



REQUEST FOR A CONTRIBUTION FROM THE PREVENTION FUND

APPLICANT

an insured person of the VZP CR over 18,
or a legal representative of the beneficiary

Name and surname: _____

Insurance number: _____

Date of birth:** _____

Address of residence: _____

Tel no.:* _____

E-mail:* _____

CONTRIBUTION BENEFICIARY

minor child/person entrusted to care (to be completed in
the case of an request for a contribution for such persons)

Name and surname: _____

Insurance number: _____

AUTHORISED PERSON

the person to whom the applicant has issued
a Power of Attorney

Name and surname: _____

Date of birth: _____

The application must be accompanied by proof of payment (tax receipts) for costs incurred for non-covered services and other documents required for each programme (www.vzp.cz/vyhody).

Number of documents: _____

I request a contribution from the Prevention Fund
(tick the appropriate box on p. 2):

In the amount of _____ CZK

by bank transfer to account number: _____ bank code: _____

In the event that the contribution is returned to the account of the General Health Insurance Company of the Czech Republic (hereinafter referred to as VZP CR), VZP CR is not obliged to contact the client and notify him/her of this fact.

The submission of a request does not automatically entitle the applicant to a contribution from the Prevention Fund. To qualify for the contribution, all the conditions must be met. The VZP CR is obliged to use the financial resources from the prevention fund efficiently and economically.

The personal data and health data provided on this request are processed by VZP CR to the extent necessary for the provision of the contribution from the Prevention Fund that can be drawn on the basis of this request. Their processing is governed by the General Data Protection Regulation (no. 2016/679) and related legislation. By signing this application, I declare that I have read the information provided in connection with the processing of personal data in the context of the use of funds from the Prevention Fund, which are published on the VZP CR website www.vzp.cz/vyhody or provided to me at the branch.

I solemnly declare that the above information is correct and I (or the person for whom I am submitting the request) an insured person of VZP CR.

In _____ on _____

Signature of applicant: _____

* Optional data

** To be filled in by the applicant who is the legal representative of the beneficiary and is not an insured person of VZP CR.

CHILDREN (0-18 years)

- Infant swimming (0-1 year)
- Regular physical activity/sports medical examination (1-18 years)
- Examination of skin moles
- Contribution for a wig
- Gluten-free diet (for celiac disease) / Low-protein diet (for metabolic disorders)
 - 1st half of the year 1. 7. - 31. 8. 2022 2nd half of the year 1. 12. - 31. 12. 2022
- Aids/services for diabetics (for diabetes mellitus)
- Vaccinations
- Medical devices for radiation therapy
- Increasing the availability of psychosocial support
- Dental hygiene

ADULTS (18+)

- Physical activities (18-65 years)
- Recreational physical activity (over 65)
- Smoking cessation
- Examination of skin moles
- Contribution for breast cancer screening (for women aged 18-45, for men aged 18 and over)
- Contribution for cancer screening (over 35)
- Contribution for a wig
- Cognitive aids for Alzheimer's prevention / Memory testing (over 65)
- Gluten-free diet / Low protein diet (18-26 years old in case of a dependent child)
 - 1st half of the year 1. 7.-31. 8. 2022 2nd half of the year 1. 12.-31. 12. 2022
- Aids/services for diabetics (for diabetes mellitus)
- Vaccinations
- Medical devices for radiation therapy
- Increasing the availability of psychosocial support
- Covid-19 vaccination contribution for the at-risk group (over 65 years)
- Dental hygiene

MOTHER (pregnant or up to 12 months post-partum)

- Childbirth preparation course organised by the maternity hospital
- Appropriate physical activities in pregnancy
- Pregnancy screening (if the client requests and pays for the screening herself)
- Breastfeeding aids, breathing monitor, smart bracelet
- Lactation counselling (lactation counsellor services)
- Dental hygiene or dental hygiene package
- Contribution for newborn babies with a birth weight of up to 1 500 g for the purchase of special nutrition or rehabilitation care
- Newborn voucher for the purchase of baby supplies/aids at the pharmacy (valid for 3 months from voucher issuing)

BLOOD AND ORGAN DONORS

- Spa-type rehabilitation/reconditioning activities for non-contributory blood/plasma/platelet/bone marrow donors with at least 1 donation in 2022 (active donors)
- Dental hygiene or dental hygiene package for non-contributory blood donors with two donations in 2022 (active donors)
- Spa-type rehabilitation/reconditioning activities for honoured inactive non-contributory blood donors
- Contribution for organ donors

VZP reserves the right to modify the programme during the year or terminate it if the financial limit is exhausted.

For more information on the individual programmes, conditions and documents required for obtaining the contribution, please visit www.vzp.cz/vyhody.

Call 952 222 222 | Visit www.vzp.cz