Приложение N 4

к приказу Фонда социального страхования

Российской Федерации

от 4 февраля 2021 г. N 26

Форма

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | В |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (наименование территориального органа Фонда социального страхования Российской Федерации) | | | | | | | | | | | | | | | | | | | | |
|  | От |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (полное наименование организации (обособленного подразделения), индивидуального предпринимателя или физического лица, не признаваемого индивидуальным предпринимателем) | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Регистрационный номер | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |
|  | Код подчиненности | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ИНН/КПП | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Уведомление  о прекращении права застрахованного лица на получение ежемесячного пособия по уходу за ребенком | | | | | | | | | | | | | | | | | | | | | |
|  | в случае: | | | | | | | | | | | | | | | | | | | | |
|  |  | прекращения с ним трудовых отношений; | | | | | | | | | | | | | | | | | | | |
|  |  | начала (возобновления) его работы на условиях полного рабочего времени; | | | | | | | | | | | | | | | | | | | |
|  |  | смерти ребенка; | | | | | | | | | | | | | | | | | | | |
|  |  | прекращения обстоятельств, наличие которых явилось основанием для назначения и выплаты соответствующего пособия; | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | |
|  |  | иное |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Сведения о получателе пособия: | | | | | | | | | | | | | | | | | | | | | | | |
| I.  Фамилия | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество (при наличии) | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| II. Дата рождения (дд-мм-гггг): | | | | | | | | | | |
|  |  | - |  |  | - |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| III. Сведения о документе, удостоверяющем личность: | | | | | | | | | | | | | | |
| Паспорт |  | Серия |  |  |  |  | Номер |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата выдачи (дд-мм-гггг) | | | | | | | | | | |
|  |  | - |  |  | - |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Кем выдан | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Временное удостоверение личности |  | Номер |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Действует до (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Иной документ |  | Серия |  |  | Номер |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Действует до (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| СНИЛС работника (страховой номер индивидуального лицевого счета) | | | | | | | | | | | | | | |
|  |  |  | - |  |  |  | - |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ИНН работника | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| IV. Сведения о документах, подтверждающих постоянное или временное проживание (пребывание) на территории Российской Федерации (для иностранных граждан и лиц без гражданства): |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Вид на жительство |  | Серия |  |  | Номер |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата выдачи/продления (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Разрешение на временное проживание (пребывание) |  | Серия |  |  | Номер |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата выдачи (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| V. Сведения о месте регистрации: | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Регион | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Район | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Город/населенный пункт | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дом |  |  |  |  |  |  |  | Корпус |  |  |  | Строение |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Квартира |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VI. Иные сведения: | | | | | | | | | | | | | |
| Дата окончания отпуска (дд-мм-гггг) |  |  | - |  |  | - | 2 | 0 |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| Приказ о выходе на работу на полное рабочее время | от | |  |  | - |  |  | - |  |  |  |  |  |
|  | | | | | | | | | | | | |
| N | |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Приказ страхователя о прекращении трудовых отношений | от |  |  | - |  |  | - |  |  |  |  |  |
|  | | | | | | | | | | | |
| N |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Справка о смерти ребенка | от |  |  | - |  |  | - |  |  |  |  |  |
|  | | | | | | | | | | | |
| N |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Иной документ, подтверждающий прекращение обязательств, наличие которых явилось основанием для назначения и выплаты пособия | от |  |  | - |  |  | - |  |  |  |  |  |
|  | | | | | | | | | | | |
| N |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Документы представил: | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| (должность, фамилия, имя, отчество (при наличии) уполномоченного представителя организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя (его уполномоченного представителя) либо фамилия, имя, отчество (при наличии) физического лица (его уполномоченного представителя), не признаваемого индивидуальным предпринимателем) | | | | |
|  |  |  |  | М.П.  (при наличии) |
| (подпись) |  | (дата) |  |
| Контактный номер телефона  (с указанием кода) страхователя  (уполномоченного представителя) | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | + |  |  |  |  |  |  |  | - |  |  |  | - |  |  |  | - |  |  | - |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Адрес электронной почты страхователя (уполномоченного представителя) (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Отметка должностного лица территориального органа Фонда социального страхования Российской Федерации |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Уведомление получено: |  |  |  |  |
|  |  |  |  |  |
| (должность, фамилия, имя, отчество (при наличии) работника территориального органа Фонда социального страхования Российской Федерации) |  | (подпись) |  | (дата) |