



**NFZ**

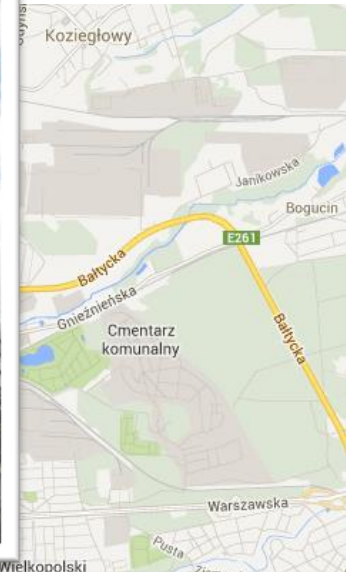
Narodowy Fundusz Zdrowia

# Public Health Insurance

**ACCESS TO HEALTH CARE SYSTEM IN POLAND FOR FOREIGNERS**



# National Health Fund: offices in Poznań



**PIEKARY STREET 14/15**

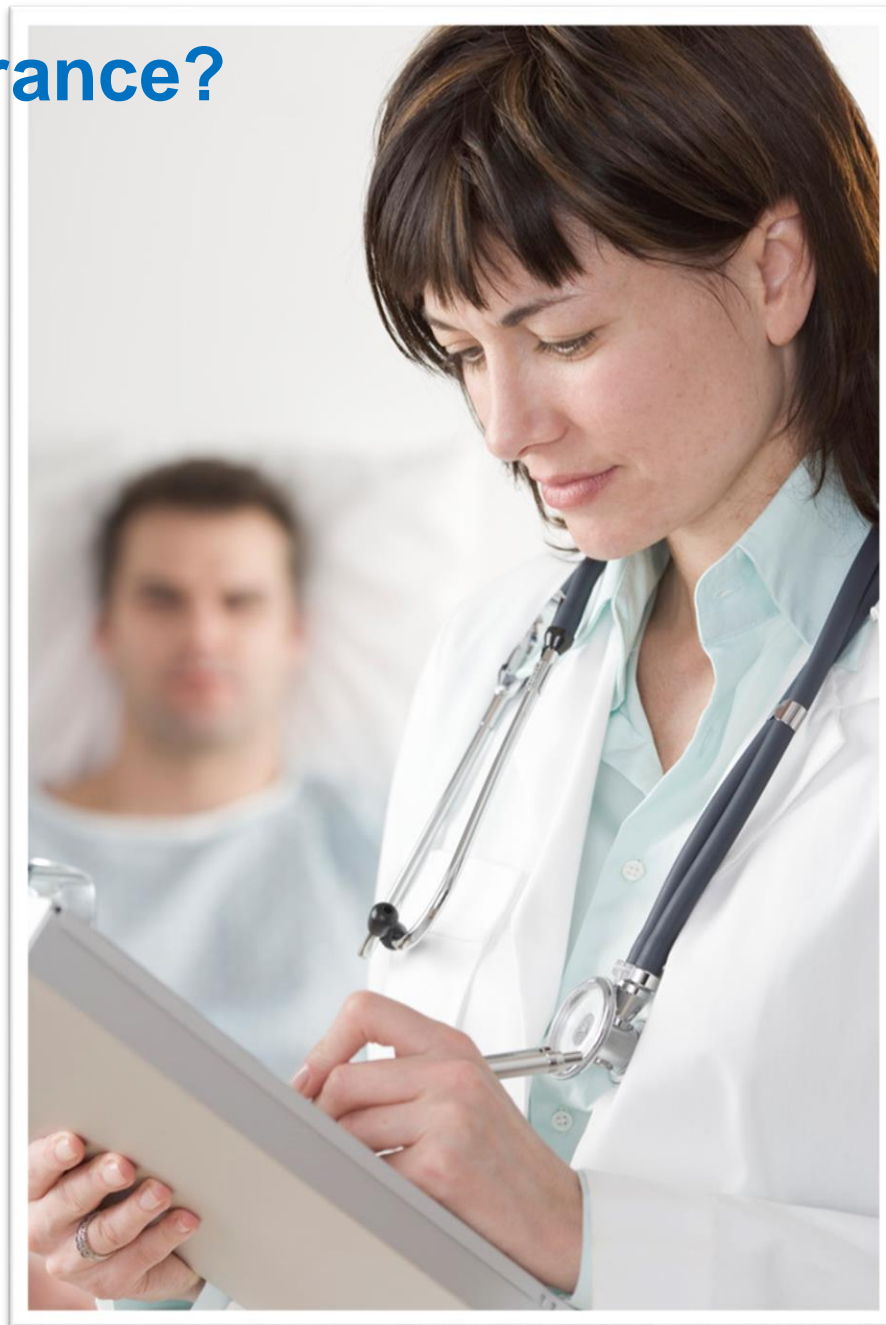


**GRUNWALDZKA STREET 158**

# How to get health insurance?

**EUROPEAN HEALTH INSURANCE CARD** **E111** 

3. Name	Coltos		
4. Given names	Cosmin		
5. Date of birth	30/06/2013	6. Personal identification number	1234567890
		7. Identification number of the institute	90xxx - ABCD
8. Identification number of the card	809021300700000000	9. Expiry date	18/08/2020



