pension insurance in the State in which the seat of his foreign employer,
q) notify the attending physician, who ended the day the insured is entitled to sickness, which ends insured activity and asks for the start of his retirement pension from the date which falls within the period of temporary incapacity,
r) yield the required statistics and the accounts of insurance
a) inform the competent authority of the official assessment of the temporary incapacity of control and assessment of working ability after a period of support in the cases specified in § 82, paragraph 4, unless the authority of the inspection or examination requested
t) transmit Czech Social Security Administration data needed to manage the register of insured health insurance (hereinafter referred to as "register of insured") and a register of employers.
(3) The District Social Security Administration also
a) implement record-keeping control temporarily unable to work and insured persons need treatment and control of the correctness and completeness of medical documentation concerning the temporary inability to work and care needs of a household member on health grounds by the attending physician,
b) carry out monitoring health assessment for insurance purposes and keep a record of the minutes of the inspection,
c) check the fulfillment of obligations under this Act by the attending physicians,
d) give the insured person temporarily incapable of work upon request prior written approval to permit change of residence during the temporary incapacity for work (§ 56 paragraph 3, third sentence) and the physician's prior written consent of the cases mentioned in § 57 paragraph 3 and 5,
e) investigations on the suggestions concerning the assessment of temporary incapacity physicians administered health insurance and employer incentives to control the justification of temporary incapacity and need for treatment,
f) provide health insurance information from the health assessment and temporary incapacity physicians, including information about the average duration of a temporary inability to work by the attending physician expertise and sanctions imposed doctor, to check the effective use and provision of health care covered from public health insurance

g) supply medical equipment and administrative authority competent under a special legal předpisu38), for the purposes of the proposal to review the appeal decision and copies of supporting documents needed for this procedure, at their request,
h) ordering a physical examination of the insured in a health care facility, if necessary for the health assessment and temporary incapacity,
i) assess the working ability of the insured temporarily unable to work after a period of support,
j) conduct checks of temporary incapacity and assessing the ability to work after a period of support in the cases specified in § 82, paragraph 4;
can perform these tasks by a physician.
§ 85
Tasks of the Czech Social Security Administration
(1) Czech Social Security Administration
a) manages and controls the activities of the district administrations zabezpečenív social insurance,
b) decide on appeals in matters of insurance, which decided in the first instance the District Social Security Administration,
c) is before the court in proceedings to review a decision in matters of insurance,
d) keep a register of the insured, in the case of employed persons and persons samostatněvýdělečně
e) keep a register of employers employing persons employed,
f) ensure issuance of the forms prescribed under this Act and provides these forms free health insurance to other institutions, treating physicians and others who use these forms, enter into the agreement under § 167b and provides publishing envelopes referred to in § 84 paragraph 2 point. 
g) ensure that the tasks arising from the law of the European Communities and the tasks arising from international treaties in the field of insurance.
(2) Doctors Czech Social Security Administration assess the working ability of the insured temporarily unable to work after the support period and perform the tasks listed in § 84 paragraph 3 point. d) and j) for purposes of appeal proceedings.

§ 86
Tasks service bodies
(1) Business authorities in the fields of its competence in the implementation of insurance and insurance convicted persons perform the tasks stipulated in this Act sickness insurance authorities, unless the tasks in this implementation is carrying out business departments, prisons and institutions for security detention.
(2) The service authorities in their fields of competence
a) perform the tasks listed in § 84 paragraph 2 point. a), g), j), n) and o)
b) keep a register of business units,
c) keep a register of the insured, if the members and convicted persons,
d) inspect the performance of official duties in the departments of insurance,
e) perform the tasks listed in § 84 paragraph 3 point. a) to i) and § 85 paragraph 1 point. c) and g); tasks listed in § 84 paragraph 3 point. a) to i) may perform a doctor.

§ 87
The tasks of the Ministry of Labour and Social Affairs
Ministry of Labour and Social Affairs
a) manages and monitors the performance of state administration in insurance
b) coordinates and directs the implementation of insurance in relation to the Czech Social Security Administration and the professional bodies,
c) directs and controls the Czech Social Security Administration at prováděnípojištění,
d) monitor the efficient spending of state funds earmarked for insurance.

§ 88
Removal of hardness
Minister of Labour and Social Affairs, Defense and Interior, General Services of the Czech Republic ředitelVězeňské, Managing Director of the General Customs Directorate, Director of the Security Information Service and Office of Foreign Relations and Information may decide within its scope to remove hardness in individual cases that occurred the implementation of insurance.

Permission sickness insurance authorities
§ 89
(1) Authorities may invite the sickness insurance
a) the employer to submit a report and submit records of facts decisive for the assessment of employee participation in insurance and entitlement to benefits, their amount and payment,
b) the insured to disclose, or justify the facts decisive for the implementation of its insurance
c) the beneficiary in order to certify the facts decisive for entitlement to benefits, the amount and payment,
d) an employer who employs fewer than 26 employees účastných insurance, self-employed and
foreign employees to the inspection in order to fulfill their obligations in insurance, including
payment of premiums for health insurance, arrived in a timely fashion to the District Social Security
Administration, or the place designated by the Administration, as an employer who employs fewer
than 26 employees účastných insurance for these purposes, considered an employer who at the
date of preparation of the challenges the District Social Security Administration has a registry of
insured registered less than 26 of these employees,
e) the holder of postal license to prove facts about the výplatdávek, particularly to whom, when
and in what amount was paid,
f) the financial institution to prove the facts relating to the payment of benefits, particularly to
whom, when and what amount has been credited to the account.
(2) The time limit to fulfill the obligations referred to in paragraph 1 shall orgánnemocenského
insurance, this can not be less than 8 calendar days from the date of delivery or communication of
an invitation to meet these obligations.
§ 90
Authorities are entitled to health insurance
a) to examine the accuracy and completeness of records and reports that are employers for the
conduct of insurance required to keep, timeliness and manner of their submission and
administration,
b) examine accounts and other documents which are decisive for participation in the insurance,
determining entitlement to benefits, the amount and payment, including determining the amount of
social security premiums and state employment policy
c) agree with the employer changes the deadline
for the fulfillment of its obligations under § 94
paragraph 1 and 2,
d) to give the insurance company an incentive to control poskytovánízdravotního care
and treatment of cases of temporary incapacity and need for treatment by the attending physician,
e) require preventive care facilities expression of zdravotnízpůsobilost temporarily unable
to work the insured to perform the current job, this device is based on a report on health insurance,
which they sent the sickness insurance institution.
§ 91
The commission staff sickness insurance authorities are authorized to enter into the premises of
employers to check compliance with obligations imposed by this Act and to require the necessary
cooperation in this control, in particular the submission of documents specified in § 90 point. b) to
correct the shortcomings are authorized to impose corrective measures or require corrective action
within a specified period and submit written reports on measures taken, including their
performance.
Part 2
Tasks trade offices
§ 91a
Self-employed workers who are self-employed operate under the authority under the Trade Act, can
an application for deregistration of insurance and insurance may also be at the Trade Office, so if
these people make in connection with the trade announcement, applications for the concession or
in connection with the performance reporting obligations under the Trade zákona47a).
Part 3
The tasks of employers in the insurance
Section 1
Division of employers and their competence to perform tasks in insurance

§ 92

(1) The tasks of employers in the insurance fulfills the extent specified below
a) employers who are required to sign the register of employers (§ 93 and 123),
   business units,
   prisons and institutions for security detention, if the convicted person.
(2) The tasks of employers referred to in paragraph 1 point.
   a) perform the
   b) State employees by business service law office, which is a state employee assigned to perform
   public service,
   c) Team members in cooperatives where membership is a condition of their employment
   relationship with the team, this team
   d) employees employed under an agreement to work an employer who has entered into this
   agreement with the employee,
   e) workers employed under foreign law by the employer, which concluded with the worker that
   relationship,
   f) Judges Court, to which the judge assigned to perform a function
   g) members of the councils local government councils and boroughs or districts territorially
   segmented statutory cities and the capital city of Prague, who are long-term performance or
   released prior to their election to office of a member council were in employment, but shall serve
   the same extent as release of members of the council, department, which handles business affairs
   employees of local governments,
   h) Members of Parliament of the Czech Republic, the Office of the Chamber of Deputies and
   senators of the Senate of the Parliament of the Czech Office Senate
   i) the members of the government authority that members of the government paid a salary,
   j) the President, members of the Supreme Audit Office The Supreme Audit Office,
   k) Members of the Council for Radio and Television Broadcasting Úřad Council for Radio
   and Television Broadcasting, chairman of the Energy Regulatory Office, the Energy Regulatory Office,
   members of the Institute for the Study of Totalitarian Regimes, Institute for the Study of Totalitarian
   Regimes and the members of the Czech Telecommunications Office Czech Telecommunication
   Office,
   l) of the Financial Arbiter and the representative office of the Financial Arbiter of the Financial
   Arbiter,
   m) The Ombudsman and Deputy Ombudsman Office of Ombudsman,
   n) the persons referred to in § 5. a) paragraph 11 of the administrative authority or entity referred to
   in this provision, or one who has the persons performing public office position of the employer,
   a) voluntary workers care services legal person who pays such workers remuneration for care
   services,
   p) the foster parents, who perform foster care facilities for foster care under a special legal
   regulations13), founder of the facilities, and foster parents who are in foster care receive the salary
   payable foster parents in special cases under special legal regulation14), the body, which pays the
   reward
   q) The persons referred to in § 5. a) paragraph 15 of that for which these persons are employed
   r) contract staff contractual employer.
Section 2
Tasks employers of entries in the register of employers
§ 93
(1) An employer who employs employed persons must register no later than 8 calendar days from its occurrence on the prescribed form to the registry of employers; on this form also lists all financial institutions in the Czech Republic, which has kept accounts. The employer must indicate on this form is also all of your wage department with their addresses and persons who are entitled to for them to act on behalf of the employer.

§ 93
(1) An employer who employs employed persons must register no later than 8 calendar days from its occurrence on the prescribed form to the registry of employers; on this form also lists all financial institutions in the Czech Republic, which has kept accounts. The employer must indicate on this form is also all of your wage department with their addresses and persons who are entitled to for them to act on behalf of the employer. If the employer is not obliged to register in the register of employers under the first sentence, employs a staff member whose job is small job, and jobs created during this insurance to the employee, the employer is obliged to register in the register of employers within 8 calendar days after the calendar month in which the employee insurance was established.

(2) The employer shall within the period referred to in paragraph 1 sentence první přihlásit on a prescribed form to the registry of employers also each of their payroll, on this form must also indicate the range of branch employees, or otherwise limited number of employees for whom payroll accounting department keeps records wages or salaries. If the Payroll Office to set up after the filing of the employer into the register of employers pursuant to paragraph 1, the time limit 8 calendar days from the date of its registration of its establishment.

(3) The employer shall notify in writing any change of data které vedl on a prescribed form filed pursuant to paragraphs 1 a 2, within 8 calendar days from the date on which the change occurred. The employer is also obliged to notify in writing the court's decision to cancel the employer, within eight days from the date of legal force of this Decision and at the same time also other cases of cancellation of the employer in accordance with special legal předpisů 48). An individual who continues to trade after the death of a natural person who was the employer until the end of the discussion of heritage management is obliged to report in writing within 30 days of the District Social Security Administration death this day, individuals and their continuation in the trade under a special legal předpisu 49).

(4) The employer is obliged to check out on a prescribed form from the register of employers, up to 8 calendar days from the day he ceased to be the employer. In case of termination of the employer is obligated to its legal successor log it on a prescribed form from the register of employers, up to 8 calendar days from the date of his demise. In case of termination without legal successor employer is obliged to whoever was at the date of termination of the employer in charge of its liquidation, check out the employer on the prescribed form from the register of employers, at least 8 calendar days from the date of his demise.

(5) The abolition of wage department, which was registered in the register of employers, the employer is obliged to check out it on a prescribed form, within 8 calendar days from the date of cancellation of wage department.

(6) Employers and their payroll accountant are required in contact with the District Social Security Administration and the Czech Social Security Administration to use the assigned variable symbol of employer and wage department.
(7) The provisions of paragraph 1 second sentence and paragraph 2 shall not apply if one zaměstnavateljen payroll, which is the same place-based employer.
(8) The provisions of paragraphs 1 to 7 shall not apply to employers kterýzaměstnává only foreign employees.
(9) The tasks referred to in paragraphs 1 to 5 meet at the okresnísprávy employers social security.

§ 94
(1) The employer shall notify the District Social Security Administration on the prescribed form the day of the employee to work, which he established the participation of insurance, within 8 calendar days from the date of entry into employment, and day of termination of employment with the employee, up to 8 calendar days from the date of termination of employment. For the purposes of the first sentence after the termination of employment is also regarded as interruption insurance (§ 10, paragraph 9) and the emergence of an employee to work also return employees to work after a period of interruption insurance. The contract staff member to announce an employer under the first sentence the opening day of work in the Czech Republic and the day of termination of this work, even though this work does not participate in the insurance, up to 8 calendar days from the date of commencement or termination of this work. An employee whose employment is small-scale employment, the employer announced the starting date of this employee to work within 8 calendar days after the calendar month in which the staff member participation in insurance.
(2) The employer is obliged to declare in writing to county government sociálníhozabez ¬ baking change in the information listed on the notice of the employee to work, and within 8 days from the date on which the change occurred.
(3) An employer may agree with the District Social Security Administration písemnědohodnout another deadline for the reporting requirements specified in paragraphs 1 and 2 This Agreement may be terminated in writing by the employer and the District Social Security Administration; validity of the agreement ending the first day of the calendar month following the month in which it was terminated.
(4) The employer is obliged to notice of the date of the employee to work (start work in the Czech Republic to the contract employee) under paragraph 1 shall also give details of employees required for inclusion in the register of insured persons (§ 122).

