

**Agricultural Social Insurance Fund**

**(Kasa Rolniczego**

**Ubezpieczenia Społecznego, KRUS)**

Regional Branch

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Branch1/

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR REGISTRATION FOR HEALTH INSURANCE

1. IDENTIFICATION DETAILS OF THE FARMER / HOUSEHOLD MEMBER**1/** SUBJECT TO HEALTH INSURANCE

(To be completed by a KRUS employee)

|  |  |
| --- | --- |
|  | **UNO (unique personal identification number)2/** |
|  | **Reference number of the old-age pension / disability pension 3/** |

(To be completed by the farmer / household member subject to health insurance)

|  |  |
| --- | --- |
| 1. Surname
 | 1. Surname at birth
 |
|

|  |  |  |
| --- | --- | --- |
| 1. Given names
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | First name | Second name |

 | 1. Nationality:
 |
| 1. Date of birth:
 | 1. Sex (F-female, M-male):
 |
| 1. Residential address:

|  |  |  |  |
| --- | --- | --- | --- |
| (Postal code, place) | (Street) | (Building number) | (Flat number) |

Municipality: |
| 1. Personal Identification Number PESEL4/
 | 1. Tax Identification Number NIP5/
 |
| 1. Identity card/passport1/ (to be completed by persons who have not been assigned a Personal Identification Number PESEL) series number
 |
| 1. Name of the Provincial Division of the National Health Fund (Narodowy Fundusz Zdrowia):
 |

1. IDENTIFICATION DETAILS OF THE FAMILIY MEMBERS REGISTERED FOR HEALTH INSURANCE

|  |  |  |  |
| --- | --- | --- | --- |
| Surname and given namesSurname at birth, nationality | Degree of relationship, degree of disability, sex | Date of birth, Personal Identification Number PESEL, Tax Identification Number NIP, type of identity document – identity card or passport**1/** | Residential address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname at birth\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| First name | Second name |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree of relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree of disability - Does the person live in the same household as the insured person? If **YES**, enter **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Identification Number PESEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tax Identification Number NIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of identity document – identity card or passport 1/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Series and number of the document |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname at birth\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| First name | Second name |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree of relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree of disability - Does the person live in the same household as the insured person? If **YES**, enter **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Identification Number PESEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tax Identification Number NIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of identity document – identity card or passport 1/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Series and number of the document |  |

**Turn the page**

1. **DECLARATION OF THE INSURED PERSON:**
2. I am a farmer and (enter YES or NO, as appropriate):
3. I own only an agricultural holding –\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I own an agricultural holding and I am engaged in a special branch of agricultural production –\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I am engaged only in a special branch of agricultural production – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. I own agricultural land designated for afforestation by a decision of the district governor of .............................
7. The agricultural holding covers the total agricultural area of:

\_\_\_\_\_\_\_ conversion hectares, including an area designated for afforestation1/ \_\_\_\_\_\_\_\_\_\_ conversion hectares,

\_\_\_\_\_\_\_ physical hectares.

1. I have been engaged in a special branch / special branches of agricultural production since \_\_\_\_\_\_\_\_\_\_\_ (enter the type of activities and the area)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The estimated income from the special branches of agricultural production in the year \_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I enclose a copy of a decision of the head of the revenue office issued on the basis of a declaration on the types and area of estimated production in this fiscal year (enter YES or NO, as appropriate) \_\_\_\_\_\_ (to be completed by farmers engaged in special branches).**

**Please note In accordance with the provisions on enforcement proceedings in administration, an enforceable title may be issued on the basis of the above declaration on estimated income if the contributions are not paid within the statutory time limit.**

1. I am an old-age pensioner / a disability pensioner (enter the type of benefit and the pension authority that pays it – Social Insurance Institution (Zakład Ubezpieczeń Społecznych, ZUS), KRUS or another pension authority): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I am covered by another social insurance (e.g. for the performance of an agency contract or a contract of mandate, or another contract for the provision of services to which the provisions on contracting or appointment to the supervisory board apply) or another pension – enter the insurance entitlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I benefit from the ‘relief for start-ups’, i.e. a 6‑month exemption from compulsory social insurance for entities taking up non-agricultural activities – enter YES or NO, as appropriate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I am an unemployed person (enter YES or NO) – \_\_\_\_\_\_\_\_\_
3. I receive (underline as appropriate):
* **a pre-retirement allowance, a pre-retirement benefit,**
* **a social pension, a permanent benefit, a permanent compensatory benefit, a guaranteed periodic welfare benefit,**
* **I am not eligible for a care benefit or a special attendance allowance under the Family Benefits Act of 28 November 2003 or a carer’s allowance under the Act of 4 April 2014 on the establishment and payment of carers’ allowances,**

**I declare that the above data are accurate and I am aware of the liability borne under Article 233(1) of the Criminal Code.**

**I undertake to promptly notify the Agricultural Social Insurance Fund of any changes in the above data.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **(Place and date)** |  | **(Signature of the person completing the application for registration)** |

**Explanations:**

**1/**– Delete as appropriate.

**2/**– The unique personal identification number is entered by a KRUS employee – it is a number assigned by a KRUS unit.

**3/**– The reference number of the old-age pension / disability pension is entered by KRUS employees.

**4/**– Personal Identification Number PESEL – it is a civil registration number assigned by the Population Register Department having jurisdiction over the place of residence, and it is specified in the identity card.

**5/**– Tax Identification Number NIP – a tax identification number assigned to income tax payers by the revenue office.

**Please note**

Farmers and household members whose spouses have registered family members for insurance by virtue of their own health benefits are not required to complete part II of the form.

INFORMATION FOR THE INSURED PERSON

The Agricultural Social Insurance Fund would like to inform you that the details of the persons specified in this application are subject to protection under Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (GDPR) and the Personal Data Protection Act of 10 May 2018 (Journal of Laws (*Dziennik Ustaw*) 2018, item 1000, as amended).

KRUS UD-2Z/2019\_01