.................................................. Kraków, ............................

( name and surname)

..................................................

(address)

..................................................

**STATEMENT**

I hereby declare that the following members of my family are not registered in the a labour office as unemployed persons or persons who receive grant during the period of traineeship, internship or professional training in a workplace, to which they were headed by entity other that a district labour office and they are not covered by the health insurance for any other reason.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **item** | **Name and surname** | **Degree of relatedness** | **Date and place of birth** | **PESEL** | **Degree of disability\*** | **Insurance from:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**I will inform the Human Resources Office of all changes affecting the rise of insurance obligation within 5 days from the day of changes occurrence.**

...................................

(signature of reporting person)

**\*in the case of disability degree please enter as applicable:**

1. – no disability degree
2. – certificate on mild degree of disability
3. – certificate on moderate degree of disability
4. – certificate on severe degree of disability
5. – certificate on disability issued to persons under 16