§ 95
(1) The employer shall keep records of their employees účastných insurance, which for insurance purposes must include the following:
   a) name, surname, maiden name, social security number, date and place of birth, place of permanent or reported stay of employees, date of entry into employment and termination of employment, type of activities which constitute participation in insurance, information on place of work, if this place permanently abroad, and whether the employee participated in a foreign country mandatory pension insurance, citizenship, and if the employee has participated mandatory pension insurance abroad and the employer is his first employer after such participation or its duration, also indicate name and address of a foreign insurance carrier and a foreign insurance number, contract employees and also the identification of a foreign employer and an indication of the mandatory participation of contractual employees in the pension insurance in the State in which the seat of his foreign employer, as well as the start date and completion of work contract employees in the Czech Republic,
   b) the amount agreed (set) chargeable income,
   c) the income of employees for each payroll (payroll) and the jednotlivéšložky chargeable income for
the dose
d) the period of temporary incapacity staff under quarantine, for care of a household (care for a child aged under 10 years) period of maternity leave and parental leave, the period of custody for security detention and prison employees and other days itexcused absence from work, days off work without compensation income, provided the employee by the employer where the employee has no leave entitlement, and days of work activities of employees in the insured at the time in which he is entitled to the payment of sickness benefits, maternity benefits and nursing,
e) working days of unexcused employees or their parts,
f) record, whether the employee receives retirement or disability pension, and from which it receives, the payer of income, and if the pension he receives from the state, with which the Czech Republic concluded the international agreement on social security, also a record about what the State pension he receives is this and what a foreign insurance carrier is liable retirement

g) previous authority which carried insurance of employees if it is not the District Social Security Administration,
h) the amount of the assessment base for premiums,
i) the name of the health insurance company where the employee health insurance,
j) subject to the employee or contract employee insurance under this Act, details of his participation in the mandatory pension insurance abroad.

(2) The employer shall keep on their employees, whose jobs give them participation in the insurance, the information referred vođstavci a point. a) to c), with the indication of the type of activity involves an activity which does not participate in insurance.

(3) The obligation referred to in paragraph 2 shall also apply to the employer who is not obliged to register in the register of employers, and for an employer who is logged in this register.

§ 96
The employer is required to store records of facts uvedenýchv § 95 for 10 calendar years following the year to which they relate, unless a special law provides for records that have the character of the accounting records, uschovací longer period of time. For records of these matters are always considered evidence of the type, origin and termination of their relationship and record of attendance records in the work, including the period of leave without compensation income. If an employer terminates without a legal successor of the deadline referred to in the first sentence, the employer must ensure that during this period of custody records and notify the District Social Security Administration, the place where records are stored.

§ 97
(1) The employer is obligated to accept requests from our employees for benefits and other documents necessary to determine entitlement to benefits and their payment and promptly with the information necessary for calculating doses to pass the District Social Security Administration, the District Social Security Administration is obliged to immediately report also all factors which may affect the payment of these benefits. Data needed for calculation of benefits shall be provided on a prescribed form, such data means the assessment bases for pension insurance referred to in § 18 paragraph 2 and excluded days specified in § 18 paragraph 7 Payer rewards foster parent, foster parents who belong in special cases under special legal regulation14), announces the prescribed form for the purpose of calculating monthly benefit amount of the reward, which belonged to the foster parents for the calendar month preceding the calendar month in which it was at the social event, or a calendar month in which it was at the social event. The employer is also obliged to submit the District Social Security Administration no later than the next working day after the date
that is specified for the payment of wages and salaries, the information required under § 44 for determining the amount of compensatory allowance during pregnancy and motherhood, for the calendar month in which it took at least a portion of the transfer pursuant to § 42 paragraph 1 to 3, such data means assessable income for the calendar month in which the transfer took at least a part, and the number of days specified in § 43 paragraph 2
(2) The obligations referred to in paragraph 1, sentence first and second are legal or natural persons who are no longer kept in the register of employers are obliged to perform well in the case of applications from persons who were employed and persons entitled to benefits applied in the withdrawal period.

§ 98
(1) The employer is obliged to request the district social security divided it with all the necessary information for carrying out insurance or provide proof of them, and to report or submit records according to § 89 paragraph 1 point. a) within a period of 8 calendar days of receipt, unless a longer deadline.
(2) The employer shall provide necessary assistance authorized employees of the District Social Security Administration to check the performance obligations of employers in the insurance to the extent specified in § 90 point. a) and b) allow these employees to enter the premises of employers and check compliance with the obligations of the employer and perform corrective measures imposed by the District Social Security Administration, including a written report on measures taken in due time.
(3) authorized employees of the District Social Security Administration is authorized to store employees performing tasks employer disciplinary fine up to CZK 10 000 per infringement cooperation provided for in paragraph 2
(4) An employer who employs fewer than 26 employees registered in the register of the insured is obliged to challenge the district social security come to the District Social Security Administration or other designated location on a fixed date for the inspection obligations in insurance, if to advance serious reasons excuse. For the infringement referred to in the first sentence of the district Social Security employers impose a disciplinary fine of up to CZK 10 000.
(5) The provisions of paragraphs 1 to 4 shall also apply to employers who are not mentioned in the register of employers.

§ 99
(1) If 2 or more employer payroll accounting departments, performs povinnostizaměs¬ntnavatele insurance in each payroll accounting department separately for the circle of employees, which keeps records of wages or salaries.
(2) Obligations of the employer referred to in § 94 to 97 do not apply foreign employees.

§ 100
Employer performs work related tasks in insurance at their own expense.

Section 3
Tasks service departments
§ 101
(1) Business Insurance departments in fulfilling the following obligations:
a) accept applications for benefits and other documents necessary to determine entitlement to benefits and their payment,
b) benefits paid by the deadline, not including benefits přiznanýchroz¬hodnutím service authority
c) shall submit an application for benefits, or opposition member (paragraph 2, second sentence), together with all documents of official authority
d) promptly submit documentation of official authority to decide on přeplatkuna dose
e) prepare the documents necessary for deciding on the benefits
f) members shall be issued together with a payment batch written proof of the second dose, daily dose amount, the amount of the daily assessment base and the time at which the dose is paid
g) provide ongoing monitoring of benefits that are paid
h) keep records of the extent to which they are obliged to lead employers pursuant to § 95 paragraph 1, the fact that this register always contains information about previous authority which carried out insurance member, and an indication of the proponents of times, and records of members temporarily unable to work,
i) perform the duties specified in § 84 paragraph 2 point. d), e), k), l) p) q) and § 96 and in relation to the authority of official duties specified in § 98 paragraph 2,
j) members provide free information on entitlement to benefits.

(2) Business unit stops the payment of benefits, if the conditions are met nárokuna dose, and reduces or increases the level of benefits, a change in the facts decisive for the amount. Where a business unit of doubt whether the conditions for entitlement and payment of benefits, the eligibility or member disagrees with the amount of benefit, the payment period, the failure to provide benefits or stopping the payment, submit the necessary documents business unit to determine the appropriate dose of official authority. The act of service or a member of the department under the second sentence must be made in writing.

(3) Business Unit is entitled to require applicants for benefits and příjemcůdávek necessary documents to determine entitlement to benefit and its amount and payment of benefits.

Section 4
Tasks prisons and institutions for security detention
§ 102
Prisons and institutes for security detention fulfills the insurance obligations set out in § 101 paragraph 1 and 2 and have the authorization referred to in § 101 paragraph 3 in relation to similarly sentenced persons.

Part 4
Duties of the insured
§ 103
(1) An insured person who applies for a benefit or a benefit which is paid, it shall
a) certify the facts upon which the insurance and participation in decision making on benefit to submit required documents, serving the health insurance authority, to professional formation, prison or institute for security detention and requested an explanation of the data
b) to report health insurance authority, to professional formation, prison or institute for security detention by paying a dose on time all the facts that are or may be grounds for termination or change of entitlement to benefits, for the duration of entitlement to benefits, the amount of the benefit or its payment, and within 8 days from the date on which the facts learned
c) provide health insurance authority, to professional formation, prison or institute for security detention review of the facts constituting a cause or duration of entitlement to benefit, its amount and its payment,
d) inform the employer that employment is just arranged for the work (service) time off in the first employment (§ 14 paragraph 3) or just leave for another job (§ 28 paragraph 2) or a period that falls
entirely within period of school holidays or vacations,
e) Staff tell the department that is also employed or self-employed.

(2) An insured person who has been invited to the body of health insurance certificate of the
grounds for participation in the insurance claim to a benefit, the amount of benefits or payment is
required to meet the challenge, and within a period of 8 days from the invitation, unless sickness
insurance body determined period is longer.

(3) The employee must give the employer the information required to keep records of employees
under § 95, or on these data also submit the necessary documents. The employee is obliged to
disclose and document the employer that participated mandatory pension insurance according to
regulations of the State in which constantly performs work (§ 6, paragraph 4). The provisions of the
first sentence shall apply mutatis mutandis to the obligation of a contract staff to communicate this
information contracting employer, contract employee is obliged to disclose and document
contracting employers that participated mandatory pension insurance in the State where the
headquarters of his employer.

§ 104
(1) An insured person who is self-employed person is also obliged
a) inform the district administration of social security at the invitation of the data required to keep
records on the insured under § 122, paragraph 3 or on these data also provide the necessary
documents,
b) to submit an application for insurance on the prescribed form
c) to challenge the District Social Security Administration to appear in stanovenýden the district
Social Security Administration or other designated place for the inspection obligations in insurance,
where pre-excuse for serious reasons,
d) provide for the purposes of monitoring compliance with obligations in insurance accounting and
other documents and to provide for the control necessary assistance,
e) notify the District Social Security Administration, if it is simultaneously employed or self-employed
abroad, the data according to § 95 paragraph 1 point. j), and within a period of 8 days.

(2) The District Social Security Administration is authorized to impose self-employed person a
disciplinary fine of up to CZK 10 000, if not fulfilled obligations synergies in inspection pursuant to
paragraph 1. c) and d).

(3) Foreign employee performs to the District Social Security Administration obligations referred to
in paragraph 1 letter. a) to c) and § 103 paragraph 1 point. a) to d) and 2 as well as the employee is
obliged to notify the District Social Security Administration termination of employment in the Czech
Republic if in the Czech Republic participated insurance.

(4) A natural person with permanent or reported stay in the Czech Republic who exercises
employment or self-employment in the territory of two or more Member States of the European
Union, the District is required to manage social security according to the place of permanent or
reported stay disclose such skutečnost50)within 30 days from the date of commencement of such
employment or self-employment.

Part 5
Obligations of other entities

§ 105
The competent authority to protect public health is obliged to confirm the prescribed form for
payment of benefits and compensation wages, salary or remuneration or reduced salary (reduced
fees) for the first 14 calendar days and from 1 January 2011 to 31 December 2013 for the first 21
calendar days of quarantine, quarantine regulation, its duration and termination and the relevant parts of this form to send to the competent authority and provide health insurance policyholders, the quarantine lasts longer than 14 calendar days and from 1 January 2011 to 31 December 2013 more than 21 calendar days is required to confirm its duration is always at 14 calendar days and from 1 January 2011 to 31 always in December 2013 to 21 calendar days.

The provisions of the first sentence shall apply mutatis mutandis to the doctor unless under special legal mandate quarantine.

§ 106
Facilities for children and schools, as specified in § 39 paragraph 1 point. b) paragraph 1 shall confirm to the prescribed form for the purpose of providing nursing and its closure and the reason for this closure.

§ 107
The holder of postal license shall, at the invitation of the sickness pojišťní doložit facts concerning the payment of benefits [§ 89 paragraph 1 písm. e) and 2], this applies similarly, if a financial institution [§ 89 paragraph 1 point. f) and 2].

TITLE III
PAYMENT OF BENEFITS
Part 1
Belonging to the payment of benefits

§ 108
(1) Benefits paid
a) District Social Security Administration, in the case of employed persons and self-employed,
b) the relevant business units, in the case of members
c) prisons and institutions for security detention, if the convicted person.
(2) The District Social Security Administration, business services, prisons and institutions for security detention also pay benefits to persons who were insured referred to in paragraph 1 and who became entitled to benefits in the withdrawal period.
(3) Service departments also pay benefits in the case referred to in § 82 paragraph 3

Part 2
Claiming entitlement to payment of benefits

§ 109
(1) The dose should be paid upon written request signed by an individual claiming a benefit and its payment, a request for nursing in the case of taking care (care) must also be signed by the employee, from which the treatment (care) takes over. If the prescribed application form, the application must be submitted on this form.
(2) An application for payment of benefits shall be filed
a) the employer, in the case of employed persons, with the exception of foreign workers
b) for the District Social Security Administration, if it is a self-employed persons who were employed persons, if they are entitled to a benefit in the protection period, and their former employer ceases, and foreign employees,
c) for the service department, in the case of members
d) Institute of prison or detention for security in case of convicted persons,
e) under a) to d), was entitled to the benefit protection period or apply to entitlement to benefits in the event of death of the insured persons referred to in § 51 paragraph 1
(3) Entitlement to payment of sickness benefit applies
a) for a temporary inability to work on the prescribed form by the treating doctor of temporary incapacity. For the payment of sickness benefits for a certain period is necessary to prove the duration of temporary incapacity, and a confirmation of the attending physician on the prescribed form for the duration of temporary incapacity or the decision of the treating physician or a health insurance authority to terminate the temporary incapacity,
b) the quarantine stamp of the competent authority to protect public health or the attending physician on the prescribed form of quarantine. For the payment of sickness benefits for a certain period is necessary to prove the duration of quarantine, and confirmation of the competent authority to protect public health or the attending physician on the prescribed form on the duration or termination of the quarantine.

(4) Entitlement to payment of maternity benefit claims
a) pregnant or pojištěnka pojištěnka, who gave birth to baby proof your doctor about the expected or actual date of birth on the prescribed form,
b) the insured in cases specified in § 32 paragraph 1 point. b) to e) in the prescribed form. For the payment of maternity benefit in these cases is also necessary to prove the necessary facts and First decision of the competent authority (§ 38) on the child insured to substitute parental care, Second written agreement pursuant to § 32 paragraph 1 point. e), or Third posudkem52 medical) doctor mother of the child on the prescribed form that the child’s mother can not or should not care for the child to serious long-term illness, this does not apply if it was exposed to a decision on temporary incapacity of the reasons given in § 57 paragraph 1 point . e).

