

.....  
name and surname

**STATEMENT OF HEALTH INSURANCE CONTRIBUTION PAID DURING THE  
PREVIOUS CALENDAR YEAR (preceding the current academic year)**

I declare that the amount of health insurance contribution paid to the Social Insurance Institution (ZUS) during the calendar year preceding the current academic year amounted to ..... zł ..... gr.

I have familiarized myself with the information on personal data processing in § 30 of the Regulations for Benefits for Students of the Warsaw University of Technology in the academic year 2025/2026 and I shall forward it to the persons whose personal data were included in the documentation attached to the proceedings, in connection with my application for financial aid.

I am aware of disciplinary<sup>1</sup> and criminal liability for making untrue statements and I declare that all information given above is factually correct.

.....  
date

.....  
signature of the person submitting the statement

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<sup>1</sup> applies only to students