

First name and surname of a foreigner
(spelling as in passport)

Address of residence:

phone:

Declaration on health insurance

I declare that I undertake to conclude an agreement for voluntary health insurance with the National Health Fund (NFZ) in accordance with my place of residence in the territory of the Republic of Poland immediately after commencement of my studies and to deliver its copy to the appropriate Student Affairs Department.

I am aware of the fact that if I fail to complete the formalities related to registration for health insurance with the NFZ, I am not entitled to a full range of health care services in Poland in facilities which have concluded a contract for the provision of medical care with the NFZ.

Legible signature of the candidate