(5) entitlement to nursing is applied
a) in cases specified in § 39 paragraph 1 point. a) in the case referred to in § 39 paragraph 1 point. b) point 3 on the grounds that a person who otherwise care for the child, sick or given birth by the attending physician of the need for treatment in the prescribed form. For payment of nursing must prove the continued need for treatment, and a confirmation of the attending physician on the prescribed form for the duration of need for treatment or by the attending physician to end the need for treatment on a prescribed form. Building the course of the support period according to § 40 paragraph 3, the certificate shows hospital admission to institutional care and the release of this care,
b) in cases specified in § 39 paragraph 1 point. b) 1 on the prescribed form potvrzením school facility or a special children's facilities, other similar facilities for children, in whose care the child is otherwise, or schools whose student is on their conclusion on the basis of the relevant authorities. For payment of nursing must certify on the prescribed form or termination of this closure,
c) in cases specified in § 39 paragraph 1 point. b) Section 2 and the case referred to in § 39 paragraph 1 point. b) 3 because the person who cares for a child, quarantine has been imposed, a certificate authority to protect public health or the attending physician on the prescribed form of quarantine. For payment of nursing must prove the duration of quarantine, and the presentation of the relevant authority to protect public health or the attending physician on the prescribed form or the duration of quarantine,
d) for taking care (care) under a) to c) stating that the prescribed form must be provided when the need arose to nursing (care), from which date is this assumption, and data on employees from whom with nursing (care) takes over.

(6) Entitlement to payment of compensatory allowance during pregnancy and motherhood is
applied
a) confirmation of the employer on the prescribed form that pojištěnka was transferred to another job because the work that had taken place, is under special legislation prohibited by pregnant women, mothers until the ninth month after childbirth or breastfeeding women, this applies similarly, it When a policewoman who was dismissed from the service of the current location because the service to carry out activities that are prohibited to pregnant women, women up to nine months after giving birth and women who are breastfeeding,
b) by the attending physician on the prescribed form of the need to transfer to another job pojištěnky because the work that had taken place, endangers her pregnancy, health, maternity or breastfeeding ability, this applies mutatis mutandis to the policewoman withdrawn from service performance.

For the payment of compensatory allowance during pregnancy and motherhood must prove the relevant facts, and a confirmation of the employer on the prescribed form, indicating the day was transferred to another pojištěnky work or to another duty station, previous work (service position) and work (business location), for which it was transferred pojištěnka, the reason the transfer and the date when the transfer completed. For the payment of compensatory allowance during pregnancy and motherhood for each calendar month is also necessary to prove the amount of chargeable income and the number of days specified in § 43 paragraph 2, confirmation of the employer (§ 97 paragraph 1, second sentence).

(7) For the purposes of claims for benefits are prescribed for tiskopisypovažují also forms issued on the basis of international agreements and forms used for the coordination of social security within the European Union.

Part 3
Payment of benefits
§ 110
Method of payment of benefits
(1) Benefits shall be paid on the basis of the documents referred to in § 109th
(2) Sickness and care benefits are paid for the period for which it was osvědčenosplnění conditions for entitlement to these benefits and their payment. Maternity benefits and compensation for pregnancy and maternity are paid per calendar month, or for his part, insisted the entitlement to these benefits for only part of a calendar month, if necessary for entitlement to these benefits and their payment required to prove fact paid to the certificate of these facts.
(3) Benefits shall be paid not later than 1 month následujícího day on which the document was provided for entitlement to benefits delivered to the District Social Security Administration, if the payer of benefits the District Social Security Administration.
(4) The terms of payment of benefits and the periods in which they are needed for payment of benefits by the deadline in accordance with paragraph 2osvědčit, public service departments, prisons and institutions for security detention, if the payer of benefits these departments, prisons and institutions.
(5) Benefits paid to the District Social Security Administration to refer to the insured's account at a financial institution in the Czech Republic or paid in cash through the post office, the district social security benefits can be paid through the account of the Czech Social Security Administration. The insured is obliged to request the payment of benefits to state which of these ways the dose should be paid, in case of remittance benefits on account of the insured person is obliged to disclose your account number.
(6) Benefits paid to official departments, prisons and ústavypro security detention shall be paid to members of the manner in which they are paid a salary or business income, and other insured persons shall be made to their account at a financial institution in the Czech Republic, unless the insured requests the remittance, or paid in cash. Sickness and maternity benefits distributed to persons convicted prisons and institutions for security detention in the same way as a reward for their work.

(7) If the insured requests a change in the way of benefits, its plátcepovinen to change the way of benefits from the earliest possible date of payment of benefits.

(8) In the case of payment of cash benefits paid by the holder of poštovnilicence costs for delivery of its recipients.

§ 111
Payment of benefits abroad
Benefits are payable abroad at the request of the insured. Benefits are payable abroad only to the insured account at a bank and for the costs of this payment, the authority sickness insurance benefit that pays abroad, is obliged to disclose the method of determining these costs.

§ 112
Payment of special benefit recipient
(1) If an insured person or his legal representative, due to their health condition or other serious reasons to claim the benefit payment or benefit received, shall designate an authority sickness another natural person as a special beneficiary. With the provision of special recipient must agree to the insured person and the person to be appointed special beneficiary, the consent of the insured is not required if, due to their health status according to the statement attending physician can not give expression to the provisions of a special recipient. A particular beneficiary may be appointed as a legal entity, if such a clause agrees. For the purposes of the dose and the payment of the levy is a special beneficiary status pursuant to the Administrative řádu52a guardian).

(2) Special recipient is obliged to claim payment of benefits without undue delay. A special recipient is obliged to use the dose according to the instructions of the insured and the insured is unable to give such an instruction is required to use the dose and for the benefit of insured persons insured is obligated to maintain. A special recipient is obliged to request insurance or sickness insurance body, which appointed him, give written notice of the action, which, as guardian made, and written accounts of benefit to him was paid, up to 1 month.

(3) Body health insurance provisions of a special decision to cancel the recipient, if
a) fell off the grounds on which the particular recipient appointed
b) determines that the recipient does not fulfill the specific obligations referred to in paragraph 2, first sentence, or
c) finds that a particular recipient has not fulfilled the requirement specified in paragraph 2, second sentence.

TITLE IV
DATA COMMUNICATION AND INFORMATION SYSTEMS INSURANCE
Part 1
Duty of confidentiality
§ 113
(1) The obligation to maintain confidentiality of facts, they became acquainted with the obligations of insurance or in connection with them, have
a) the employee health insurance bodies and persons in the service of authorities for sickness
insurance,
b) employees of employers, if the employer keeps records of wages other legal or natural person,
this obligation applies equally to this person and its employees.
(2) The obligation referred to in paragraph 1 shall apply even after the work (service) relationship.
(3) The obligation of confidentiality to individuals who were parties to any proceedings in the
insurance, if it is a fact, which is obtained in such proceedings or in connection with it. This obligation
continues even after the trial. Individuals involved in the management of insurance must be a body
sickness informed of their obligations to maintain confidentiality and the legal consequences of
breach of this obligation.
(4) Natural persons bound to secrecy pursuant to paragraphs 1 to 3 may disclose information to
which this requirement applies
a) only if it is provided by law or special act, or
b) with the consent of the person in whose interest have a duty of confidentiality if the person in
whose interest this obligation they have, get rid of this obligation, in writing, stating the scope and
purpose for which such data may be disclosed.
(5) Generalized information and aggregate data that sickness insurance authorities from their
activities, they may be without concrete data, in particular namespaces, used by employees and
persons referred to in paragraph 1 point. a) for scientific, publishing and educational activities.

Part 2
Disclosure of Information
Section 1
Communication of data between health insurance
§ 114
(1) The authorities of health insurance on request, communicate to each other údajenezbytné to
fulfill their tasks in the field of insurance, including details of each insured. The requested authority
is obliged to sickness insurance application requesting authority to meet the health insurance within
a period of 8 calendar days from the date of receiving the request does not provide the authority
that the data requires a longer period. The required information may be provided in electronic form
in a manner enabling remote access.
(2) The information received by the insured and their employers sickness insurance authorities, is
also conducting bodies of pension insurance.
(3) Paragraph 1 shall not apply to disclosure of data zpravodajskýmis ¬ lužbami53). Intelligence
Services and the Ministry of Defence may disclose information pursuant to paragraph 1, unless risk
tasks that perform intelligence services, can refuse to divulge information without giving any
reason. A similar procedure in cases where the requested information subject to protection as a
secret skutečnost54).
§ 115
District Social Security Administrations shall communicate the request of the service departments
data necessary for deciding on the amount and payment of benefits to which entitled member, and
data necessary for the reduction or withdrawal sickness failure mode temporarily unable to work for
insurance and determining compensation regression. The provisions of § 114 paragraph 1, second
and third sentences shall apply mutatis mutandis here.
Section 2
Communication of data between health insurance and trade authorities
§ 115a
Sickness insurance bodies and trade authorities are within their jurisdiction at the request of each transmitted data necessary to carry insurance for self-employed. This information may be requested and transmitted in electronic form in a manner enabling remote access.

Section 3
Communication of data by other health insurance entities

§ 116
(1) The authorities of health insurance upon request, communicate the administrative authorities, local government authorities, courts, notaries, judicial executors, law enforcement authorities in criminal proceedings, the Supreme Prosecutor’s Office, the intelligence services, bodies authorized to control the activities of health insurance, other natural or legal persons who by law exercise competency in public administration, and foreign authorities in accordance with international treaties, the data necessary to perform tasks within their competence under special laws, including data on individual insured. Sickness insurance institution provide the information requested if the organization that the information requested in the application shall specify the provisions of the Act, on which his claim is based on the provision of information, data coverage, the provision required and the purpose for which the information is requested.

(2) Bodies communicate health insurance health insurance health insurance individual performing the insured:

a) information to initiate proceedings for compensation regression (§ 126),
b) notice of the attending physician, where the average duration of a temporary incapacity of the insured differs significantly from the regional or national average, at intervals, and to the extent agreed between the relevant health insurance company and the Czech Social Security Administration or official authorities
c) cases of sanction for non-medical equipment povinnostivůči authorities sickness insurance,
d) cases of termination of temporary incapacity decision of a sickness insurance,
e) an interruption insurance, if the insured person who has permanent residence in the Czech Republic,
f) details of the name and surname, date of birth, birth certificate number, address of permanent residence or another residence in the Czech Republic or residence abroad, and employment of the insured individual,
g) information about the name and location of the particular insured employers;

data referred to in subparagraphs a) to e) shall be communicated without an application, the data referred to in subparagraphs f) and g) shall be communicated on request, to the extent the purpose specified in the request for which data is to be used.

(3) The authorities of health insurance given in the application to the authorities poskytujícímdávky state social data on the amount of dose cleared within a specified period and overpayments and arrears on benefits and interruption insurance.

(4) Information referred to in paragraphs 2 and 3 shall be communicated in electronic form způsobemumožňujícím remote access, writing or transmission of data on the media, according to the organ deals with health insurance and health insurance body providing welfare benefits, unless this Agreement determines the way data transmission body sickness insurance, which communicates the data, taking into account the technical capabilities of both parties.

(5) Employers shall communicate to the authorities without health insurance application:
a) where the body ended the health insurance temporary incapacity of a decision
b) identified breaches of the insured temporarily unable to work.

(6) For other entities communicate information sickness insurance authorities at their request
a) in cases under § 113, paragraph 4, point. a) and b)
b) if the data provide a natural or legal person to whom it relates,
c) in the range defined by the relevant regulations of the European Communities 2) and international
treaties, in the case of disclosure of information relating to insurance abroad, or
d) if a natural or legal person who proves that he is a natural person according to the final and
enforceable decision due receivable, data on whether the individual is a beneficiary of benefits paid
and whether the dosage amounts subject to enforcement, and information on birth
certificate number of this person.

(7) The provisions of paragraphs 1 to 6 shall not apply to intelligence služby53), § 114, paragraph 3,
second sentence applies here mutatis mutandis.

Section 4
Disclosure of the bodies other health insurance entities
§ 117
(1) Authorities are entitled to health insurance on their scope of demand from individuals or
corporate communications data needed to implement business and tasks arising from European
Community law and international treaties, including data on individual natural persons and legal
entities. Data necessary for the implementation of insurance shall communicate to individuals and
legal entities sickness insurance authorities on request.

(2) The Labour Office of the Czech Republic - Directorate-General informs the authorities of health
insurance without a request for information
a) employers who are not established in the Czech Republic and employ employees of the Czech
Republic, and the deadlines set by the Ministry of Labour and Social Affairs; information here means
information about the name and location (address) of these employers,
b) Foreign nationals employed in the Czech republicy55)
c) imposing a fine for allowing to illegal labor; fulfills this obligation by sending a copy of a final
decision on imposing a fine.

(3) Health insurance shall communicate to the authorities without health insurance application:
a) an overview of the treating physicians with whom they have a contractual relationship, and at
intervals agreed between the relevant health insurance company and the Czech Social Security
Administration and the official authorities,
b) information to establish a contractual relationship with the medical device to change the
workplace (place of work) and the termination of
the contractual relationship with the health
insurance company
c) notification of newly registered insured to terminate the registration of change of registration
pojištěncea insured to another doctor,
d) information to initiate proceedings for damages under a special právníhopředpi – su56), where
the damaged state of health established a temporary incapacity.

(4) Health care facilities are required for compensation regression without an application to
communicate to the competent authority sickness accidents and other damage to health, which
established a temporary incapacity of persons who provide health care, where they have reasonable
suspicion that the injury or other harm caused by actions another person than the insured person or
legal entity.