# STEP 1

## Signing an agreement with the NFZ

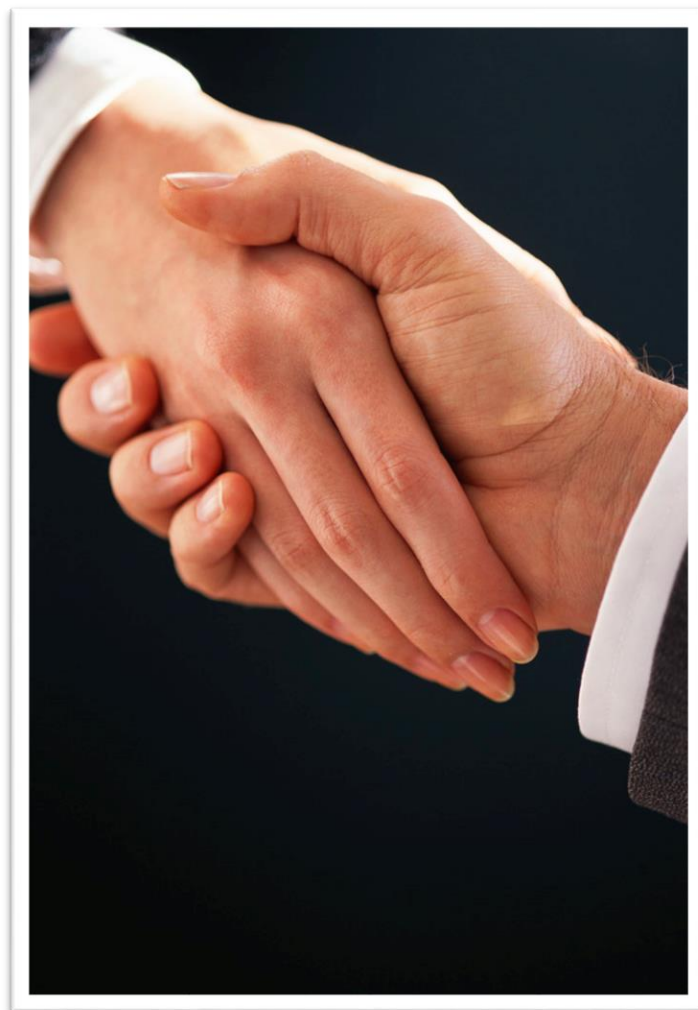
### ► Required documents:

- certificate issued by the Polish university
- passport or residence card

**61-823 Poznań, Piekary Street  
14/15**



**61 / 655 44 44**



# STEP 2

## Registration of the agreement with ZUS

(Zakład Ubezpieczeń Społecznych = Social Insurance Institution)

submission of **ZUS ZZA** form  
within **7** days

[www.zus.pl](http://www.zus.pl)

Poznań, Dąbrowskiego Street 12

 **61/ 841 60 00**



The image shows a sample of the ZUS ZZA form, which is used for the registration of the agreement with the Social Insurance Institution (ZUS). The form is titled "ZUS ZZA" and includes sections for personal data, identification, and insurance details. A large "WZROK" watermark is visible across the form.

PLATNIK WYPEŁNIA TYLKO POLA JASNE W WYKAZANYCH KRAJAKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE  
DŁUGIE OKRĄGLIKOWE LUB KRÓTKIE LUB WYKREŚLONE, TYLKO WYKREŚLONE ZAKRĘCZĄC JE Z COŁAMENEM

