



in the position .....

- 5) I am not/I am \* self-employed starting from ..... and I am a contribution payer of the following compulsory insurance:
- a) health insurance
  - b) retirement pension insurance
  - c) disability insurance
  - d) sickness insurance
  - e) work accident insurance
- points a-e \* mark as appropriate*

NIP (taxpayer identification number) of business entity .....,

- 6) I am not/I am entitled to sickness/family\* pension based on ZUS (Social Insurance Institution), decision of (date) ..... and I collect the above-mentioned benefit from ZUS (attach a copy of the decision),
- 7) I do not have/I have a medical certificate stating the degree of disability (specify the degree of disability) .....  
valid until ..... (attach a copy of the document)

- 8) I am below/I am over\* 26 years of age .....
- a) I have health insurance as a family member (*covered by my parents', spouse's insurance*) yes/no\*
  - b) I hereby request to have health insurance covered by PULS (*individuals over 26 years of age having no other title to health insurance*) YES/NO\* since.....

If so, do you want to apply for health insurance for a family member?

First name and surname of family member(s), degree of kinship, PESEL number

- a) .....
- b) .....
- c) .....

- 9) I am not/I am unemployed\* registered at the County Employment Office in .....  
..... and I do not/I collect unemployment benefit\*,

- 10) I am not/I am\* on maternity/parental leave\* since ..... to .....,

- 11) I hereby do not apply/I apply\* to be covered by voluntary sickness insurance.

*I hereby declare that I **will inform** the **University** of any changes to the information in this declaration within **7 days** since they have occurred (please report any changes at room 15)*

*I hereby declare that I am aware of penal liability for submitting a false declaration, in accordance with Article 233 of Criminal Code.*

.....  
(date and signature)

\*delete as appropriate