(5) The authorities of the Czech Police, prosecutors, courts and administrative office
y are not obliged to immediately notify authorities request nemocenského protection
a) the circumstances identified in the framework of its activities that could lead to extinction of
entitlement to benefits, reduction or withdrawal of benefits, or to stop the payment,
b) the circumstances identified in the framework of its activity, suggesting non-compliance in the
insurance,
c) the circumstances identified in the framework of its activities suggesting that důsledkuzaviněného
infringement of the person or legal entity has been the emergence of social events, from the reason
given dose
d) the fact that in its final decision stated that a natural or legal person has caused the emergence of
social events, by their unlawful acts culpably violated law.
(6) If the administrative authorities or health insurers are obliged sdělovatpodle this Act, the
information can do so in electronic form in a manner enabling remote access.
Section 5
Communication of data from other information systems of public administration
§ 118
(1) The Ministry of Interior and Police of the Czech Republic provides health insurance for the
authorities to exercise their competence
a) the reference data from the basic population register,
b) data from agendového information system of civil registration,
c) details of the information system agendového foreigners
d) data from the register of social security numbers of individuals who have been assigned a
personal identification number, but are not maintained in information systems referred to in
subparagraphs b) and c).
(2) The data provided pursuant to paragraph 1. a)
   a) name,
   b) the name or names,
   c) the address of residence,
   d) The date, place and district of birth, the data subject, who was born abroad, date, place and state
where he was born,
   e) the date, place and district of death, in the case of death of the body
data outside the Czech Republic, death date, place and state in which the death occurred, if the
court issued a declaration of death, the day the decision is stated as the date of death or the date on
which the data subject is declared dead survived, and the date of entry into force of this Decision,
   f) citizenship or multiple citizenships.
(3) The data provided pursuant to paragraph 1. b)
   a) the name or names, surname, or their changes, maiden name,
   b) date of birth,
   c) sex,
   d) the place and district of birth, the citizen who was born abroad, the place and State in whose
territory the birth occurred,
   e) identification number and its changes,
   f) citizenship,
   g) the address of permanent residence, including previous addresses of residence,
   h) the onset of permanent residence, or date of cancellation of the information on the place of
residence or date of termination of permanent residence in the Czech Republic,
i) exclusion or limitation of legal capacity,
j) the number of native father, mother or other legal representative, in case one of the parents or other legal representative has no personal identification number, the name or names, surname and date of birth,
k) marital status, date and place of marriage,
l) the number of native spouse, if married individual who does not have an ID number, the name or names, surname of spouse and date of birth,
m) identification number of the child,
n) for the initial adoption of a child and a new name or names, surname of the child, the original and the new child's ID number, date and place of birth, Social Security number and date of the adoptive parents when the decision on adoption or the decision to cancel the adoption of a child
a) date, place and district of death, in the case of the death of a citizen outside the Czech Republic, the date, place and state in which the death occurred,
p) the date that was in the court for a declaration of death as the date of death or the date the citizen declared to be dead survived.
(4) The data provided pursuant to paragraph 1. c)
a) the name or names, surnames, their change, maiden name,
b) date of birth,
c) sex,
d) the place and country of birth,
e) identification number and its changes,
f) citizenship,
g) the type and address of residence,
h) the start of residence, or date of termination of residence,
i) exclusion or limitation of legal capacity,
j) administrative or judicial expulsion and time that is allowed to enter the Czech Republic,
k) marital status, date and place of its changes, the name or names, surname of spouse, birth number or date of birth,
l) the name or names, surname of the child and his home number, in case that has not been assigned personal identification number, date of birth,
m) the name or names, surname of the father, mother or other legal representative and the personal identification number, in case one of the parents or other legal representative has no personal identification number, the name or names, surname and date of birth,
n) for the initial adoption of a child and a new name or names, surname of the child, the original and the new child's ID number, date and place of birth, Social Security number and date of the adoptive parents when the decision on adoption or the decision to cancel the adoption of a child
a) date, place and district of death, in the case of deaths outside the Czech Republic, the State in whose territory the death occurred or the date of death,
p) the date that was in the court for a declaration of death as the date of death or the date the alien declared dead survived.
(5) The data provided pursuant to paragraph 1. d)
a) the name or names, surname, maiden name,
b) identification number,
c) In case of change of the original personal identification number identification number,
d) the date, month and year of birth,
e) the place and district of birth, for individuals born abroad State on whose territory it is born.

(6) The data are recorded as reference data in the base population register, the use of the information system agendového population records or information system agendového foreigners only if they are in the shape of the previous status quo.

(7) The data provided can be used in a particular case, only data that are necessary for performing a given task.

(8) Health insurance shall communicate to the authorities of their health insurance information systems upon request in electronic form in a manner enabling remote access to data

a) name and surname, birth surname, date of birth, birth certificate number, residence and employment of the insured individual,

b) the name and location of the particular insured employers;

information shall be communicated to those authorities sickness insurance, which are competent to carry insurance of the insured.

Section 6
Communication of data abroad

§ 119

(1) The authorities of health insurance given in the request or motion sickness insurance authorities of the Member States of the European Union data necessary for the implementation of insurance, including data on individual pojištěncích.

(2) The sickness insurance authorities communicate protection authorities nemocenského sickness insurance to countries outside the European Union with which the Czech Republic has concluded a social security agreement, the data necessary for the implementation of these international treaties and obligations arising from the administrative arrangements for these contracts.

(3) For other non-resident institutions communicate orgánynemocenského sickness insurance upon request information concerning the individuals to the extent necessary for the proceedings in matters of insurance.

(4) The disclosure of data abroad to the extent that this Act does not require the consent of the Office for Personal Data Protection.

(5) If the European Commission found the procedure according to Article 31, paragraph 2 of the European Parliament and Council Directive 95/46/EC of the European Union Member State or another state does not provide an adequate level of protection of personal data, the data required by the authorities of the State neposkytnou.

Part 3
Information systems Insurance

§ 120

(1) Data collected by authorities for the purposes of sickness insurance prováděnípojištění form the data base information systems insurance. Individual health insurance authorities are authorized to collect the data to the extent necessary to carry out their tasks in the field of insurance, including details of each insured.

(2) Adjustment related to data collected or provided for the conduct of insurance or tasks it also applies to the information needed for sickness insurance authorities to carry out the tasks required of them in the underwriting of European Community law and international treaties.

(3) From information systems to provide insurance information to the extent provided by law or by special laws.

(4) The authorities of health insurance can keep records on individuals for the purposes of this Act
according to their social security numbers.

§ 121
(1) information systems insurance registers are insured and registry zaměstnavačů.
(2) Insurance Information systems are information systems of public administration under a special legal předpisu.
(3) Information Systems Insurance is not publicly accessible. Access to information schemes have sickness insurance authorities and bodies carrying out pension insurance, and also in a manner enabling remote access.

§ 122
Registry of the insured
(1) Registry is insured
a) the Czech Social Security Administration to carry out the tasks it vyplývajících pro of European Community law and international treaties and implementation of insurance
b) the district administrations to implement the social security insurance, and
c) professional bodies for the tasks required of them from the right Evropských srovnávacích
(2) The administrator registers are insured
a) The Czech Social Security Administration, in the case of employed persons and self-employed,
b) in the fields of its competence, service bodies, in the case of members of a convicted person.
(3) The register of the insured on the insured includes the following information:
a) the name and current name,
b) the maiden surname and all other prior to the current name,
c) date and place of birth and date of death of the insured,
d) sex,
e) identification number,
f) citizenship,
g) the address of permanent residence, and in the case of foreign nationals, also the address of residence in the Czech Republic, where appropriate contact address of the insured, if different from the address of permanent residence and insured it announced
h) the creation and termination of participation in the insurance and the period of interruption insurance at zaměstnávacích scale and employment that have not given participation in the insurance because of failure to comply with the conditions set out in § 6, paragraph 1 point. b) commencement of employment and termination of employment and contract employees start and end of employment contract for an employer
i) type of gainful activities which constitute participation in the insurance
j) the business name, name and surname or name of employer, including the address of its registered office or permanent residence or place of business,
k) employer identification number of the person or individual number of the employer,
l) variable symbol payer's social security and příspěvkova state employment
m) information on the dose and duration of temporary incapacity,
n) record, whether the employee receives retirement or disability pension, and from which it receives,
a) the name of health insurance policyholders,
p) the name of the previous authority which carried insurance of employees, not pokud jim Czech Social Security Administration,
q) for the self-employed data on the monthly amount zaplaceného jistného insurance for self-employed,

r) a statement that the insured is a participant also performed jinými orgány insurance sickness insurance,

a) the name and address of a foreign insurance carrier,

t) a foreign insurance number,

u) the place of work is permanently abroad, and an indication of whether the employee in the State in which the place of work, participated mandatory pension insurance,

v) the amount of monthly premiums paid for insurance, if a foreign employee

w) the name, surname, identity number and address of permanent residence special beneficiary

x) other data if it appears from the registration requirements of European Community law and international agreements on social security.

(4) Registries of the insured may be held together with registers pojištěnců důchodo – pension insurance under a special legal předpisu as a common register of insured insurance and pension i § 123

Registry of employers

(1) registers for use by employers to implement health insurance insurance for the tasks required of them under European Community law and international treaties and to check compliance with the obligations of employers in matters of insurance and to fulfill the obligations of employers in matters of social security contributions and state employment and pension matters.

(2) registry administered by employers are

a) The Czech Social Security Administration, if the employer's employees,

b) in the fields of its competence, service bodies, in the case of employer members and convicted persons.

(3) The register maintained by employers Czech Social Security Administration for employers to keep these details:

a) business name, name and surname or name of employer, including the address of its registered office or place of residence or place of business,

b) Date of commencement and termination of employer

c) the employer identification number of the person or individual number of the employer,

d) variable symbol payer's social security and příspěvkuna state employment

e) the selection of social security and state employment policy

f) the names of financial institutions, which has kept accounts

g) the cancellation of the employer.

(4) For an employer who has

a) more wage accounting departments, employers register also contains

First variable symbols and addresses payroll accounting departments,

Second names and surnames of persons who are oprávněny jednat behalf of an employer for the individual wage department,

Third circuit branch employees, or otherwise limited number of employees for each payroll accounting department which keeps records of wages or salaries,

b) only one payroll, but its location is consistent with its registered office, register of employers includes

First variable symbol and address wage department,

Second name and surname of the person oprávněnajednat behalf of an employer for the payroll
department.

(5) The register of employers administered by official bodies to keep data on business units referred to in paragraphs 3 and 4 are for business departments seem appropriate account, if these units are held service members whose insurance carried, it shall apply mutatis mutandis also for prison and institutes for security detention, if the convicted person.

(6) Information kept in the register of employers for insurance purposes retained for a period of 10 calendar years following the year in which the natural or legal person or business units ceased to be the employer.

TITLE V
LIABILITY AND PENALTIES Administrative Offences in INSURANCE
Part 1
Liability insurance and the penalties
§ 124
Responsibility for overpayment
(1) The policyholder or other beneficiary who fails to fulfill any obligation or jemuuloženou dose or take part, although he had assumed from the circumstances that have been paid unjustly or in a higher amount than belonged to, or otherwise at fault, that the levy was paid unjustly or higher than the amount belonged, the payer is obliged to pay benefits overpayment dose. If another individual or entity to blame, that the levy was paid unjustly or in a higher amount than belonged, is obliged to pay the levy payers overpaid dose.

(2) The insured shall pay the payers benefit overpayment later in the event of sickness, when he was paid sick leave, even when he returns for the pension provided for in § 25 point. b) not belonged, or if he was paid sick leave for longer than provided for in § 28 paragraph 1, or if the overpayment was because the sickness was paid at the time of his return as a result of a retirement pension or disability pension for third degree of disability not belonged also the reasons given in § 15 paragraph 4 point. a) and paragraph 5, point. b).

(3) If the overpayment under paragraph 1 dose resulted in more agencies, payers are responsible for the overpayment of benefits dose jointly and severally and mutually settled the degree of culpability, unless they agree otherwise. Mutual settlement of disputes decided by courts.

(4) A claim for reimbursement of overpayment of dose according to paragraphs 1 to 3 shall expire 5 years from the date of payment of that benefit. The period referred to in the first sentence does not follow for proceedings on the application for enforcement, or if the excess payment made deductions from income or benefits.

(5) The obligation to pay the excess dose arises from rozhodnutípřís ¬ lušného sickness insurance institution of the obligation to return the overpayment.

(6) The obligation to pay the overpayment dose not arise if the amount of CZK 100 přeplatkunedosahuje, this overpayment be written off to the body borne sickness. Sickness insurance institution may waive all or part of the overpayment still outstanding, especially if it has been compromised by feeding those who are obliged to pay the overpayment.

(7) A person who is responsible for the overpayment, the body pojišťněpovolit sickness pay the overpayment in installments.

(8) Insured or other benefit recipients, who were paid benefits which he belonged, but for the same period he belonged to another benefit, the overpayment paid to the dose is cleared with the dose or the additional payment, which for this period belongs.

§ 125
Reduction or withdrawal of sickness
(1) Insured persons who violated the regime temporarily unable to work insurance, sick leave may be temporarily reduced or withdrawn, and the maximum period of 100 calendar days from the date of breach of the scheme, but not later than the end of temporary incapacity, in which a breach occurred this mode.
(2) Where paid sick leave has been taken to be the amount of the overpayment vyplacenéna sickness dose, which the insured person is obligated to pay the levy payers.
(3) The competent authority of health insurance to reduce or withdraw nemocenské zaniká expiry of 3 months from the date when the violation mode temporarily unable to work were insured. The period referred to in the first sentence does not follow procedures for reduction or withdrawal of sickness and for an action.

§ 126
Regression replacement
(1) Whoever caused as a result of his culpable infringement upheld by a court or administrative body has the facts decisive for entitlement to benefits, the authority is obliged to pay sickness insurance compensation regression. Entitlement to compensation regression has the authority to health insurance policyholders, whose benefits were paid.
(2) If the facts decisive for entitlement zavinilovíce entities responsible authority, health insurance jointly and severally, and each settled according to the degree of fault, unless they agree otherwise. If one of these insured persons to whom benefits were paid, the authority responsible health insurance only other players above regression while refunds are reduced proportionately. Mutual settlement of disputes decided by courts.
(3) Regression compensation shall be paid in the amount of benefits.
(4) The obligation to pay compensation regression arises from rozhodnutí příslušného sickness insurance institution of the obligation to pay this compensation.
(5) Entitlement to payment of compensation regression expires 3 years from the date on which the sickness insurance institution found that the emergence of social events, from the title of the levy paid, due to acts referred to in paragraph 1, but no later than 10 years after day of this social event.
(6) The provisions of § 124, paragraph 6 and 7, the regression of compensation accordingly.
(7) health insurance authority is obliged to file a complaint příslušnému správu if this procedure could lead to finding culpable infringement having the significance of the regression of compensation.

