Form template No. 1

 □ SUBMISSION FOR HEALTH INSURANCE

□ NOTIFICATION OF DATA CHANGE

OF A □ STUDENT □ DOCTORAL STUDENT AT THE CRACOW UNIVERSITY OF TECHNOLOGY

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| --- |
| Notifying authority – Cracow University of TechnologyFaculty |
| Last name | Name/names: |
| Last name | Date of birth (dd/mm/yyyy): |
| Citizenship | Gender: Female /Male |
| PESEL/ Personal Identity No. | Series and no. of the ID CARD**:** **□** passport **\*** |
| Voivodeship Branch of the National Health Fund |
| Date of insurance obligation (dd/mm/yyyy) |
| Permanent residence address (postal code, town, municipality, street, house, and premises number): |
| Address of residence (postal code, town, municipality, street, house and premises number)**\*\*** |
| Correspondence address (postal code, town, municipality, street, house and premises number)**\*\*\*** |
| Contact phone number |

**\*** applies to foreigners

**\*\*** enter if the address of residence is different from the address of permanent residence

**\*\*\*** enter if the correspondence address is different from the address of permanent residence or the address of residence

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. I have lost the status of a person covered by health insurance and I am not covered by health insurance for any other reason, in particular:
	1. I am not insured as a family member of an insured person paying their contribution or for which the contribution is paid (e.g. parent or spouse),
	2. I am not in an employment relationship, a professional relationship, I do not run a business covered by health insurance,
	3. I am not employed under a contract of mandate,
	4. I do not receive pension benefits from social insurance,
	5. I do not receive a sports scholarship.
	6. I do not receive a social pension, permanent allowance, permanent compensatory allowance or guaranteed periodic allowance from social assistance,
	7. I am not entitled to receive maintenance,
	8. I am not registered with the District Labour Office as an unemployed person,
	9. I am not a farmer or a working member of a farmer's household within the meaning of the regulations on farmers' social insurance,
	10. I am not insured as a student/doctoral student at the Cracow University of Technology or another university.
2. In the event of the circumstances listed in point 1, and thus the creation of another title for health insurance, I will notify the relevant dean's office/doctoral school immediately, i.e. no later than within three days of the occurrence of

this fact, by submitting a written statement on resignation from continuing health insurance and paying contributions for me by the Cracow University of Technology (template No. 3 to the Rules and procedure for submitting students and doctoral students of the Cracow University of Technology to health insurance).

1. In the event of a change in the data contained in the application, I will notify the relevant dean's office/doctoral school immediately, i.e. no later than within three days of the occurrence of this fact, by submitting an application (template No. 1 to the Rules and procedure for submitting students and doctoral students of the Cracow University of Technology to health insurance).

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

INFORMATION CLAUSE REGARDING THE PROCESSING OF PERSONAL DATA

Pursuant to art. 13, section 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 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, as well as by phone at 12 628 22 37.
3. Personal data will be processed in order to cover you with health insurance.
4. Your personal data will be processed on the basis of Art. 6 sec. 1 (c) of the General Data Protection Regulation, i.e. the necessity of data processing to perform the legal obligations of the Administrator, resulting from

i.a. from the Act on Higher Education and Science and other applicable provisions of the Administrator, including in particular archiving obligations and the Act on health care services financed from public funds.

1. 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.
2. 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.
3. 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.
4. 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 application………………………………..:

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