*Appendix 1 to the Announcement of the Rector of Lodz University of Technology*

*on the procedure for the payment of doctoral scholarship and reporting   
to social insurance and health insurance doctoral candidates studying*

*at the Interdisciplinary Doctoral School of Lodz University of Technology of August, 30, 2023.*

**STATEMENT FOR TAX AND HEALTH INSURANCE PURPOSES**

**PLEASE READ CAREFULLY AND FILL OUT THIS DECLARATION IN CAPITAL LETTERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DATA** | | | |
| Name (names) |  | | |
| Last name |  | Family name |  |
| Discipline |  |  |  |
| Mother's name |  | Father's name |  |
| date of birth |  | Place of birth |  |
| Citizenship |  | Passport number (foreigners) |  |
| Telephone number |  | date of taking the oath |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PESEL |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADDRESS** (place of residence) | | | | | |
| Country |  | Voivodeship |  | | |
| Municipality |  | District/Poviat |  | | |
| ZIP code |  | City |  | | |
| Street |  | House number |  | Apartment number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CORRESPONDENCE ADDRESS (fill in if different from the place of residence) | | | | | |
| Country |  | Voivodeship |  | | |
| Municipality |  | District/Poviat |  | | |
| ZIP code |  | City |  | | |
| Street |  | House number |  | Apartment number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STATEMENT** | | | | |
| I | I declare that I am entitled to a retirement pension | □ YES | □ NO | Benefit number:  ……………….. |
|  | I declare that I am entitled to a disability pension | □ YES | □ NO | Benefit number:  ………………. |
|  | I declare that I have a valid disability degree certificate or equivalent | □ YES | | □ NO |
| II | I request voluntary pension and disability pension insurance coverage (for persons entitled to a pension) | □ YES | □ NO | □ NOT APPLICABLE |
| III | I am applying for voluntary health insurance[[1]](#footnote-1) | □ YES | | □ NO |
| IV | I declare that I am subject to health insurance  with at least one of the following titles:   * I am insured as a family member of the insured person paying the contribution or for whom the contribution is paid (e.g. a parent or spouse) * I am in an employment or business relationship, I run a business covered by social insurance * I am employed on a mandate contract * I receive pension/disability pension benefits  from social security * I am a farmer or a farmer's household worker within the meaning of the provisions on farmers' social insurance * I am subject to the obligation of health insurance for other titles listed in Art. 66 of the Act  of 27 August 2004 on healthcare services financed from public funds (Journal of Laws of 2022, item 2561, as amended) | □ YES | | □ NO |

I declare that the data provided above is consistent with the factual and legal status and that in the event of a change in the data contained in the form and any circumstances mentioned in point I, and thus another title to my person's health insurance, I will notify the Head of IDS TUL about this fact within   
7 days from the date of its creation, under pain of liability in this respect.

………………………………………

*date and legible signature of the doctoral candidate*

I declare that I am the holder of the bank account number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

and I agree to the payment of the awarded benefits to the above bank account.

………………………………………

*date and legible signature of the doctoral candidate*

I declare that the legal[[2]](#footnote-2)\*\* and financial consequences of an incorrectly completed statement or failure to inform about any changes affecting the insurance obligation within the deadline 7 days from the date these changes occur, will be charged to me as a doctoral candidate and I undertake to pay for them from my own resources.

………………………………………

*date and legible signature of the doctoral candidate*

1. *I am aware that during my illness the Social Insurance Institution (ZUS) will not pay me sickness benefit, during this period I will receive a doctoral scholarship*  [↑](#footnote-ref-1)
2. \*\* *Pursuant to Article 322 (1) of the Act, a doctoral candidate shall be subject to disciplinary liability for infringement of the regulations in force at the entity running the doctoral school and for acts demeaning the dignity of the doctoral candidate. The provisions of Article 307 (2), Articles 308 to 320 and the regulations issued on the basis of Article 321 of the Act shall apply accordingly to the disciplinary liability of doctoral candidates.* [↑](#footnote-ref-2)