Part 2
Administrative Offences
Section 1
Offences
§ 127
(1) A natural person commits an offense if he
a) informs the authority of health insurance, at its request information under § 117, paragraph 1,
b) not disclose at the request of the health insurance information according to § 78, or
c) not disclose Social Security Administration district event referred to in § 104 paragraph 4
(2) An offense under paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 128
(1) The insured or beneficiary who is not insured, commits an offense if he
a) certifies the facts decisive for his participation in the insurance and determining eligibility for
benefits under § 103 paragraph 1 point. a) or is not work within the period specified in § 103, paragraph 2, or
b) the authority fail to report health insurance facts decisive for nárokna dose and its payment in accordance with § 103 paragraph 1 point. b).

(2) An insured person commits an offense if he
a) seriously violates mode temporarily unable to work insured pursuant to § 56 paragraph 2 point. b), or
b) fails to return at the end of temporary incapacity doctor decision of temporary incapacity pursuant to § 64 paragraph 1 point. l).

(3) An offense under paragraphs 1 and 2 may be fined up to CZK 20 000.

§ 129
(1) The employee commits an offense if he
a) the employer or does not disclose the information specified in § 103, paragraph 3, or
b) disclose employer information on the agreed time employment according to § 103 paragraph 1 point. d).

(2) An offense under paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 130
(1) Self-employed person commits an offense if the district to withhold Social Security Administration data according to § 104 paragraph 1 point. a) or data according to § 104 paragraph 1 point. e).

(2) An offense under paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 131
(1) person who is an employer referred to in § 92 paragraph 1 point.
a) commits an offense if he
a) the employer does not register in the register pursuant to § 93 paragraph 1,
b) does not register each of their payroll in the register of employers pursuant to § 93 paragraph 2,
c) fails to notify the District Social Security Administration data according to § 93 paragraph 3,
d) log off from the register of employers pursuant to § 93 paragraph 4,
e) log off their payroll from the register of employers pursuant to § 93 paragraph 5,
f) fails to notify the District Social Security Administration pursuant to § 94 paragraph 1, the onset of an employee in employment or termination of employment with the employee, g) fails to notify the District Social Security Administration change the data according to § 94 paragraph 2,
h) does not accept the request of an employee benefit and other documents necessary to determine entitlement to benefit and its payment according to § 97 paragraph 1 first sentence,
i) does not pass pursuant to § 97 paragraph 1 first sentence request of an employee or other documents necessary to determine entitlement to benefit and its payment or fails to notify facts that may affect the payment of benefits,
j) does not pass data according to § 97 paragraph 1, fourth sentence,
a) fails to take corrective actions identified in the implementation pojištěnípodle § 98 paragraph 2,
l) does not submit a written report on the measures taken pursuant to § 98 paragraph 2,
m) not disclose the District Social Security Administration data according to § 98 paragraph 1 or fails to report on them or fails to submit documents and records
n) does not register the employee to the extent specified in § 95,
o) neuschová record of facts in the records maintained pursuant to § 95 for the period specified in § 96 first sentence,
p) not disclose Social Security Administration district where they uložený záznamy, which is required to keep pursuant to § 96 of the third sentence, or
q) withhold Social Security Administration district information according to § 65 paragraph 1 point. a) or b).

(2) An offense under paragraph 1 point. a) to g) l) to q) can be uložit pokutu to 20 000 CZK, for the offense pursuant to paragraph 1. h) to j) a fine up to CZK 50 000 and for the offense pursuant to paragraph 1. a) a fine up to CZK 100 000.

§ 132
(1) Natural persons referred to in § 113 paragraph 1 to 3 shall be guilty of an offense by violating the obligation to maintain confidentiality of facts they obtained in the performance of duties in insurance or in connection with them or that they learned during the proceedings in matters insurance.
(2) An offense under paragraph 1 may be fined up to CZK 100 000.

§ 133
(1) Special beneficiary commits an offense that at the request of the health insurance does not under § 112, paragraph 2, third sentence a written statement of benefits paid to him.
(2) An offense under paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 134
(1) A natural person as a liquidator commits an offense if he neodhlásí záměstnavatele from the register of employers pursuant to § 93 paragraph 4
(2) An offense under paragraph 1 may be imposed a fine of up to 20 000 CZK.

Section 2
Administrative delicts of legal persons

§ 135
(1) A legal person commits an administrative offense that
a) informs the authority of health insurance, at its request information under § 117, paragraph 1, or
b) not disclose at the request of the health insurance information according to § 78th
(2) for an administrative tort pursuant to paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 136
(1) A legal person as an employer referred to in § 92 paragraph 1 point. a) commits an administrative offense that
a) the employer does not register in the register pursuant to § 93 paragraph 1,
b) does not register each of their payroll in the register of employers pursuant to § 93 paragraph 2,
c) fails to notify the District Social Security Administration data according to § 93 paragraph 3,
d) log off from the register of employers pursuant to § 93 paragraph 4,
e) log off their payroll from the register of employers pursuant to § 93 paragraph 5,
f) fails to notify the District Social Security Administration pursuant to § 94 paragraph 1, the onset of an employee in employment or termination of employment an employee
g) fails to notify the District Social Security Administration change the data according to § 94 paragraph 2,
h) does not accept the request of an employee benefit and other documents necessary to determine entitlement to benefit and its payment according to § 97 paragraph 1 first sentence,
i) does not pass pursuant to § 97 paragraph 1 first sentence request of an employee or other documents necessary to determine entitlement to benefit and its payment or fails to notify facts that may affect the payment of benefits,
j) does not pass data according to § 97 paragraph 1, fourth sentence,
a) fails to take corrective actions identified in the implementation pojištění podle § 98 paragraph 2,
l) does not submit a written report on the measures taken pursuant to § 98 paragraph 2,
m) not disclose the District Social Security Administration data according to § 98 paragraph 1 or fails to report on them or fails to submit documents and records
n) does not register the employee to the extent specified in § 95,
o) neuschová record of facts in the records maintained pursuant to § 95 for the period specified in § 96 first sentence,
p) not disclose Social Security Administration district where they uloženy záznamy, which is required to keep pursuant to § 96 of the third sentence, or
q) withhold Social Security Administration district information according to § 65 paragraph 1 point. a) or b).

(2) for an administrative tort pursuant to paragraph 1. a) to g) l) to q) lze uložit fine of up to 20 000 CZK for an administrative tort pursuant to paragraph 1. h) to j) a fine of up to 50 000 CZK for an administrative tort pursuant to paragraph 1. a) a fine up to CZK 100 000.

§ 137
(1) A legal person shall, as legal successor of the employer or jakolikvidátor commits an administrative offense by the employer log off from the register of employers pursuant to § 93 paragraph 4
(2) for an administrative tort pursuant to paragraph 1 may be imposed a fine of up to 20 000 CZK.

§ 138
(1) Medical devices listed in § 54 paragraph 1 commits an administrative offense that
a) does not register according to § 61 point. b) or records pursuant to § 69 letter. b)
b) does not send messages according to § 61, point. e) or the relevant part of the form according to § 105, second sentence,
c) the term does not control or nepředvolá insured or a person with the need to control treatment under § 61, point. f) or § 69 letter. d)
d) has notified pursuant to § 61, point. q) the authority sickness insurance temporarily unable to work release from custody of the insured or receipt insured temporarily unable to work from the care of another physician in their care,
e) fails to report pursuant to § 61, point. r) body seat change health insurance medical devices, or change your workplace
f) has notified pursuant to § 61, point. n) sickness insurance institution a change of diagnosis,
g) has notified pursuant to § 61, point. a) the authority of breaches of the health insurance temporarily unable to work insured,
h) it does medical documentation pursuant to § 61, point. u) or § 69 letter. g)
i) shall be authorized without the prior written consent of the body sickness pojištění změnu residence temporarily unable to work in insurance cases referred to in § 56, paragraph 3, third sentence,
j) decide on the establishment of temporary inability to work without health insurance písemnéhosouhlasu authority in cases referred to in paragraph 3 of § 57 or § 57, paragraph 5,
a) exceeds the authorization referred to in § 54 paragraph 2,
l) unless the one year period of unjustified termination of temporary disability or need for treatment at least 3 cases, which had to be decided by authority of the health insurance according to § 75 paragraph 1,
m) decisions in cases of temporary incapacity or need for treatment at the time of the prohibition pursuant to § 79 paragraph 1 point. c)
n) sickness insurance institution fails to send documentation of health insurance pursuant to § 80 paragraph 4,a) fails to inform according to § 61, point. g) the competent authority of the health insurance on a prescribed form by the next working day a decision on the permits walks and change their scope or time for a permit or change of residence of the insured at the time of temporary incapacity, p) does not point under § 61. i) at discharge from inpatient care, if the insured person's medical condition does not allow an insured to perform the current activity, the decision of temporary incapacity date of release from institutional care and place of residence, where the insured after the release delay, and notifies the fact proven by second day after the release of the insured to the competent authority sickness insurance, or
q) does not record according to § 61, point. k) in the decision of the temporary inability to work day, taking care to its insured and insured date of release from custody, the date of entry into institutional care and the date of termination of inpatient care and day treatment or control of another, and if the insured's health status at discharge from institutional care or a full spa treatment does not carry current insured business, unless the term in which the insured shall appear to control the temporary incapacity doctor, and not later than the fifth calendar day following the date of termination of institutional care or a full spa treatment.

(2) Medical equipment commits an administrative tort by
a) not be at the request of the health insurance medical examination pursuant to § 77 paragraph 1 point. a) or fails within the period specified in § 77 paragraph 3,
b) comply with the obligation to process medical documentation pursuant to § 77 paragraph 1 point. b) or fails to comply with this obligation within the period specified in § 77 paragraph 3,
c) comply with the obligation to disclose information or allow access to the design documentation zdravotnické - rent or medical documentation pursuant to § 77 paragraph 2, or fails to comply with this obligation within the period specified in § 77 paragraph 3, or
d) fails to confirm acceptance pursuant to § 70 of the treated persons in institutional care in a medical facility,
e) in contravention of § 105 does not confirm the imposition of a quarantine, its duration and termination or fails to send the form to the competent authority of the sickness or given to a policyholder.

(3) for an administrative tort pursuant to paragraph 1. a) to j) and o) to q) may be fined up to CZK 10 000, for an administrative tort pursuant to paragraph 1. k) n) and paragraph 2 fine of up to CZK 50 000 and for an administrative tort pursuant to paragraph 1. l) and m) fine up to CZK 100 000.

§ 139
(1) Equipment preventive care commits an administrative offense that does not issue a statement of medical fitness temporarily unable to work insured pursuant to § 62nd
(2) for an administrative tort pursuant to paragraph 1 may be fined up to CZK 10 000.

§ 140
(1) The equipment referred to in § 39 paragraph 1 point. b) paragraph 1 shall commit an administrative offense that under § 106 does not confirm their conclusion.
(2) for an administrative tort pursuant to paragraph 1 may be fined up to CZK 50 000.

§ 141
(1) The holder of postal license or a financial institution commits správníhodelikut by the invitation
of the health insurance does not prove the facts pursuant to § 107th
(2) for an administrative tort pursuant to paragraph 1 may be imposed a fine of up to 20 000 CZK.

Section 3
Common provisions

§ 142
(1) Administrative delicts of legal persons under this Act shall projednávají official duties.
(2) A legal entity for an administrative delict if it proves that it made every effort that could be required to breach of legal obligation.
(3) In determining the amount of the fine legal entity shall take into account závažnostisprávního offense, especially the manner of its commission and its consequences and the circumstances under which it was committed. Since the imposition of a fine may be waived if a hearing is sufficient to correct an administrative offense.
(4) A legal person for an administrative tort shall expire if the sickness insurance institution fails to commence proceedings within one year from the date on which it came to his knowledge, but no later than 3 years from the date on which it was committed.
(5) The responsibility for action under § 138 and 139, which occurred in the business of a natural person or in direct connection with, the provisions on liability and sanctions for legal persons.
(6) Administrative offenses under this Act in the first instance projednávajív fields of its competence, the district social security and service bodies.
(7) Fines shall be collected and enforced by the authority sickness insurance, which pokutuuložil. Income from fines is revenue of the state budget.

TITLE VI
CONTROL IN MATTERS OF INSURANCE

§ 143
(1) In proceedings under this Act shall be governed by the Administrative řádu65), unless this Act stipulates otherwise.
(2) In proceedings for misdemeanors shall be governed by the law on přestupcích66), unless this Act stipulates otherwise.
(3) Administrative Procedure shall not apply to cases under this Act shall be decided in assessing the health status of the attending physicians, and business process services, prisons and institutions for security detention under this Act.

§ 144
Parties
(1) In proceedings relating to employee participation in the insurance účastníkemřízení also his employer, who has the status of party according to § 27 paragraph 1 of the Administrative Code.
(2) In case of transfer of entitlement to the payment of benefits under § 51 paragraph 1, parties to a dose of the person referred to in this provision.

§ 145
Initiation of proceedings
(1) Proceedings in matters of participation of the insured for insurance are initiated at the request of the insured, his employer or ex officio.
(2) Proceedings of the dose is initiated upon a written request pojištěncepodané under § 109 paragraph 3 to 6 or § 153 paragraph 6
(3) Proceedings of the payment of sickness after the support period (§ 27) is initiated upon a written request of the insured.

(4) Proceedings of the change in the amount already paid or awarded benefits for the withdrawal or suspension of the payment and management of a benefit wrongfully withheld is initiated at the request of the insured, his employer or ex officio.

(5) Proceedings of the reduction or withdrawal of health, management of the obligation to pay the overpayment on the dose and the compensation regression procedure is initiated ex officio.

(6) Proceedings of the overpayment remission or regression of dose compensation is initiated upon written request of the debtor.

§ 146
Explanation and affidavit
(1) to verify this announcement, other incentives and insurance orgánunemocenského own findings, which could be a reason to initiate proceedings ex officio, the authority may require health insurance also need an explanation in writing.

(2) health insurance authority may place a statement of evidence to admit usnesenímčestné party. The affidavit is obliged to give true information. The resolution to admit the affidavit only notes in the file.

