Zavod za **pokojninsko in invalidsko** zavarovanje Slovenije

Sektor za nakazovanje pokojnin
SI 1000 Ljubljana, Kolodvorska ulica 15, t: +386/1 47 45 650, e: informacije@zpiz.si, www.zpiz.si



Številka dosjeja / File number: | | | | | | | |

POTRDILO / CERTIFICATE

Podatki upravičenca(ke) / Beneficiary's details:
Ime in priimek, datum rojstva / Name, surname, date of birth:

Stalni naslov / Permanent address:

Začasni naslov / Temporary address:

Številka socialnega zavarovanja v ZDA / US Social Security number

			-			-				

Zgoraj navedena oseba je živa. / The above stated person is alive.

V nadaljevanju z X ustrezno označiti oz. ustrezno dopolniti / Below please tick with **X** or specify as appropriate:

Identifikacija osebe je bila preverjena na podlagi / The person's identity has been verified on the basis of their

☐ osebne izkaznice / identity card, številka / No _____

☐ potnega lista / passport, številka / No _____

☐ drug osebni dokument (navedite kateri) / other personal identity document (please specify) _____, številka / No _____.

Kraj in datum / Place and date

_____

Žig in podpis pristojnega organa/
Stamp and signature of the competent authority

PROSIMO OBRNITE / PLEASE TURN OVER

IZJAVA UPOKOJENCA(KE) / PENSIONER'S STATEMENT

V kolikor ste zaposleni oziroma opravljate samostojno dejavnost, označite z X. / If you are employed or self-employed, please tick with **X**.

☐ DA / YES

Kraj in datum/Place and date

Podpis upokojenca(ke) ali zakonitega(e) zastopnika(ce)/ Signature of the pensioner or their legal representative

_____ _____

OBVESTILO UPOKOJENCU / INFORMATION FOR PENSIONERS

Potrdilo z izjavo je potrebno izpolnjeno in overjeno vrniti na naslov: Zavod za pokojninsko in invalidsko zavarovanje Slovenije, Kolodvorska 15, 1000 LJUBLJANA najkasneje do _____. V kolikor potrdila ne bomo prejeli do navedenega roka, vam bo izplačevanje pokojnine začasno ustavljeno (3. in 4. odst. 120. čl. ZPIZ-2, Ur. list RS, št. 96/12, 39/13, 102/15, 23/17, 40/17 in 65/17). / You should return a completed and certified copy of your Certificate and Pensioner's Statement to Zavod za pokojninsko in invalidsko zavarovanje Slovenije, Kolodvorska 15, 1000 LJUBLJANA by _____. If we have not received it by the date stated, your pension payment will be suspended (paragraphs 3 and 4 of Article 120 of ZPIZ-2, Official Gazette, No. 96/12, 39/13,102/15, 23/17, 40/17 and 65/17).

Potrdilo izpolni in potrdi pristojni organ državne uprave. / Certificate should be completed and certified by a competent administrative authority.

Hkrati vas obveščamo, da bo zavod preko potrdila pridobljeno številko socialnega zavarovanja koristil za potrebe izmenjave podatkov z ameriško ambasado v Rimu, Italiji, v primeru preverjanja pogojev za nadaljnje izplačevanje prejemkov./ Please also note that your Social Security number obtained from the Certificate will be used by ZPIZ to exchange information with the US Embassy in Rome, Italy, in case of verification of the conditions for the continuation of benefits.

Izjavo upokojenca izpolni in podpiše uživalec pokojnine. / Pensioner's Statement should be completed and signed by the pension beneficiary.

Na podlagi 119. člena ZPIZ-2 ste zavodu dolžni sporočiti vsako spremembo, ki vpliva na pravico do pokojnine ali na izplačevanje pokojnine, v 8 dneh po nastali spremembi. / Under Article 119 of ZPIZ-2 you are required to notify our institution within 8 days of the change taking place of any change that may affect your pension entitlement or pension payment.