ZUS ZZA formularz 1 ZGŁOSZENIE DO UBEZPIECZENIA ZDROWOTNEGO / ZGŁOSZENIE ZMIANY DANYCH

OSOBA UBEZPIECZONA  
IMIE I NAZWISKO  
MIEJSCE I DATA URODZENIA  
MIEJSCE I DATA ZGŁOSZENIA

OSOBA ZGŁASZĄCA  
IMIE I NAZWISKO  
MIEJSCE I DATA URODZENIA  
MIEJSCE I DATA ZGŁOSZENIA

IV. DANE IDENTYFIKACYJNE OSOBY ZGŁASZĄCEJ DO UBEZPIECZENIA

VI. DANE O OBOWIĄZKOWYM UBEZPIECZENIU ZDROWOTNYM

VII. DANE O DOBROWOLNYM UBEZPIECZENIU ZDROWOTNYM

VIII. DANE O ODDZIALE NARODOWEGO FUNDUSZU ZDROWIA

IX. ADRES ZAMIESZKANIA NA STAŁE MIEJSCE POPYTU

## STEP 3

# Monthly payment of contributions

Fee: **55,80 PLN** / per month

payment on **account of**  
**the Social Insurance Institution**

not later than on the **15<sup>th</sup>** day  
of each month for preceding month



Source: [www.sxc.hu](http://www.sxc.hu)

## STEP 4

# Termination of agreement

If you:

- finish your studies
- finish your stay in Poland
- start a job etc.

1. inform NFZ and declare termination of the agreement

2. Fill in **ZWUA form** and send it to the Social Insurance Institution



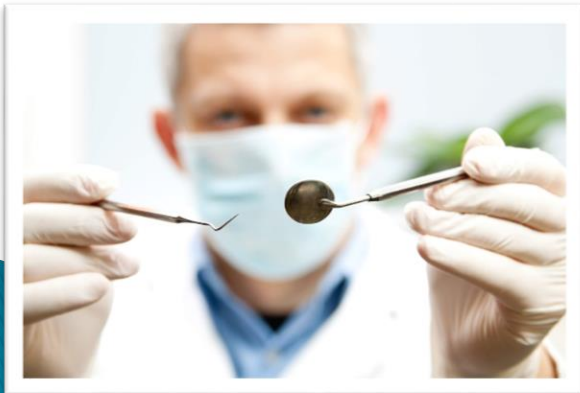
Source: [www.sxc.hu](http://www.sxc.hu)



# Why NFZ?

The insured have access to:

- primary health care,
- specialized health care,
- hospital treatment,
- dental care,
- drug refund,
- ... and much more!

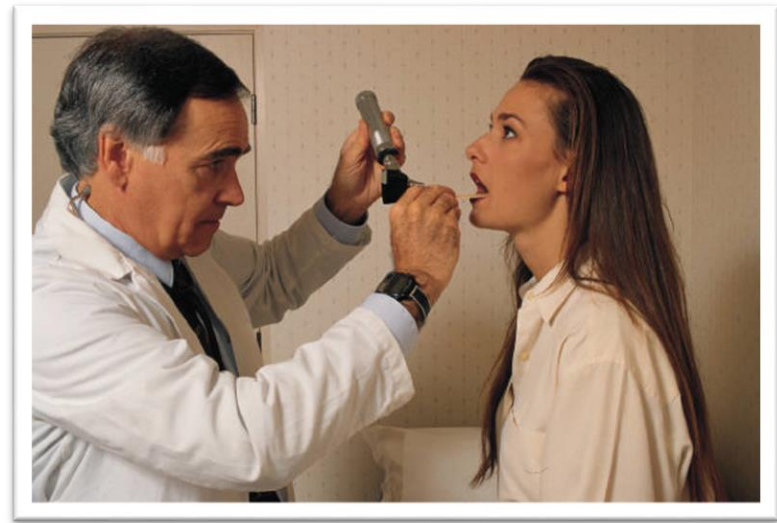


# Problems...?

...queues!



# At the doctor's:



Source: www.sxc.hu

## Take your proof of health insurance:

- the **European Health Insurance Card** (for UE citizens)



- or copy of the **agreement** with the **last month payment sheet**

# PESEL: Citizen Registration Number

- if you have it – use it!
- if you don't have it – use **passport** or **residence card number** instead



Source: [www.sxc.hu](http://www.sxc.hu)

**Department of Civil Affairs,  
Poznań, Libelta Street 16/20**

# If you have PESEL number

you can prove that you're insured  
via an electronic system called

**e-WUŚ**  
Elektroniczna Weryfikacja  
Uprawnień Świadczeniobiorców



# Primary and specialised Health Care

- choose your own General Practitioner (Family Doctor)
- Primary health care: Mon. – Fri.,  
8 a.m. – 6 p.m.
- after 6 p.m., on weekends and holidays:  
24-hour care provided by special units
- **referral** for specialised health care
- **without referral**: gynecologist, dentist,  
oncologist and psychiatrist



Thank you for your attention 😊



61/ 655 44 44

800 190 590

[kancelaria@poznan-nfz.pl](mailto:kancelaria@poznan-nfz.pl)

[www.nfz-poznan.pl](http://www.nfz-poznan.pl)