

I. ORGANISATIONAL DATA

01. Health insurance registration  02. Notification of amendment (1) / correction (2) of the insured person's data 1)

03. Submission date (dd/mm/yyyy)  04. "R" sticker

II. IDENTIFICATION OF THE CONTRIBUTION PAYER

01. NIP  02. REGON [National

03. PESEL 2)

OTHER NUMBER 04. Document type, if ID card enter 1, if passport enter 2

05. Document series and number

06. Abbreviated

07. Surname

08.

09. Date of birth

III. IDENTIFICATION OF THE PERSON TO BE INSURED

01. PESEL

02. NIP [Tax Identification Number]:

03. Document type 1 Identity card, 2 Passport

04. Document series and number

05. Surname

06. First name

07. Date of birth

IV. REGISTRATION DETAILS OF THE PERSON TO BE INSURED

01. Second  02. Family name

03. Nationality

04. Gender, F. Female, M. Male

V. INSURANCE TITLE

01. Insurance title code 3)

Occupation code 4)

VI. INFORMATION ON COMPULSORY HEALTH INSURANCE

01. Date on which the compulsory insurance obligation

02. NFZ branch code

VII. INFORMATION ON VOLUNTARY HEALTH INSURANCE

01. Date on which the compulsory insurance obligation

02. NFZ branch code

VIII. ADDRESS OF PERMANENT RESIDENCE

01. Postcode  -  02. City

03. Municipality/district

04. Street  05. House  06. Apartment

07. Telephone  08. Foreign postal code  -

IX. RESIDENCE ADDRESS

01. Postcode  -  02. City

03. Municipality/district

04. Street  05. House  06. Apartment

07. Telephone  08. Foreign postal code  -

X. ADDRESS FOR DELIVERIES

01. Postcode  -  02. City

03. Street  04. House  05. Apartment

06. Post office box  07. Telephone number  08. Foreign postal code  -

09. E-mail address

XI. PAYER'S DECLARATION

01. Date of completion

I declare that the data contained in the form conform with the legal and factual state. I am aware of the criminal responsibility for making false statements or concealing the truth.

XII. DECLARATION OF THE INSURED PERSON

I declare that the data contained in the form conform with the legal and factual state. I am aware of the criminal responsibility for making false statements or concealing the truth.

02. Signature of payer or authorised person

01. Signature of person declared/registered for insurance

03. Stamp of the payer

XIV. ZUS NOTES

1) The ZUS ZIUA form must be filled in if the identification data changes.  
 2) PESEL number shall be provided if it is available.  
 3) For a specific insurance title code fill in the ZUS ZAA form.  
 4) Please state the occupation code. An occupation code is a six-digit number specified in the Appendix to the Regulation on the classification of occupations and specialities for labour market purposes and its scope of application.