§ 147
Time limits for decision
The deadline for issuing the decision, in addition to the periods referred to in the administrative order also extends the period during which the relevant facts došetřují with employers and other persons or bodies, administrative bodies, non-resident holders of health, pension, health or accident insurance (security), the time for which the medical device fulfills the obligations according to § 77 paragraph 1 within a period established by the authority sickness insurance, and for an authority of health insurance provided to the person who made a submission, to eliminate the deficiencies of administration.

§ 148
Stay of proceedings
Health insurance authority may stay the proceedings for odpovídající lhůtě also established by the administration to address shortcomings.

§ 149
Delivery
(1) The decision shall be delivered to the employers in proceedings
   a) the reduction or withdrawal sickness failure mode temporarily unable to work insured,
   b) the duties of the employee to reimburse the overpayment to the sickness or the amount of the overpayment,
   c) the obligation to pay compensation regression, and the amount of the reimbursement.

(2) Until the addressee has also delivered papers on which the decisive day delivery for the beginning of the period, or for setting the date and failure to meet these deadlines would be for the recipient may be associated with legal harm.

(3) health insurance authority may deliver the document in cases of overpayment on the dose, regression refund or seizure by the police authority according to the place of delivery.

(4) In the event of deliveries abroad shall designate an authority sickness pojištěnípatrov ~ niche addressees residing abroad or whose residence or registered office or other address for service is abroad, just in case it is a document in matters of benefits overpayments dose-or compensation
regression.

§ 150

Decomposition

Against the decision of the Prison Service of the Czech Republic, ředitelství cel General, the Security Intelligence Service and the Office for Foreign Relations and the information may be filed, which in the fields of its competence to decide the respective directors, who heads the security forces.

§ 151

Appeals and decomposition

(1) Appeals and decay are not admissible against a decision to

a) the withdrawal of sickness due to the termination of temporary work incapacity or quarantine or withdrawal due to completion of nursing care needs,

b) permits payment of overpayment or regression of dose compensation in installments, c)

exemption from the obligation to reimburse the overpayment to the dose or to pay compensation regression.

(2) absence of the party or an appeal with the necessary počtemstejnopisů decomposition, the body is made out by the health insurance at their expense.

§ 152

Effects of removal and degradation

Suspensive effect of appeals and no decomposition

a) lodged against the decision by which the dose was reduced or withdrawn, or which the payment was stopped, and against the decision on termination of temporary disability or need for treatment,

b) which argues that the dose should be given at higher levels or from an earlier date.

§ 153

Summary procedure

(1) In summary proceedings, the District Social Security Administration for

a) the entitlement to payment of benefits in cases where it is undisputed that the conditions for entitlement to benefits and the payment of a levy,

b) change the amount of benefits paid when the new levy unquestioned

c) cease to be entitled to payment of benefits in cases where it is undisputed that the conditions for entitlement to benefits are no longer satisfied,

d) an overpayment of sickness due to reverse a retirement pension or disability pension for disability the third degree,

e) the settlement of benefits under § 124 paragraph 8

(2) It is decided in a summary procedure, make this decision,

a) where the benefit awarded, through its payment,

b) if the levy changed the form of benefits in the newly established amount,

c) if the cessation of entitlement to the payment of benefits by stopping the payments.

(3) The expedited procedure is not applicable administrative rules.

(4) Opening track procedure, the parties do not report.

(5) In summary proceedings the decision is not issued, in these cases, the insured receives a written notice [§ 84 paragraph 2 point. c)].

(6) If the insured disagrees with the outcome summary proceedings may podatokresní Social Security Administration within 30 days from the date of payment of benefits or the date of receipt of written notice under paragraph 5 of the termination of benefits a written request for a decision on the dose, indicating reasons for disagreeing with the outcome of this proceeding. By submitting this
application initiates the procedure for dose.

(7) If the District Social Security Administration to decide in summary proceedings, shall notify in writing the parties to initiate proceedings which are subject to the Administrative Procedure.

§ 154
The decision to terminate temporary disability and need for treatment
(1) against the decision of the termination of health insurance dočasnépracovní disability or need for treatment can be appealed within three days from the date on which the decision was announced.
(2) health insurance authority, which issued the contested decision, the appeal may decide it within 7 days if the appeal in full suit. If not, it shall submit along with the material spisovým appeal body that will decide within 15 days of receipt of the appeal.
(3) The provisions of paragraphs 1 and 2 shall apply even if the decision on the termination of temporary disability or need for treatment was given authority sickness insurance according to § 80 paragraph 1
(4) The provisions of paragraphs 1 to 3 shall apply mutatis mutandis to an appeal for filing pursuant to § decomposition 150th

§ 155
Consent authority sickness insurance
(1) The consent authority in matters of health insurance dočasnépracovní failure according to § 56 paragraph 3 and § 57 paragraph 3 and 5 of the Administrative Code does not apply.
(2) health insurance authority is obliged to grant consent pursuant to § 56 paragraph 3 and § 57 paragraph 3 and 5, or an application for approval of refuse within 5 working days from the day following the date on which the request was delivered to him, and in this period notify the person who asked for consent, and if consent according to § 56 paragraph 3 also attending physician, if that deadline is not so insured or attending physician, it is considered that the consent was given.

§ 156
The procedure for removing hardness
(1) Proceedings for removal of hardness is initiated upon a written and reasoned request.
(2) The application shall be submitted to the person who is entitled under § 88 to remove hardness.
(3) Proceedings for removal of hardness can not start, takes place if the things for which the removal of hardness required, administrative or judicial proceedings. If an administrative or judicial proceedings on the cases in which the hardness removal requests initiated at the time pending the removal of hardness, hardness removal proceedings will be interrupted.
(4) In a new request for removal of hardness can not be applied stejnédůvody, which contained the original request, the repetition of these reasons, a new application will be deferred and the applicant will be informed about this.
(5) In proceedings for removal of hardness of the decision is issued within 90 days of initiation.
(6) The decision shall be issued in writing and may be given.
(7) An appeal or other remedies against the decision in the removal of hardness are not permitted.
(8) The procedure for removing hardness Administrative Code does not apply.

§ 157
Costs
(1) sickness insurance authorities are not entitled to reimbursement of costs in proceedings relating to insurance, including proceedings before the court.
(2) health insurance authority may impose the obligation to replace nákladyřízení return the overpayment to the dose and management of the obligation to pay compensation regression to the
person who caused the formation of a violation of their duties.

§ 158
Judicial review
The judicial review is precluded by the decision
a) the payment of sickness after a support period,
b) the termination or non-recognition of temporary incapacity or need for care of a home body sickness insurance,
c) withdrawal of sickness due to the termination of temporary work incapacity or quarantine, or withdrawal due to completion of nursing care needs,
d) permits payment of overpayment or regression of dose compensation in installments,
e) remission of outstanding overpayment of levy or payment of the unpaid compensation regression,
f) removing hardness.

§ 159
Seizure
Executory administrative body is the district Social Security Administration and the service body.

PART SIX
COMMON PROVISIONS
§ 160
Disclosure of Information
(1) Unless this Act stipulates otherwise communicated the data free of charge.
(2) Unless this or another Act provides otherwise, the information shall be communicated within 30 days of
a) the receipt of the communication of data, if the information disclosed on request,
b) when the incumbents have learned, if the data communicated without request.
(3) In the case of disclosure of data on request, communicate the changes that have occurred in the data already communicated, the requested authority subject health insurance only if the health insurance institution in its application said. The first sentence shall apply mutatis mutandis, if the requested party health insurance body.

§ 160a
Provision of data
Sickness insurance institution is required to obtain necessary data from official evidence6 also if this does not register itself, but the data may be obtained from it in electronic form in a manner enabling remote access.

§ 161
Compliance with reporting obligations
(1) The day reporting obligation shall be the date on which the application has been forwarded to the competent authority of sickness insurance, or under § 91a also trade licensing office, or by an email containing the shipment administration. This applies similarly served if the application to participate in insurance or cancellation insurance from participation in, or if it is to be a different act is done within the period prescribed by this Act.
(2) The period provided for in this Act to submit the prescribed form, to meet the notification or other action is maintained, use of a data message delivery service is a public authority through the public administration and the administrator of this site takes this data report no later than the last day this period.
Submission

§ 162
(1) Unless this Act stipulates otherwise, may be filing or other act done under this Act in writing or orally in the form or electronically signed by advanced electronic signature based on a qualified certificate issued by an accredited certification služeb67).
(2) Where, under this Act for filing or other act prescribed form, may be filing or other act done also a) the agreement of the insurance for computer assembly that has the information, content and layout of the data consistent with the prescribed form,
b) in electronic form signed by advanced electronic signature based on a qualified certificate issued by an accredited certification služeb67), unless the nature of the filing or other action that may be made electronically, the competent authority of health insurance is obliged to publish these forms electronically, which is obliged to publish these forms always on the public správy68) c) using the product of computer technology, which is what the data form and format consistent with the prescribed form, is a natural or legal person, confirmed the creation of this product, or d) with the consent of the competent authority through sickness produktuvýpočetní technique, which is what the data consistent with the prescribed form.
(3) A person who makes the submission in electronic form under paragraph 1 of subsection 2 nebo podle. b) enter simultaneously accredited certification service provider who issued the certificate of qualified leads and record, or certificate attached to the entry.
(4) The authorities of health insurance, except for the intelligence services are obliged to publish on its official board and in a manner enabling remote access a) the office hours, which is open registry authority, health insurance, where you can hand over administration, and office hours for the public, which it is possible for him to make an oral submission to the log file or to inspect or request the submission of information in matters of insurance, b) the electronic address of its filing, c) form a carrier for delivering technical submission in electronic form, d) a list of qualified certificates of their employees or elektronické adresy on which the qualified certificates are located.

§ 163
All written submissions sickness insurance authorities předkládajív Czech, paper documents in other languages must be accompanied by an official translation into Czech, if sickness insurance authorities in justified cases, since this translation is waived.

§ 164
Counting time
(1) The period specified in days begins on the day following the event, which is crucial for its origin.
(2) The last day of the period specified in weeks, months or years falls on a day that the same name or number as the day, which accounts for the event from which the period starts. If no such day in the month, the last day falls on the last day of the month.
(3) falls to the last day is a Saturday, Sunday or svátek69), the last day of the period is the next business day.

§ 165
Payment of Debt
Debt in matters of insurance can also pay in cash zaměstnanci orgánu charge of health insurance, if the amount exceeding CZK 5 000, the payment is received sickness insurance institution shall issue a
written confirmation.

§ 166
The yield of the disciplinary penalties
Income from disciplinary fines imposed under this Act is income to the budget of which is covered by sickness insurance activities of the body, which imposed a disciplinary penalty.

§ 167
Emergency measures in the epidemic and the risk of its occurrence
For purposes of this Act shall also mean the quarantine izolace69a) and emergency measures during an epidemic and the dangers of its origin under the Act on protection of public health and amending certain related acts, if the prohibition or restriction of contact groups of individuals suspected of being infected with other individuals and Regulation or prohibition of certain activities to other disposal or the danger of epidemics vzniku70) prevented if these prohibitions, restrictions or regulations in insurance work or self-employment. For confirmation of the emergency measures referred to in the first sentence, the competent authority to protect public zdraví71) applies § 105obdobně; for entitlement to benefits paid § 109, paragraph 3, point. b) and paragraph 5, point. c) accordingly.

§ 167a
Forms
Tiskopisy72), which in the cases provided by this Act uses the self-employed to trade authorities, shall be issued after consultation with the Czech Social Security Administration.

§ 167b
Reimbursement of postage
Czech Social Security Administration shall pay to the holder of postal license agreement entered into by the price of delivery of the consignment sent by the district physicians to Social Security in the cases specified in § 61 point. e), g), i), n), o) q) using envelopes referred to in § 84 paragraph 2 point. n).

PART SEVEN
TRANSITIONAL AND FINAL PROVISIONS
TITLE I
TRANSITIONAL PROVISIONS
§ 168
(1) The entitlement to benefits which arose prior to 1 January 2009 and which was not to this day a final decision, and granting, withdrawal or change in the amount of those benefits for the period prior to 1 January 2009, even if these have already been finally decided, will be decided according to regulations effective before 1 January 2009.
(2) Benefits to which the claim arose before 1 January 2009, the period prior to that date provided under regulations effective before 1 January 2009, this applies even if you are entitled to the benefit was applied after 31 December 2008. The provisions of the first sentence applies to the jurisdiction to provide benefits for the period prior to 1 January 2009.

§ 169
(1) Sickness for which entitlement has accrued prior to 1 January 2009 and takes this claim after 31 December 2008 is considered as sickness under this Act.
(2) maternity (cash assistance), which was entitled before 1 January 2009 and takes this claim after 31 December 2008, is considered to maternity benefits under this Act.
(3) Support for care of a family member to which the claim arose before 1 January 2009 and takes
this claim after 31 December 2008, is deemed nursing under this Act.

(4) Compensatory allowance during pregnancy and motherhood, to which the claim arose before 1 January 2009 and takes this claim after 31 December 2008, is considered compensation for parents under this Act.

§ 170
(1) The benefits referred to in § 169, which was entitled before 1 January 2009 and takes this claim after 31 December 2008, after 31 December 2008 and paid under the terms of according to regulations effective as at 31 December 2008, unless stipulated otherwise. Government regulation provides for the adjustment benefits referred to in the first sentence of the amount for the adjustment of the daily assessment base in 2009, according to regulations effective as at 31 December 2008.

(2) The allowance specified in § 169, paragraph 4, the daily assessment base daily assessment base is considered valid on 31 December 2008.

§ 171
(1) Benefits to which the claim arose before 1 January 2009 and takes this claim after 31 December 2008, paid after 31 December 2008 for a period of 1 year, whoever was responsible for the payment of these benefits at 31 December 2008. If, however, was entitled to a benefit to which entitlement has accrued prior to 1 January 2009, applied after 31 December 2009, assesses the competence to decide on the dose and its payment under this Act.

(2) The benefits referred to in paragraph 1 after 31 December 2008 paid the manner prescribed regulations effective at 31 December 2008; paid if these benefits, the District Social Security Administration, the procedure after 31 December 2008 at the request of the insured under § 110 paragraph 7

(3) Special recipient can only pay benefits due for the period after 31 December 2008.

