

REQUEST FOR A CAREGIVER'S ALLOWANCE TO CARE FOR A CHILD

Instructions for completing this form

Complete this form if you are a parent applying for a caregiver's allowance because you care for:

- a healthy child up to the age of 8,
- a sick child, including a child of 18 or over,
- a disabled child up to the age of 18.

Complete this form if you are a parent or member of the child's family applying for an additional caregiver's allowance because you care for a new-born baby up to 8 weeks after the birth if the baby's mother covered by insurance is in hospital/ has abandoned the baby/ holds a certificate of inability to live independently/ holds a certificate of severe disability.

1. Complete in BLOCK LETTERS.
2. Write X in the answer box.
3. Complete in black or blue ink (not a pencil).
4. Please read the attached Information before completing this form.
5. When completing item 4 in the section *I declare that* and item 2 in the section *Data of the other child's parent (mother or father)* and *Data of your spouse*, the days of a caregiver's allowance to care for a child up to the age of 14 may not include an additional allowance of up to 56 days to care for a new-born baby up to 8 weeks after the birth.

Your dataPESEL Date of birth
dd / mm / yyyy

If you do not have a PESEL number, write a series and number of a different ID.

ID type, series and number

Please complete if you do not have a PESEL number.

Name

Surname

Street

House number

Flat number

Postcode

City/Town

Country

Please complete for residence other than Polish.

Phone number

Write your phone number to facilitate contacting you. This field is optional.

Data of social contributions payer

NIP

REGON

Please complete if they do not have NIP.

PESEL

Please complete if they do not have NIP, REGON.

ID type, series and number

Please complete if you they do not have NIP, REGON, PESEL.

Name or first name and surname

Bank account number

This field is optional. Please complete it if you wish to be paid the allowance into your bank account. If you leave this field blank, the allowance will be transferred in cash by post to the address given above.

Period of the caregiver's allowance

Please write the date(s) (from-to) during which you will provide care and if you received a doctor's certificate, please write the series and number of this sick leave (if you remember).

Data of the child you provide care to

PESEL

ID type, series and number

Please complete if you they do not have a PESEL number.

Name

Surname

Child's date of birth

dd / mm / yyyy

The child holds a certificate of severe disability or holds a certificate of disability with the necessity of constant or long-term care or help provided by another person.

YES NO

I declare that

1. There is a household member able to provide care to a child in the period stated in the request.

YES NO

If **YES**, state on which days the household member may provide care.

2. If the allowance is payable by ZUS, please state if you work in shifts.

YES NO

If **YES**, please state the working hours in the period of the requested caregiver's allowance.

3. If you request a caregiver's allowance to look after a child over 14, please state if you live in the same household as the child during the requested period of care. YES NO
4. If your social security payer has changed this calendar year, please state if you have received a caregiver's allowance from the previous payer or not. YES NO

If **YES**, please state the number of days:

For care of children up to the age of 8, including disabled children, sick children up to the age of 14, including disabled children for days.

For care of sick children over 14 or a sick family member for days.

For care of disabled children from the age of 8 to 18 due to sickness, childbirth, a hospital stay of the child's permanent caregiver, for care of sick disabled children from the age of 14 to 18 for days.

Data of the other child's parent (mother or father)

PESEL

ID type, series and number

Please complete if they do not have a PESEL number.

Date of birth

dd / mm / yyyy

Please complete if they do not have a PESEL number.

Name

Surname

1. The child's parent has a job. YES NO If YES, do they work in shifts? YES NO

If they work in shifts, write the working hours during the requested period of care.

2. Have they obtained a caregiver's allowance this calendar year? If YES, please write the number of days. YES NO

For care of children up to the age of 8, including disabled children, sick children up to the age of 14, including disabled children for days.

For care of sick children over 14 or a sick family member for days.

For care of disabled children between 8 and 18 years old due to sickness, childbirth or hospital stay of the parent permanently caring for this child, care of sick disabled children from 14 to 18 years old for days.

Data of your spouse

Please complete if your spouse is not your child's parent.

PESEL

ID type, series and number

Please complete if they do not have a PESEL number.

Date of birth

dd / mm / yyyy

Please complete if they do not have a PESEL number.

Name

Surname

1. Does your spouse work? YES NO If YES, do they work in shifts? YES NO

If they work in shifts, write the working hours for the period of requested care.

2. Have they obtained a caregiver's allowance this calendar year? YES NO

For care of children up to the age of 8, including disabled children, sick children up to the age of 14, including disabled children

for days.

For care of children over 14 or a sick family member for days.

For care of disabled children between 8 and 18 years old due to sickness, childbirth or hospital stay of the parent permanently caring for this child, care of sick disabled children from 14 to 18 years old for days.

Data of other family member

1. If another family member has received a caregiver's allowance this calendar year to provide care for a child for whose care you request an allowance, please write their data and the number of days of caregiver's allowance used by this family member.

PESEL

ID type, series and number

Please complete if they do not have a PESEL number.

