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

on the procedure for paying doctoral scholarships and registering doctoral candidates for social security and health insurance studying

at the Interdisciplinary Doctoral School of Lodz University of Technology of 29 July 2025.

STATEMENT FOR TAX AND HEALTH INSURANCE PURPOSES

PLEASE READ AND COMPLETE THIS STATEMENT CAREFULLY IN BLOCK CAPITALS

|  |  |  |  |
| --- | --- | --- | --- |
| PERSONAL DATA | | | |
| Name (names) |  | | |
| Surname |  | Family name |  |
| Discipline |  | | |
| Date of birth |  | Citizenship |  |
| Passport number (foreigners) |  | Date of oath |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PLACE OF RESIDENCE | | | | | |
| Country |  | Voivodeship |  | | |
| Municipality |  | District |  | | |
| Postal code |  | Location |  | | |
| Street |  | Building number |  | Apartment number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADDRESS for CORRESPONDENCE (fill in if other than residence) | | | | | |
| Country |  | Voivodeship |  | | |
| Municipality |  | District |  | | |
| Postal code |  | Location |  | | |
| Street |  | Building number |  | Apartment number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STATEMENT | | | | |
| I | I declare that I am entitled to a 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 certificate of degree of disability or equivalent | □ YES | | □ NO |
| degree: ......... | |
| II | I am applying for voluntary pension and disability insurance (applies to people who are entitled to a pension or a disability pension) | □ YES | □ NO | □ Not applicable |
| III | I am applying for voluntary sickness insurance[[1]](#footnote-1) | □ YES | | □ NO |
| IV | I declare that I am covered by health insurance under  at least one of the following titles:   * I am insured as a family member of the insured person who pays the contributions or for whom the contributions are paid (e.g. a parent or spouse). * I remain in an employment relationship, a business relationship, I run a business covered by social insurance * I am employed under a contract of mandate * I receive pension benefits  from social security * I am a farmer or a working household member of a farmer within the meaning of the provisions on social insurance for farmers * I am subject to compulsory health insurance for the other categories listed in Article 66  of the Act of 27 August 2004 on health care services financed from public funds (i.e.: Journal of Laws of 2024, item 146 as amended) | □ YES | | □ NO |

I declare that the above information is true and accurate and that in the event of any change in the information provided in the form or the occurrence of any of the circumstances listed   
in point (I), and thus the creation of another title to my health insurance, I will notify the Head of IDS TUL of this fact within 7 days from the date of the change of data or from the date of the occurrence of the circumstances referred to in points I or IV, under pain of liability in this respect.

………………………………………

date and legible signature of the doctoral candidate

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

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

and I agree to the payment of the benefits granted to the above-mentioned 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   
7 days from the date of these changes are charged to me as a doctoral candidate and I undertake to cover it from my own funds.

………………………………………

date and legible signature of the doctoral candidate

1. *I am aware that during my illness, 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 sec. 1 of the Act, the doctoral candidate is subject to disciplinary liability for violation of the provisions in force in the entity running the doctoral school and for an act violating the dignity of the doctoral candidate.   
   Disciplinary liability of doctoral candidates is governed by the provisions of Article 307 sec. 2, Article 308-320 Acts and regulations issued on the basis of Article 321 of the Act.* [↑](#footnote-ref-2)