

Name and surname:

Student number:

Doctoral School (stage):

PESEL (Personal Identification Number)/type, series and number of the identity document¹*:

Telephone number:

E-mail address:

Address:

Bank account number: _____

Head of Doctoral School
Jagiellonian University
dr hab. Roman Skibiński, JU Prof.

DECLARATION

I. Hereby I declare that:

- 1) I am not subject to health insurance coverage due to any other reason/I am subject to health insurance coverage due to some other reason²;
- 2) education at the doctoral school does not involve the obligation to employ me at the Jagiellonian University on the basis of an employment contract with a salary that exceeds the salary of a professor/education at the doctoral school involves the obligation to employ me at the Jagiellonian University on the basis of an employment contract with a salary that exceeds the salary of a professor*;
- 3) I did not pass the mid-term evaluation/I passed the mid-term evaluation*;
- 4) I do not possess the retirement pension entitlements/I possess the retirement pension entitlements*;
- 5) I do not possess the social security pension entitlements/I possess the social security pension entitlements*;
- 6) I do not possess a valid disability certificate/I possess a valid disability certificate.
- 7) I do not have a doctoral degree / I have a doctoral degree: the name of the university that awarded the doctoral degree and the date of the award
- 8) I did not receive a doctoral fellowship / I received a doctoral scholarship at another doctoral school; name of doctoral school:
..... in during the period from to*;
- 9) I am not at the same time a doctoral student at another doctoral school*.

II. Hereby I apply for voluntary health insurance/I do not apply for voluntary health insurance³.

III. I request the doctoral scholarship to be transferred to the bank account:

.....

IV. On the basis of the Act of 27 August 2004 on healthcare services financed from public funds I apply for health insurance for my child/spouse/ancestor* remaining with me in the common household/I do not apply for health insurance for my child/spouse/ancestor* remaining with me in the common household*.

Personal details of child/spouse/ancestor*:

First and last name:

PESEL (Personal Identification Number):

Passport number and date of birth (in case of foreigners):

Second name (if applies):

Surname at birth (if change of surname occurred):

Nationality:.....

Disability degree:

Does he/she stay with the insured in the common household?: yes / no:

Permanent address:

Postcode:

City/town:.....

Municipality

Street:

House number/flat number:

Residence address (if it differs from the permanent address):

Postcode:

City/town:

Municipality:

Street:

House number/flat number:

I declare that the above data is stated according to the facts. The above-mentioned family members are not subject to health insurance coverage for any other reason, nor have any other family member apply for insurance.

V. I authorize an employee of the University to sign the social security/health insurance application form on my behalf.

VI. I declare that any legal and financial consequences of the incorrectly completed statement or failure to inform about any changes affecting the insurance obligation within 2 days from the date of occurrence of these changes are my responsibility as a PhD student.

Kraków, (date)

.....

PhD student's signature

* delete as applies.

¹ Applies to persons subject to health or social insurance coverage.

² Applies to persons subject to health or social insurance coverage due to some other reason (e.g. employment relationship, civil law contract, economic activity, being subject to insurance coverage as a family member below 26 years old) – art. 66 section 1 p. 20 of the Act of 27 August 2004 on healthcare services financed from public funds (Journal of Laws of 2018, item 1510).

³ Pursuant to art. 11 paragraph 2 in connection with art. 6 clause 1 point 7b, art. 16 clause 2 and art. 22 paragraph 1 point 3 of the Act of 13 October 1998 on the social insurance system (Journal of Laws of 2019, item 300, as amended), PhD students are subject to insurance at their request and pay contributions from their own resources in the amount of 2.45% of the contributions (scholarship amount).

Pursuant to art. 12 paragraph 1 of the Act of June 25, 1999 on benefits from social insurance in the event of sickness and maternity (Journal of Laws of 2019, item 645, as amended) in relation to art. 209 paragraph 6 of the Act of 20 July 2018 - Law on Higher Education and Science (Journal of Laws of 2018, item 1668, as amended), PhD students are not entitled to sickness and maternity benefits during the period for which they preserve the right to a doctoral scholarship, including during the suspension of education at the request of the PhD student for a period corresponding to the duration of the maternity leave, leave on conditions of the maternity leave, paternity leave and parental leave.

Pursuant to art. 7 in relation to art. 4 paragraph 1 point 2 of the Act of June 25, 1999 on benefits from insurance social security in the event of sickness and maternity after 90 days of being subject to sickness insurance, PhD students are entitled to benefits in the event of sickness and maternity after the termination of insurance coverage.