Date of birth

dd / mm / yyyy

Please complete if they do not have a PESEL number.

Name

Surname

received a caregiver's allowance for days.

2. If another family member has received a caregiver's allowance this calendar year to provide care for a child other than the one included in this request or another member of you family, please write their data and the number of days of care used for these persons.

PESEL

ID type, series and number

Please complete if they do not have a PESEL number.

Date of birth

dd / mm / yyyy

Please complete if they do not have a PESEL number.

Name

Surname

Number of days of caregiver's allowance received by another family member:

For care of children up to the age of 8, including disabled children, sick children up to the age of 14, including disabled

children for days.

For care of children over 14 or a sick family member for

days.

For care of disabled children between 8 and 18 years old due to sickness, childbirth or hospital stay of the parent permanently caring for this child, care of sick disabled children from 14 to 18 years old

for days.

The care was provided by

to

Please state the degree of kinship of these persons to you.

Comments

I declare that the data provided in the request are true and correct. Should they change, I shall notify the allowance payer about this change.

Date

dd / mm / yyyy

Signature

Information mentioned in Article 13 sections 1 and 2 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), is available in the headquarters or field organizational units of ZUS and on the ZUS website: <https://bip.zus.pl/rodo>

INFORMATION

on the caregiver's allowance

I. When are you eligible for a caregiver's allowance?

You are eligible for a caregiver's allowance if you provide care to:

- **a healthy child up to the age of 8 due to the following reasons:**
 - The creche, children's club, nursery or school the child attends have been closed and you received notification in a time shorter than 7 days before its closing.
 - A babysitter with whom the parents have concluded an activating contract or a daily carer looking after the child have become sick.
 - Childbirth or sickness of your spouse or the child's parent, who normally takes care of the child, prevents them from providing care.
 - Your spouse or the child's parent, who normally cares for the child, is in hospital or other medical institution providing stationary treatment or round-the-clock health services.
- **a disabled child up to the age of 18 due to the following reasons:**
 - Childbirth or sickness of your spouse or the child's parent, who normally takes care of the child, prevents them from providing care.
 - Your spouse or the child's parent, who normally cares for the child, is in hospital or other medical institution providing stationary treatment or round-the-clock health services.
- **a sick child**
- **a sick disabled child up to the age of 18**
- **another sick family member, including a sick child over 18**
- **a new-born baby within 8 weeks after the birth, if the mother, who is covered by insurance and receives a maternity benefit:**
 - is in hospital,
 - has abandoned the child,
 - holds a certificate of inability to live independently,
 - holds a certificate of severe disability.

A child

A child shall be:

- your own child,
- your spouse's child,
- an adopted child,
- a child in foster care.

A family member

Other family members shall include:

- a spouse,
- parents,
- a child's parent,
- stepparents,
- in-laws,
- grandparents,
- siblings,
- grandchildren,
- children over 14,

provided you live in the same household during the caregiving period.

II. How long can you receive the caregiver's allowance?

- If you provide care to a healthy child up to the age of 8 or a sick child up to the age of 14, or a disabled child of this age, you are eligible for the caregiver's allowance for 60 days in one calendar year.
- You are eligible for the caregiver's allowance for 30 days in a calendar year if you provide care to a healthy disabled child from 8 to 18 years old because:
 - childbirth or sickness of your spouse or the child's parent, who normally takes care of the child, prevents them from providing care,
 - your spouse or the child's parent, who normally cares for the child, is in hospital or other medical institution providing stationary treatment or round-the-clock health services.
- You are eligible for the caregiver's allowance for 30 days in a calendar year if you provide care to a sick disabled child from 14 to 18 years old.
- You are eligible for the caregiver's allowance for 14 days in a calendar year if you provide care to a sick child over 14 or another sick family member.

The total period of eligibility for a caregiver's allowance to provide care to sick children and other family members for various reasons shall be no longer than 60 days in a calendar year. This restriction applies to all family members eligible for a caregiver's allowance, irrespective of their number and irrespective of the number of children and other family members requiring care.

If in a calendar year you provide care to a disabled child or another sick family member and you have no other children under 14, you are eligible for the caregiver's allowance for a total period no longer than 30 days in a calendar year, including no longer than 14 days for care for a sick family member.

The 60-, 30- or 14-day limit for care in a calendar year shall include the care of a new-born child for 8 weeks after birth when the mother covered by insurance:

- is in hospital,
- has abandoned the child,
- holds a certificate of inability to live independently,
- holds a certificate of severe disability.

You are eligible for a caregiver's allowance to provide care for this child for a maximum of 8 weeks, i.e., until the 56th day of the child's life.

