Form template No. 2

APPLICATION FOR SUBMITTING A FAMILY MEMBER

OF □ A STUDENT □ A DOCTORAL STUDENT OF THE CRACOW UNIVERSITY OF TECHNOLOGY FOR HEALTH INSURANCE

Personal data of the **□** student **□** doctoral student covered by health insurance:

|  |  |
| --- | --- |
| Notifying authority – Cracow University of Technology  Faculty | |
| Last name | Name/names: |
| Date of birth (dd /mm/yyyy) | |
| PESEL/ Personal Identity No. | Series and no. of the ID CARD**:**  **□** passport **\*** |

Data of family members **\*\*** submitted for health insurance (in the case of submitting more people, the table should be copied):

|  |  |
| --- | --- |
| Last name | Name/names: |
| Date of birth (dd /mm/yyyy) | Relationship / affinity**.............................................. ..** |
| PESEL/ Personal Identity No. | Series and no. of the ID CARD**:**  **□** passport \* |
| Date a family member becoming eligible for health insurance (dd/mm/yyyy) | |
| Degree of disability:   * Yes (highlight as appropriate: light, moderate, substantial) * No | The family member remains in a common household with the insured:   * Yes * No |
| Address of residence (enter if the address of residence is different from the address of the insured student/doctoral student – postal code, city, municipality, street, house and premises number) | |
| Contact phone number | |

**\*** applies to foreigners

**\*\*** spouse, own child, adopted child or child of a spouse, a grandson or an unrelated child for whom custody has been established, or a foreign child within a foster family, mother, father, stepmother, stepfather, stepfather.

STATEMENT

I, the undersigned, aware of the criminal liability for providing false information, resulting from art. 233 § 1 of the Criminal Code, liability pursuant to art. 286 of the Criminal Code and civil and disciplinary liability**, declare that:**

1. Members of my family who I have submitted for insurance are not subject to health insurance for any other reason, nor have they been submitted for health insurance by other family members.
2. In the event of the occurrence of another title to health insurance of the person/persons submitted by me, I will notify the relevant dean's office/doctoral school within seven days from the date of this fact, by submitting a written statement of resignation from further covering the member/family members with my health insurance (template No. 3 to the Rules and mode of submitting students and doctoral students of the Cracow University of Technology for health insurance).
3. In the event of a change in the data contained in the application for health insurance of a family member, I will notify the relevant dean's office/doctoral school immediately, i.e. no later than within three days from the occurrence of this fact.

…………………………………… …..……………………………………. (place and date) (signature of the student/ doctoralstudent)

INFORMATION CLAUSE REGARDING THE PROCESSING OF PERSONAL DATA

Pursuant to art. 13, sections 1 and 2 of Regulation (EU) 2016/679 of the European Parliament and of the Council of April 27 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation/GDPR) we hereby inform that:

* 1. The Administrator of your personal data and the data of your family members is the Cracow University of Technology in Kraków with its registered office at Warszawska Street 24, 31-155 Kraków.
  2. The Administrator has appointed a Personal Data Protection Inspector at the Cracow University of Technology to supervise the correctness of personal data processing, who can be contacted via the e-mail address: iodo@pk.edu.pl[,](mailto:iodo@pk.edu.pl) as well as by phone at 12 628 22 37.
  3. Personal data will be processed in order to cover your family members with health insurance.
  4. Your personal data and data of members of your family will be processed on the basis of art. 6 sec. 1 letter c of the General Data Protection Regulation, i.e. the necessity of data processing to perform the Administrator's legal obligations, resulting, among others, from the Act on Higher Education and Science and other applicable regulations of the Administrator, in particular regarding archiving obligations and the Act on health care services financed from public funds.
  5. Your personal data and the data of your family members will be stored for the period covered by health insurance, and later for a period of 5 years, counting from January 1 of the year following the end of your education or deletion from the list of students/doctoral students.
  6. You have the right to access your personal data and the data of your family members and the right to rectify, limit the processing, delete, the right to transfer data, the right to object to the processing of data and the right to lodge a complaint with the supervisory authority – the President of the Office for Personal Data Protection – in the event of recognition that your personal data is processed by the Administrator in violation of the law.
  7. Providing your personal data and the data of your family members is voluntary. However, failure to provide these data to the required extent will result in the inability to be covered by health insurance.
  8. Processing is necessary to fulfill the legal obligation of the Administrator.

I agree to the processing of personal data contained in the application by the Cracow University of Technology in order to be covered by health insurance.

.………………………………….. ……..……..............................................

…………………………………… …..……………………………………. (place and date) (signature of the student/ doctoral student)

ANNOTATIONS OF THE DEAN'S OFFICE/DOCTORAL SCHOOL

Date of receipt of the application:………………………….……

Signature of the employee of the Dean's Office/Doctoral School: ……………………………….