



Zavod za zdravstveno  
zavarovanje Slovenije

www.zzzs.si



## APPLICATION FOR REIMBURSEMENT OF THE CONTRIBUTION

### I. Details of the insured person(s) claiming a refund:

First and last name: \_\_\_\_\_

ZZZS number: \_\_\_\_\_ or EMŠO Unified Citizen's Registration Number \_\_\_\_\_

Address: \_\_\_\_\_  
(street, house number, postcode and place)

Email address\*: \_\_\_\_\_ Telephone number\*: \_\_\_\_\_

### II. Payment account to which the refund of the contribution is to be paid:

Payment account number: **SI56** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bank identification code (SWIFT BIC): \_\_\_\_\_

To be completed only if the insured person is not the holder of the specified payment account

First and last name of the payment account holder:  
\_\_\_\_\_

Address: \_\_\_\_\_  
(street, house number, postcode, and place)

In \_\_\_\_\_, on \_\_\_\_\_.  
(place) (date)

(Signature of the insured person)

\*Providing an email address and phone number is optional.

The personal data provided with this application will be processed by ZZZS solely for the purpose of refunding the contribution in the context of the processing of this application. ZZZS protects personal data and ensures and implements appropriate procedures and measures for protection in accordance with the applicable regulations on the protection of personal data. The individual shall also have a right of information with regard to the personal data concerning him/her, which he/she may address to dpo@zzzs.si.

### To be completed by ZZZS (for payment made)

Refund amount: \_\_\_\_\_

Billed by (first and last name, signature): \_\_\_\_\_ Date: \_\_\_\_\_

Paid by (name and surname, signature): \_\_\_\_\_ Date: \_\_\_\_\_