fill in legibly, print on both sides

Declaration of the PhD student for tax and insurance purposes

Faculty							
Academic year year of studies at the PULS Doctoral Scho	ol						
Surname First name(s)							
Date of birth							
Surname at birth Citizenship				••••			
D type, series and number (passport / ID card *), valid until, valid until							
National Health Fund (NFZ) Regional Branch							
Domicile: code town							
Commune/district							••
no flat no telephone no.: flat no. e-mail:				••••		•	
Address of residence (if different from domicile)							
Address for correspondence (if different from domicile)							
Please transfer my scholarship and other remuneration to the following bank account							
Bank account holder:							
PhD student's bank account no.							
I hereby declare that:							
1) I am/I am not a PhD student in another doctoral school.							
2) I am/I am not employed under a contract for employment:							
a) Full time							
b) 75% FTE							
c) 50% FTE							
d) other							
points a-d *mark as appropriate							
The employment contract has been concluded for the period of	. from	۱					•
at: (give name of employer)							
 remuneration for employment before tax is: lower than the minimum monthly re- the minimum monthly remuneration* 	emune	erati	ion/l	higl	ner	tha	n
4) I am not/I am* simultaneously insured as a person under a fee-for-task contract	:t:						

in the period from..... to.....

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*,

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)