



# UNIWERSYTET VIZJA

## APPLICATION FOR HEALTH INSURANCE COVERAGE

NOTE: THE APPLICATION MUST BE PRINTED DOUBLE-SIDED AND COMPLETED IN CAPITAL LETTERS, USING A BALLPOINT PEN OR FOUNTAIN PEN

.....	.....
PESEL	NIP
.....	
first and last name, citizenship	
.....	
student ID number, field of study	
.....	
date and place of birth	
.....	
ID (or passport) series and number	
.....	
permanent address	
.....	
temporary address	
.....	
National Health Fund (NFZ) Branch	
.....	
do you hold a certificate of disability? If yes, a copy of the certificate must be provided	

Details of family members to be registered for health insurance (spouse, children, ascendants living in the same household):

.....	.....
PESEL	NIP (in the case of an adult)
.....	
first name and surname, degree of kinship	
.....	
date and place of birth	
.....	
address of residence (if different from that of the insured person)	
.....	
do you hold a certificate of disability? If yes, a copy of the certificate must be provided	

I hereby request to be covered by health insurance as of .....

.....  
place, date

.....  
signature



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### DECLARATION

Having been instructed on criminal liability for providing false information pursuant to art. 233 § 1 of the Penal Code (Journal of Laws of 1997, No. 88, item 553, as amended), I hereby declare that (mark the appropriate option with X):

- I have reached the age of 26 and I am not covered by health insurance as a family member, nor do I have any other title entitling me to health insurance coverage
- I have not reached the age of 26, I have not lost the status of a family member, but I am not covered by health insurance (please state the reason)

.....  
.....

- the members of my family reported by me for health insurance coverage are not subject to compulsory health insurance under another title, nor have they been reported for health insurance coverage by other family members

In the event of any change to the personal data contained in this form or the emergence of another title to health insurance coverage for myself or for the family members reported by me, I undertake to notify the University of this fact in writing within 7 days from the date on which it arises.

.....  
place, date

.....  
signature