

Toruń,

**STATEMENT BY THE DOCTORAL STUDENT
THAT THEY ARE NOT SUBJECT TO HEALTH INSURANCE DUE TO OTHER REASONS**

PERSONAL DETAILS:

.....
(last name) (first/middle name)

.....
PESEL/Passport (for foreign nationals) Nationality (contact phone number)

.....
(name of doctoral school) (start of studies dd, mm, yy) (planned end of studies mm, yy)

RESIDENCE ADDRESS:

.....
(postcode) (town/city) (street, house/apartment no.)

.....
(commune) (powiat) (voivodeship)

CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS):

.....
(postcode) (town/city) (street, house/apartment no.)

.....
(commune) (powiat) (voivodeship)

1. STATEMENT FOR HEALTH INSURANCE PURPOSES

1.1 Competent Branch of the National Health Fund

1.2 I declare that **I am NOT** at least 26 years old and **I am covered** by health insurance due to*:

- employment relationship
- as a member of the family of an insured person paying a contribution or for whom a contribution is paid (e.g. by the parent or the spouse)
- contract of mandate
- receiving retirement and pension benefits under social insurance
- receiving scholarship for sports achievements
- receiving social benefit, on-going compensatory benefit or guaranteed periodic social assistance benefit
- receiving maintenance benefits
- having the status of an unemployed

person

as a farmer or a working member of the farmer's household within the meaning of the provisions on social insurance for farmers

other entitlements listed in art. 66 of the Act of 27 August 2004 on healthcare services financed from public funds.

1.3 I declare that **I AM** at least 26 years old and*:

I am not covered by any other health insurance

I am covered by health insurance due to*:

employment relationship

as a member of the family of an insured person who pays health care contributions, e.g. the spouse

contract of mandate

receiving retirement and pension benefits under social insurance

receiving scholarship for sports achievements

receiving social benefit, on-going compensatory benefit or guaranteed periodic social assistance benefit

receiving maintenance benefits

having the status of an unemployed

person

as a farmer or a working member of the farmer's household within the meaning of the provisions on social insurance for farmers

other entitlements listed in art. 66 of the Act of 27 August 2004 on healthcare services financed from public funds

APPLICABLE/NOT APPLICABLE (delete where not applicable, complete below where APPLICABLE)

I declare that the following members of my family who are declared by me are not obliged to be covered by compulsory health insurance under public healthcare system due to other reasons (one of the reasons listed in point 1.3) nor have they been declared for health insurance by other family members.

are not obliged to be mandatory insured in Public healthcare system due to another reasons

Item	Last name	First name	PESEL	Degree of kinship	Date of birth
1.					
2.					
3.					
4.					

Item	Residence address					Disability (degree)*	Are they a member of the same household?
	Street	House no.	Apt. no.	post code	Town/City		
1.							
2.							
3.							
4.							

2. STATEMENT FOR THE PURPOSES OF SICKNESS INSURANCE

I REQUEST/ I DO NOT REQUEST (delete as appropriate) to be covered by voluntary sickness insurance.

I declare that:

1. I have read Order No. 139 of the Rector of the Nicolaus Copernicus University of 1 September 2016 (NCU Legal Bulletin 2016, item 316);
2. the above data is true and that I am aware of the criminal liability under Article 233 § 1 of the Criminal Code (Journal of Laws of 2020, item 1444, as amended) for making false statements;
3. in the event of the occurrence of any of the circumstances listed in the declaration and therefore of a different entitlement to health insurance for myself or members of my family I have declared, I will notify the University of this fact within 3 days of its occurrence, or else I shall bear liability;
4. in the event of a change to the data contained in the application form, I shall notify the University of this fact within 3 days of the date on which the change occurs or of obtaining a document confirming the change, or else I shall bear liability.

.....
(legible signature of the doctoral student submitting the statement)

*mark as appropriate