

**APPLICATION FOR VOLUNTARY HEALTH INSURANCE  
BY THE NATIONAL HEALTH FUND**

**NOTE: THE APPLICATION SHOULD BE COMPLETED IN BLOCK LETTERS, MANUALLY OR ELECTRONICALLY.**

.....  
**Personal Identification Number (PESEL)<sup>1</sup>**

.....  
**Tax Identification Number (NIP)**

.....  
**series and number of the identity document or passport**

.....  
**issued by**

.....  
**first name and surname, nationality**

.....  
**date of birth**

.....  
**street, house number, flat number**

.....  
**postal code, city**

.....  
**telephone, e-mail address**

**Family members to be registered<sup>2,3</sup>**

1) .....  
**Personal Identification Number (PESEL)<sup>1</sup> first name and surname degree of kinship**

2) .....  
**Personal Identification Number (PESEL)<sup>1</sup> first name and surname degree of kinship**

3) .....  
Personal Identification Number (PESEL)<sup>1</sup> first name and surname degree of kinship

4) .....  
Personal Identification Number (PESEL)<sup>1</sup> first name and surname degree of kinship

5) .....  
Personal Identification Number (PESEL)<sup>1</sup> first name and surname degree of kinship

### National Health Fund

I hereby submit an application for voluntary health insurance by the National Health Fund starting from .....  
(day, month, year)

I hereby declare that:

- 1) I am not subject to the obligatory health insurance;
- 2) the period I have not been subject to the health insurance is shorter than 3 months/  
amounts to ..... months<sup>3, 4</sup>;
- 3) I have got a place of residence in the territory of the Republic of Poland.

I declare the monthly income in the amount of .....  
zloty,  
in words:..... zloty.

Furthermore, I declare that the family member I register<sup>3</sup>:

- 1) is not subject to the obligatory health insurance;
- 2) is authorized to be registered as:
  - a) own child, a child of the spouse, an adopted child, grandchild or a child of a child person in guardianship or a child of a third person within a foster family or a family children's home<sup>4</sup>,  
- until he/she reaches the age of 18 years<sup>4</sup>,  
- until he/she reaches the age of 26 years in case he/she continues school education or is a student of an education facility for teachers or studies at a university or doctoral school<sup>4</sup>,  
- irrespective of the age in case he/she has been found severely disabled or any equivalent<sup>4</sup>,
  - b) a spouse<sup>4</sup>,
  - c) a relative in the ascending line, living with me in a joint household<sup>4</sup>.

I hereby declare that all the data included in this form are consistent with the legal and factual state. I also undertake to immediately notify the National Health Fund about any changes that may arise during the duration of the insurance coverage. I also declare that I have been instructed that my personal data that are collected by the National Health Funds, represented by the President of the National Health Fund, in whose name the Director of ..... Voivodeship Branch Office of the NHF with its registered office in ....., ul. ....,

acts, are processed for the purposes mentioned in Article 188 of the Act of 27 August 2004 on public health benefits (Journal of Laws of 2020, item 1398, as amended), I am obliged to provide the data, I have the right to have insight to and correct the data, and the data will be made available to the entities authorized by law to receive them.

.....  
City, date

.....  
Signature

**Explanations:**

<sup>1</sup> For those who do not possess the Personal Identification Number (PESEL), please fill in the series and number of the identity card or passport.

<sup>2</sup> If necessary, please add further data on the family members to be registered.

<sup>3</sup> Does not apply to those mentioned in Article 3(2)(1-4) of the Act on public health benefits.

<sup>4</sup> Delete as appropriate.

Translation for your information only. Please fill out the Polish version of the document.