§ 172
(1) Sickness for which entitlement has accrued prior to 1 January 2009, takes this claim after 31 December 2008 and to this day still has not passed the first 14 calendar days of temporary incapacity shall be paid after 31 December 2008 in the first 14 calendar days of temporary incapacity, under the terms of and for according to regulations effective as at 31 December 2008, from 15 calendar day of temporary incapacity to work with the sick of the daily assessment base determined on that date under the rules effective at 31 December 2008.

(2) The decision on granting a voluntary sickness and the decision on the temporary reduction or withdrawal sickness, which came into force before 1 January 2009, remain in force even after 31 December 2008.

§ 173
(1) The nursing in the case referred to in § 169, paragraph 3, from 15 calendar day of entitlement to the benefit of the daily assessment base determined on that date under the rules effective at 31 December 2008.

(2) If the need arose treatment before 1 January 2009 and treated person was taken to hospital inpatient care after 31 December 2008, puts the running of the support period pursuant to § 40 paragraph 3

§ 174
(1) In this Act from 1 January 2009 considered claims for maternity benefits if the conditions of eligibility laid down in this Act have been met before that date and was not entitled under the rules effective prior to that date, the date of entitlement to maternity benefits in this approach is the
first January, 2009. Length of support period provided for under this Act in the case referred to in the first sentence, however, counted from the date of fulfillment of the conditions of entitlement to maternity benefits provided by this Act.

(2) The maternity benefit to which entitlement has accrued prior to 1 January 2009 and takes this claim after 31 December 2008, after 31 can be December 2008 to conclude an agreement according to § 32 paragraph 1 point e).

(3) If applied the right to maternity benefits from the protection period, a physician designated day falls on the expected delivery period beyond 31 December 2008 and the beginning of the eighth week before the expected date of birth falls in the period before 1 January 2009, examine the claims for maternity benefits under the regulations effective before 1 January 2009.

(4) If, before 1 January 2009 to interrupt the provision of maternity benefits (cash assistance) according to § 12 paragraph 1 of the extension of maternity leave, maternity benefits and child allowances from sickness insurance, and this suspension ended after 31 December 2008, continue after this interruption in the payment of maternity benefit in terms of period and according to regulations effective as at 31 December 2008.

(5) If the insured has submitted before 1 January 2009 proposal to initiate court proceedings for child guardianship provisions on child care person, then the entitlement to maternity benefits under this Act, maternity benefits are paid before 1 January 2009, with the support period is counted from the date of the court to commence such proceedings.

(6) During the period of study according to § 32 paragraph 4 point a) is also regarded study period prior to 1 January 2009, when this study was based on the participation of insurance according to regulations effective as at 31 December 2008.

(7) was created when in 2009 the right to maternity protection in the period of insurance for students and pupils, the amount of maternity benefit according to regulations effective as at 31 December 2008.

§ 175
Temporary incapacity recognized before 1 January 2009, which still takes that date shall be deemed temporary inability to work under this Act.

§ 176
(1) The proof of the duration and termination of temporary incapacity referred to in § 175 shall apply forms in force on 31 December 2008.

(2) Benefits to which the claim arose before 1 January 2009 and takes this claim after 31 December 2008, after 31 December 2008 paid on the applicable forms at 31 December 2008 was to qualify for these benefits are applied before 1 January 2009. If the entitlement to those benefits applied after 31 December 2008, can the exercise of this fact and a certificate for entitlement to use forms in force on 31 December 2008 or forms prescribed under this Act. The first sentence shall apply mutatis mutandis also for that entitlement to benefit ceases before 1 January 2009, but the dose has to this date have been paid.

§ 177
Doses, which belonged to 31 December 2008 students and pupils, members of cooperatives, who does not belong to the group of insured persons under this Act, the shareholders and managers of limited liability companies and limited partnerships komanditistům according to regulations effective on that day, after 31 December 2008 and paid under the terms of the amount under these regulations.
(1) A person who fulfills the obligations of the employer (organization and small organizations) at 31 December 2008 for students and pupils, members of cooperatives who does not belong to the group of insured persons under this Act, the directors and shareholders and limited liability companies and limited partners limited partnership, a person is obliged to opt out from 1 January 2009 on insurance with the District Social Security Administration. Check-out under the first sentence should be carried out by 31 January 2009, and the form of a list in which the name, surname and personal identification number of the person voted out of insurance and trade name (first name and surname) and address (permanent residence) of the employer; further indicate whether the activities of these persons, with the exception of students and pupils, is based on 1 January 2009 participation in the pension insurance.

(2) The employer shall notify in writing the District Social Security Administration to 31 January 2009:
   a) an employee whose employment was before 1 January 2009 pursuant to § 6 paragraph 2 of the Act on Sickness Insurance of Employees and passes from the period before 1 January 2009 to the period after 31 December 2008, whether it is from 1 January 2009, this small-scale employment occupation under § 7, paragraph 1,
   b) the employee referred to in § 5. a) paragraphs 4, 5 and 12, whose employment is transferred from the period before 1 January 2009 to the period after 31 December 2008, whether it is from 1 January 2009 the employment of small-scale employment in accordance with § 7 paragraph 1,
   c) the employees referred to in § 5. a) 1, 6 and 15, whose employment is transferred from the period before 1 January 2009 to the period after 31 December 2008 to 31 December 2008 based participation in the insurance and from 1 January 2009 employment minor under § 7, paragraph 1, this fact
   d) a contractual employee name and address of the foreign employer if the employee is insured in the state where the foreign employer, the employee residence, and whether the employee’s contract of 1 January 2009 insured under this Act;
   e) an employee whose place of work is permanently abroad and whose employment is transferred from the period before 1 January 2009 to the period after 31 December 2008 that his employment from 1 January 2009 does not participate in the insurance, this fact must also show proof of compulsory participation of employees in the pension insurance in the State in which the permanent place of work.

(3) The person who did not meet until 31 January 2009 the obligation under paragraph 1, opt for the district social security insurance of persons referred to in paragraph 1, the prescribed manner or the obligation under paragraph 2 shall notify in writing the District Social Security Administration actually listed in this paragraph, commits a misdemeanor or administrative offense for which he may be fined of up to 50 000 CZK.

§ 179
Participation in the insurance of short-term employment referred to in § 6, paragraph 1 of the Act on Sickness Insurance of Employees to which the employee entered before 1 January 2009 and which continues even after 31 December 2008 shall be assessed according to regulations effective as at 31 December 2008.

§ 180
It was created when the reason for interruption insurance (§ 10, paragraph 9) before 1 January 2009 and the reason continues even after 31 December 2008, suspends the insurance from 1 January 2009. The employer is obliged to notify interruption insurance on a prescribed form by 31 January 2009.
§ 181
(1) Participation of self-employed insurance before 1 January 2009 shall be assessed according to regulations effective before that date. By the time the participation of self-employed insurance required for entitlement to sickness and maternity benefits after 31 December 2008, includes any time participation referred to in the first sentence.
(2) If the self-employed insurance participates at 31 December 2008 based on applications filed before 1 January 2009, the following 31 December 2008 participates insurance continued under this Act, if you did not de-registration of insurance from 1 January 2009.
(3) self-employed person who owes premiums for insurance on 1 January 2009 for the period prior to that date, and insurance premiums owed, including penalties of up to 31 him nedoplatí January 2009, terminated participation in the insurance from 1 January 2009, however, if the 9th January 2009 has expired period of three calendar months consecutive for which premiums were paid, terminated self-employed person participating in insurance according to regulations effective as at 31 December 2008.

§ 182
Participation of civil servants [§ 5. a) Section 3] for insurance is the earliest effective date of the Public Service Act.

§ 183
For the purposes of determining the daily assessment base for self-employed as a monthly basis at the time considered before 1 January 2009 monthly assessment base for payment of advances on pension insurance contributions and state employment policy, and in those calendar months of the vesting period determined pursuant to this Act for the period prior to 1 January 2009, in which participates the insurance of these people.

§ 184
(1) The withdrawal period, which began to run before 1 January 2009 and ended on 31 December 2008, is governed after 31 regulations effective in December 2008 to 31 December 2008.
(2) The persons referred to in § 178, paragraph 1, first sentence, the insurance ended on 31 December 2008, follows a withdrawal period from 1 January 2009 under conditions and for a period specified by this Act.

§ 185
(1) affects the vesting period established under this Act before 1 January 2009, shall be excluded days (§ 18 paragraph 7) in the period before that date pursuant to this Act.
(2) For employees listed in § 5. a) paragraphs 4, 5 and 12, whose employment is transferred from the period before 1 January 2009 to the period after 31 December 2008, for the purpose of determining the vesting period, considered the first day of the insurance January, 2009.

§ 186
The insured can not surrender under § 47 of his written statement of entitlement to the payment of those benefits that belong to the period before 1 January 2009. For the option to forgo the entitlement to sick leave, which belongs to the period before 1 January 2009, shall proceed according to regulations effective as at 31 December 2008, this applies even if the payment of sickness occurs after 31 December 2008.

§ 187
Enforcement of decisions in matters of insurance, which started before 1 January 2009, shall be completed according to regulations effective before 1 January 2009. Enforcement of decisions in matters of insurance, which was launched after 31 December 2008 shall be conducted according to
§ 188

(1) Deductions from benefits to which the settlement occurs after 31 December 2008, shall be governed by this Act, this applies even if the dose is due for the period prior to 1 January 2009.

(2) of the deductions from benefits, except for agreements on deductions to cover the overpayment made before the first dose January 2009, shall expire on 1 January 2009. Deductions from benefits in terms of salary per year after 31 December 2008 fail even if the dose was accounted for in the period before 1 January 2009.

§ 189

(1) The obligation to maintain confidentiality of individuals is governed by this Act even when related to data protected by confidentiality obligations to the period before 1 January 2009.

(2) receives the requested person or entity a request for communications data after 31 December 2008, the procedure under this Act even applies if the application for communications data for periods prior to 1 January 2009.

§ 190

(1) If the period for which the dose (in part) paid in error, falls into before 1 January 2009 after 31 December 2008, subject to the obligation to return the overpayment to the regulations effective dose of 31 December 2008.

(2) waive or write off the overpayment on the dose (§ 124, paragraph 5) be a period when the dose was improperly granted before 1 January 2009.

(3) Allow a refund on the dose in installments (§ 124, paragraph 6) can also owed amounts arising before 1 January 2009.

§ 191

Failure or breach that occurred before 1 January 2009, shall be assessed according to regulations effective as at 31 December 2008, although there was a finding of violation or failure after 31 December 2008 or if any proceedings for infringement or breach of this started after 31 December 2008.

§ 192

If the insured died prior to 1 January 2009, when the transition proceeds entitlement to payment of benefits under the provisions effective before that date, this applies even if the dose is paid after 31 December 2008. If the insured died after 31 December 2008, the procedure when changing entitlement to payment of benefits under this Act even if the benefit is due for periods prior to 1 January 2009.

§ 193

An employer who prior to 1 January 2009 considered according to regulations effective as at 31 December 2008 for the organization is obliged to request him to issue insured within 8 days of the request a written confirmation of the period of employment in 2008 and of its bases for the determination of social security premiums and state employment policy achievements in 2008 and sicknessinsurance in calendar year 2008 accounted, if the sum of these fundamentals and benefits for 2008 is at least twelve times the minimum wage in force on 1 January 2008, confirms that fact. The first sentence shall apply mutatis mutandis for the year 2009 if the employer pays in 2009, benefits under § 171 paragraph insurance.
§ 194
(1) Proceedings in matters of insurance commenced before 1 January 2009 and lawfully pending before that date shall be completed according to regulations effective as at 31 December 2008. Proceedings under the first sentence completes the authorities competent to manage according to regulations effective as at 31 December 2008.
(2) The applications for the voluntary payment of benefits for the period prior to 1 January 2009, which were submitted after 31 December 2008 will be decided according to regulations effective as at 31 December 2008.
(3) There was a reason for the temporary reduction or withdrawal sickness before 1 January 2009 and proceedings in these matters has not yet started, will start after 31 December 2008 and complete the proceeding according to regulations effective as at 31 December 2008.

§ 195
Entitlement to compensation regression arises under this Act, unless caused by the infringement under § 126 occurred after 31 December 2009.

§ 196
Access to information systems, insurance, service bodies and accessible (§ 121 paragraph 3) subject to 31 December 2009 on the technical conditions of these systems.

§ 197
Indexes organizations and small organizations conducted under the rules effective at 31 December 2008, from 1 January 2009 considered evidence zaměstnavatelůpodle this Act.

§ 198
The provisions of § 129 paragraph 1 of the Administrative Procedure in matters relating to insurance apply.

TITLE II
FINAL PROVISIONS
§ 199
Enabling provisions
(1) The Ministry of Labour and Social Affairs of the decree authorized staff of the institution náležitostíprůkazu sickness insurance according to § 76 paragraph 3
(2) Ministry of Labour and Social Affairs may establish by decree způsobuplatnění entitlement to payment of benefits, further proving the facts necessary treatment under this Act for the payment of benefits or requirements of different types of prescribed forms.

§ 200
Repeals
Is repealed:
First Act No. 100/1932 Coll. A national force of international agreements on social insurance.
Second Act No. 54/1956 Coll., On Employee Sickness Insurance.
Third Act No. 32/1957 Coll. On health care in the armed forces.
5th Act No. 16/1959 Coll. Amending and supplementing Act on Sickness Insurance of Employees.
7th Act No. 99/1972 Coll. To increase child benefit and educational.
8th Legal action of the Federal Assembly Presidium 8/1982Sb., Increase maternal contribution and changes in health security.
9th Act No. 73/1982 Coll. Change the Social Security Act and regulations on health insurance.
14th Act No. 103/1988 Coll. About changes in health security.
19th Government Regulation No. 247/1999 Coll. Which, for the purposes of sickness insurance (care) regulate the amount of calculation for determining the bases.
20th Government Regulation No. 413/2000 Coll. Which, for the purposes of sickness insurance (care) regulate the amount of calculation for determining the bases.
21st Government Decree No 347/2001 Coll. Which, for the purposes of sickness insurance (care) regulate the amount of calculation for determining the bases.
22nd Government Decree No 417/2005 Coll. Which, for the purposes of sickness insurance (care) regulate the amount of calculation for determining the bases.
23rd Decree No. 141/1958 OJ. I., on health insurance and retirement security prisoners.
24th Decree No. 143/1965 Coll. On the provision of cash benefits in sickness insurance.
26th Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases.
29th Decree No. 155/1983 Coll. About changes in health insurance of some workers.
30th Decree No. 79/1984 Coll. Changes in the Central Council of Trade Unions Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases.