III. Eligibility for the allowance – fundamental principles

- A caregiver's allowance is granted without a waiting period, i.e., you are eligible from the first day you are eligible for your sickness insurance.
- You are eligible for a caregiver's allowance provided there are no other family members able to provide care. If, however, you provide care to a sick child up to the age of 2, you are eligible for a caregiver's allowance even if there are other family members able to provide care.
- A family member able to provide care shall not be:
 - a person unable to work,
 - a sick person,
 - a physical or mentally ill person due to age-related issues,
 - a person working under an employment contract resting after a night shift,
 - a person running non-agricultural activities,
 - a person unobligated to provide care based on the laws of the Family and Care Code if they refuse to do so.
- You are not eligible for a caregiver's allowance for the period in which:
 - You are eligible for a salary based on the regulations for remuneration.
 - You are eligible for unpaid leave or childcare leave.
 - You are under temporary arrest or serving a sentence in prison.
 - You are on sick leave due to the necessity to provide care, and you performed paid work or misused this time. You are not eligible for a caregiver's allowance if the

aforementioned is confirmed in the assessment of sickness absence conducted by the allowance payer.

- The doctor's certificate is no longer valid after the assessment of correct issuing certificates of temporary incapacity to work and issuing sick leave.

IV. Documents to submit

If you apply for a caregiver's allowance, you should submit the following:

1. A request for a caregiver's allowance

- **Z-15A** — if you provide care to a sick child, including a child over 18, or a healthy child up to the age of 8, a disabled child up to the age of 18, or if you provide care to a new-born child for the first 8 weeks after birth, or
- **Z-15B** – if you provide care to a sick family member, other than a child.

2. Documents required independently of the reason you provide care

Care for a sick child or other sick family members

The doctor's certificate:

- issued electronically by a doctor (certificate e-ZLA),
 - printed certificate issued electronically (printed certificate e-ZLA), or
 - a certificate issued by a doctor on a form printed out from an ICT system, or
 - a certificate issued by a doctor abroad including a Polish translation which should contain
 - the name of a foreign healthcare centre or name and surname of the doctor,
 - date of issue,
 - doctor's signature,
 - initial and final date of incapacity to work due to providing care to a sick family member.
- If the certificate is issued in an EU member state, European Economic Community, Switzerland or a country with which Poland has signed an international agreement, you should submit the certificate in the official language of that state; there is no need to have it translated into Polish.

Care for a healthy child up to the age of 8

- Your statement that a creche, children's club, nursery or school the child attends have been unexpectedly closed
- A certificate issued by a doctor on a regular form if you provide care to a child due to:
 - **childbirth or sickness** of a spouse or child's parent who is permanent a child's carer if childbirth or sickness prevents the spouse or parent from providing care,
 - if a spouse or child's parent who is a permanent child's carer is in **hospital** or a unit of the health centre providing treatment or round-the-clock health services.

The certificate should include:

- name and surname of the spouse or child's parent who is a permanent child's carer,
- period and reason for providing care for the child,
- the surname of the child for whom the care is to be provided and their name if the child has already been given a name,
- a stamp and signature of a doctor who has issued the certificate.

Care for a disabled child up to the age of 18

- A document confirming the disability, i.e., a certificate of severe disability or a certificate of disability indicating the necessity of permanent or long-term care or help provided by another person linked to the considerably limited possibility of independent living and the necessity of constant daily co-participation of the child's carer in the process of the child's treatment, rehabilitation and education.
- If the child is sick: a doctor's certificate issued abroad including a translation into Polish which includes:
 - the name of the foreign healthcare provider or the name and surname of the doctor,
 - date of issue,
 - doctor's signature,
 - initial and final date of inability to work due to the necessity of providing care to a sick family member.

If the certificate is issued in an EU member state, European Economic Community, Switzerland or a country with which Poland has signed an international agreement, you should submit the certificate in the official language of that state; there is no need to have it translated into Polish.

- A doctor's certificate issued on a regular form if you provide care to a disabled child due to:
 - childbirth or the sickness of spouse or child's parent who is a permanent a child's carer if childbirth or sickness prevents the spouse or parent from providing care,
 - if the spouse or child's parent who is permanent child's carer is in hospital or a unit of the health centre providing treatment or round-the-clock health services.

Care for a new-born child within the first 8 weeks

- Your statement that the mother receives a maternity benefit within 8 weeks after childbirth.
- A legally binding certificate of the incapacity of the child's mother to live independently issued by a certifying doctor of ZUS, the medical committee of ZUS, certifying doctor of KRUS, the medical committee of KRUS, and in the case of a severe disability – a certificate of a severe disability issued by a team for certifying disabilities, or its copy certified to be true by the insurance payer or ZUS.
- A doctor's certificate confirming the stay of the child's mother in hospital.
- Your statement on the mother abandoning the child containing the date of abandonment.

If the allowance is payable by ZUS

Additionally, it is indispensable to provide a certificate of the insurance payer issued on a form:

- ZUS Z-3 – if you are an employee,
- ZUS Z-3b – if you conduct non-agricultural activities, you are a partner of a person conducting non-agricultural activities or a person defined in Article 18 section 1 of the Act of 6 March 2018 – Law on Entrepreneurs, or are a member of the clergy,
- ZUS Z-3a – if you are entitled to social insurance coverage for another reason,
- ZAS-12 – if the request applies to deciding on the eligibility for the caregiver's allowance for a further period.