candidate’s name and surname

address of the permanent place of residence

address of the place of residence in the territory of the RP

telephone contact:

Declaration

on healthcare insurance

I declare that

1. I hold/do not hold\* an insurance policy against illness or accident for the entire duration of studying in Poland.
2. I hold/do not hold\* European Health Insurance Card.
3. **in case of lack of the documents specified in points 1 and 2, I am obliged to assign an agreement on voluntary healthcare insurance with Polish National Health Fund according to the place of residence in the territory of the Republic of Poland within 7 days after the commencement of study and immediately deliver a copy of agreement to the Department of Education.**
4. I am aware/not aware\* that in case of failing to apply for healthcare insurance with Polish National Health Fund, I am not entitled to have full access to health care services in Polish institutions, which have contracts for medical care services with Polish National Health Fund.

*place and date legible candidate’s signature*