33rd Decree No. 135/1984 Coll. Changes in the Central Council of Trade Unions Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases.

34th Decree No. 59/1987 Coll. Changes in the Central Council of Trade Unions Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases, as amended.

35th Decree No. 148/1988 Coll. Changes in the Central Council of Trade Unions Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases, as amended.


38th Decree No. 263/1990 Coll. Amending and supplementing Decree No. 143/1965 Coll. On the provision of cash benefits in sickness insurance, Decree No. 165/1979 Coll. Some sickness insurance of employees and the granting of sickness benefits citizens in special cases, and some other regulations on health insurance.


40th Decree No. 30/1993 Coll. Some changes in the implementing regulations in health and social security.

41st Decree No. 31/1993 Coll. On the assessment of temporary incapacity for social security purposes.

42nd Decree No. 312/1993 Coll. Amending and supplementing Decree Central Council of Trade Unions No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases, as amended.


44th Decree No. 196/1994 Coll. Amending the Central Council of Trade Unions Decree No. 143/1965 Coll. On the provision of cash benefits in sickness insurance, and the Central Council of Trade Unions Decree No. 165/1979 Coll. On health insurance of some workers and sickness benefits provided to citizens in special cases.

45th Decree No. 248/1994 Coll. Amending and supplementing Decree Central Council of Trade Unions No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases, as amended.

46th Decree No. 282/1995 Coll. Amending and supplementing Decree Central Council of Trade Unions No. 165/1979 Coll. On health insurance of some workers and provide health insurance
benefits to citizens in special cases, as amended, Decree of the Central Council of Trade Unions No. 143/1965 Coll. on the provision of cash benefits in sickness insurance, as amended, and Decree of the Federal Ministry of Labour and Social Affairs and the Central Council of Trade Unions No. 51/1973 Coll. the regulation of certain conditions foster foster care in performing special facilities. 47th Decree No 285/1995 Coll. Amending and supplementing Decree of the Ministry of Labour and Social Affairs No. 31/1993 Coll. On the assessment of temporary incapacity for social security purposes, as amended by Act No. 307/1993 Coll. 48th Decree No. 133/1999 Coll. Amending the Central Council of Trade Unions Decree No. 143/1965 Coll. On the provision of cash benefits in sickness insurance, as amended, and the Central Council of Trade Unions Decree No. 165/1979 Coll.Sickness insurance of some workers and provide health insurance benefits to citizens in special cases, as amended. 49th Decree No. 415/2000 Coll. Amending the Central Council of Trade Unions Decree No. 143/1965 Coll. On the provision of cash benefits in sickness insurance, as amended, and the Central Council of Trade Unions Decree No. 165/1979 Coll.Sickness insurance of some workers and provide health insurance benefits to citizens in special cases, as amended. 50th Decree No 248/2005 Coll. Amending Decree No. 165/1979 Coll. On health insurance of some workers and provide health insurance benefits to citizens in special cases, as amended. § 201 Efficiency This Act shall take effect on 1 January 2009. Zaoralek v y. Paroubek v y. Selected provisions of amendments Art. II of Act No 302/2009 Coll. Transitional provisions First The termination of temporary incapacity or quarantine, for whose creation was decided before the effective date of this Act, shall be decided on a form in force before that date, these forms are sent or transmitted to the competent authority sickness insurance within the time limits applicable from the date of this Act. Second The extinction of the need for treatment or care, about whose creation was decided before the effective date of this Act, shall be decided on a form in force before that date, forms for reporting the termination of the need for treatment or care health insurance to the competent authority shall not apply. Art. XIV of the Act No. 362/2009 Coll. Transitional provisions First It was created to qualify for sickness, maternity or compensatory allowance during pregnancy and motherhood before 1 January 2010 and continues even after 31 December 2009, adjust the amount of benefit per calendar day from 1 January 2010 pursuant to § 21a, 29a and 37a of Act No. 187/2006 Coll., which are effective from 1 January 2010. Second If the need arose nursing (care) before 1 January 2010 and continues even after 31 December 2009, paid to nursing under the conditions and according to regulations for effective until 1 January 2010, this applies even where the need for care (care) occurred before 1 January 2010 and continues even after 31 December 2009 and during this treatment (care) authorized to take the second treatment (care) or to stop running the support period.
Third It was created to qualify for sickness, maternity or compensatory allowance during pregnancy and motherhood before 1 January 2011 and continues even after 31 December 2010, adjust the amount of benefit per calendar day from 1 January 2011 under the laws effective from 1 January 2011.

Art. II of the Act No. 166/2010 Coll.

Transitional provisions
First It was created to qualify for maternity or compensatory allowance during pregnancy and motherhood before the effective date of this Act and if it takes after that date, providing this benefit under the law effective before the effective date of this Act by the end of the calendar month which came into effect, and from the next calendar month under this Act.

Second The person who received maternity benefits in the period from 1 January 2010 until the effective date of this Act, is entitled to supplement this assistance during this period in an aggregate amount which is calculated as the difference between the amount of maternity benefit under the Act No. 187/2006 Coll. Sickness Insurance, as in force before first January 2010, and the amount of maternity benefit under the Act No. 187/2006 Coll. Sickness Insurance, as amended effective from 1 January 2010, the date of this Act.


Transitional provisions
First If temporary incapacity was or quarantine was ordered before 1 January 2011 and is still in 2011,

a) paid sick leave to the conditions and for under Act No. 187/2006 Coll. Sickness Insurance, as amended effective on the effective date of this Act, and

b) a period of 14 calendar days referred to in § 18 paragraph 8. b), § 56, paragraph 3, second sentence, § 61 point. j), § 64 paragraph 1 point. p), § 65 paragraph 2 point. c) a sentence of § 105 of the Act No. 187/2006 Coll. Sickness Insurance, as amended effective on the effective date of this Act, remains in place.

Second If temporary incapacity was or quarantine was ordered before 1 January 2014 and is still in 2014,

a) paid sick leave to the conditions and for under Act No. 187/2006 Coll. Sickness insurance in force as at 31 December 2013, and

b) a period of 21 calendar days referred to in § 18 paragraph 8. b), § 56, paragraph 3, second sentence, § 61 point. j), § 64 paragraph 1 point. p), § 65 paragraph 2 point. c) and § 105, the first sentence of the Act No. 187/2006 Coll. Sickness insurance in force as at 31 December 2013, remains in place.

Third Arose when the contingency giving rise to the sickness insurance self-employed person or a foreign employee before 1 January 2011, states that levy under the Act No. 187/2006 Coll. Sickness Insurance, as amended effective on the effective date of this Act.

4th Entitlement to sickness benefits from sickness insurance scheme, which is self-employed activity shall be assessed pursuant to Act No. 187/2006 Coll. Sickness Insurance, as amended effective on the effective date of this Act, if self-employed person filed an application to participate in Sickness insurance prior to 1 January 2011 within 8 calendar days from the date of initiation (resumption) of self-employment.

5th Arose when the contingency giving rise to the sickness insurance self-employed person in 2011, can not be a monthly basis for each calendar month reference period for calculating doses greater than one twelfth of the maximum assessment base determined in accordance with § 15b of Act No.
589/1992 Coll., on social security and state employment policy, which are effective from the date of entry into force of this Act.


2) For example, Council Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, self-employed persons and their families moving within the Community, Council Regulation (EC) No 859/2003 extending the provisions of Regulation (EEC) No 1408/71 and Regulation (EEC) No 574/72 to nationals of third countries to which these provisions apply not only because of their nationality.

3) Act No. 361/2003 Coll. The service of members of security forces, as amended.


7) § 9, paragraph 2 of Act No. 155/1995 Coll., On pension insurance.

8) § 9, paragraph 1, 3 and 5 of Act No. 155/1995 Coll., As amended.

9) § 2, paragraph 6, point a) of Act No. 258/2000 Coll. on the protection of public health and amending some related laws.

10) Council Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, self-employed persons and their families moving within the Community.

Council Regulation (EEC) No 574/72 laying down the procedure for implementing Regulation (EEC) 1408/71 on the application of social security schemes to employed persons, self-employed persons and their families moving within the Community.

11) Act No. 218/2002 Coll. Service of state employees in administrative authorities and on remuneration of employees and other employees in administrative authorities (the Service Act), as amended.

12) For example, § 8 of Act No. 6/1993 Coll. On the Czech National Bank


13) § 44 to 47 of Act No. 359/1999 Coll. Socio-legal protection of children.


17) For example § 68 paragraph 3 of Act No. 221/1999 Coll.

17) § 124, paragraph 5 of Act No. 361/2003 Coll.


19) § 34 paragraph 4 of Act No. 236/1995 Coll. Wages and other factors associated with the position of representatives of state power and certain state bodies, judges and members of the European Parliament, as amended.

§ 73 paragraph 4 of Act No. 128/2000 Coll., On Municipalities (Municipal Establishment), as
amended.
§ 48 paragraph 3 of Act No. 129/2000 Coll., On Regions (Regional Establishment), as amended.
§ 53 paragraph 4 of Act No. 131/2000 Coll. On the City of Prague, as amended.
22) § 20 to 23 of Act No. 155/1995 Coll., As amended.
23) § 45 of the family.
24) § 63 and 74 of the Family.
25) § 19 paragraph 1 letter. a) of Act No. 359/1999 Coll.
26) § 78 of the Family Act.
27) § 45a of the family.
28) § 19 paragraph 1 letter. b) of Act No. 359/1999 Coll.
29) § 115 of the Civil Code.
30) § 26 paragraph 2 of the family.
32) § 37 paragraph 1 point. b) and § 153 of the Labour Code.
33) § 25 paragraph 3 and 6 and § 85 paragraph 1 of Act No. 361/2003 Coll.
34) § 11 paragraph 3 of Act No. 48/1997 Coll. On public health insurance and amending and supplementing some related laws.
35) § 18 paragraph 1 of Act No. 48/1997 Coll.
37) § 12 letter. d) of Act No. 48/1997 Coll.
38) § 77 and 77a of Act No. 20/1966 Coll. Health Care, as amended.
39) § 33 paragraph 4 of Act No. 48/1997 Coll.
40) § 25 of Act No. 48/1997 Coll.
42) § 18 paragraph 3 point. a) of Act No. 48/1997 Coll.
43) Decree No. 134/1998 Coll., Issuing a list of medical procedures with point values, as amended.
46) § 3, paragraph 3, point. c) and § 6, paragraph 1 and 2 of Act No. 582/1991 Coll., as amended.
47) § 3, paragraph 3, point. b) and § 3 of Act No. 582/1991 Coll., as amended.
47a) § 45a of Act No. 455/1991 Coll. Trades (Trade Act), as amended.
Decree No. 288/2003 Coll. Laying down the work and workplaces that are prohibited to pregnant women, breastfeeding women, mothers until the ninth month after childbirth and adolescents, and the conditions under which minors can exceptionally perform such work due to preparation for profession.
33) § 25 paragraph 3 and 6 and § 85 paragraph 1 of Act No. 361/2003 Coll.
34) § 11 paragraph 3 of Act No. 48/1997 Coll. On public health insurance and amending and supplementing some related laws.
35) § 18 paragraph 1 of Act No. 48/1997 Coll.
37) § 12 letter. d) of Act No. 48/1997 Coll.
38) § 77 and 77a of Act No. 20/1966 Coll. Health Care, as amended.
39) § 33 paragraph 4 of Act No. 48/1997 Coll.
40) § 25 of Act No. 48/1997 Coll.
42) § 18 paragraph 3 point. a) of Act No. 48/1997 Coll.
43) Decree No. 134/1998 Coll., Issuing a list of medical procedures with point values, as amended.
46) § 3, paragraph 3, point. c) and § 6, paragraph 1 and 2 of Act No. 582/1991 Coll., as amended.
47) § 3, paragraph 3, point. b) and § 3 of Act No. 582/1991 Coll., as amended.
47a) § 45a of Act No. 455/1991 Coll. Trades (Trade Act), as amended.
48) For example, § 68 paragraph 3 point. a) to c) and e) to g) of the Commercial Code,
§ 7, paragraph 2, point. a) b) d) of Act No. 227/1997 Coll. on foundations and endowment funds
and amending and supplementing some related laws (Act on Foundations and Endowment Funds),
as amended,
§ 8, paragraph 1 point. a) to d) and f) of Act No. 248/1995 Coll. generally beneficial companies and
amending certain Acts, as amended.
50) Art. 12 Council Regulation (EEC) No 574/72 laying down the procedure for implementing
Regulation (EEC) 1408/71 on the application of social security schemes to employed persons, self-
employed persons and their families moving within the Community.
51) § 67 paragraph 2 of Act No. 258/2000 Coll.
52) § 77 paragraph 1 of Act No. 20/1966 Coll., As amended.
amended.
55) § 102 of Act No. 435/2004 Coll.
56) § 55 of Act No. 48/1997 Coll.
57) § 3 of Act No. 133/2000 Coll., As amended.
§ 21 of Act No. 280/1992 Coll. Departmental, sectoral, enterprise and other health insurance
companies.
63) Act No. 365/2000 Coll. Public Administration Information Systems and amending some other
Acts, as amended.
64) § 16c of Act No. 582/1991 Coll., As amended.
66a) § 6, paragraph 2, third sentence of the Act No. 500/2004 Coll.
67) Act No. 227/2000 Coll. On electronic signatures and amending certain other laws (Electronic
Signature Act), as amended.
68) § 2. r) of the Act No. 365/2000 Coll.
69) § 1 and 2 of Act No. 245/2000 Coll. On public holidays, on the other Holidays, on Important Days
and days of rest.
69a) § 2, paragraph 5 of Act No. 258/2000 Coll.
70) § 69 paragraph 1 point. b) and h) of Act No. 258/2000 Coll.
71) § 82 paragraph 2 point. v) Act No. 258/2000 Coll., as amended.
72) § 45a paragraph 3 of the Trade Licensing Act.