Form template No. 3

□ STUDENT'S □ DOCTORAL STUDENT'S STATEMENT ON RESIGNATION FROM HEALTH INSURANCE

1. Notification of resignation from health insurance

The insured: □ a student □ a doctoral student

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:  |

I hereby declare my resignation from health insurance reported by the Cracow University of Technology in the Branch of the National Health Fund.

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

1. Notification of resignation from health insurance

of a family member of: □ a student □ a doctoral student

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) |
| PESEL/ Personal Identity No. | series and no.:* of the personal ID
* **□** passport \*
 | Relationship / affinity  |

**\*** 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.

I declare that the above-mentioned member of my family has obtained another title to health insurance, therefore I declare my resignation from further covering it with my 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: ……..………………………