**APPLICATION FOR SUBSIDY FOR SANATORIUM TREATMENT/**
**PREVENTIVE MEDICAL HOLIDAYS - former employee PENSIONER**

Submitted to the DPSA on:

Computer no.:………………………

Name and surname …………………………………………………………………………………………………………………………………...

Phone no.: ………………...……………………………………………………………………………………………………………………..……

Address of residence: ……………………………………………………………………………………………………………………….………..

……………………..……………………………………………………………………………………………………………………….……...…

Bank account no.: …….………………………………………………………………………………………………………………….……….….

 ***(changes in a bank account number or address of residence should be reported in writing)***

**Statement by former employee pensioner**

*I receive social security benefits from another former employer \** YES NO

*I am employed in another workplace (employment relationship)\** YES NO

**\*mark the right answer**

Cost per person: ...…….…………………..………. Total: ……………………….……………

Place ………………………………………….. Date …………………………………….

**The application must be accompanied by: a referral from a doctor, an invoice for the sanatorium stay, and a card of treatment procedures.**

**Payment method\* *(changes in a bank account number or address of residence should be reported in writing)***

 postal transfer to the address of residence

 bank transfer

**\*mark the right answer**

**STATEMENT OF THE PENSIONER ON FAMILY INCOME**

I declare that the average monthly income per family member, calculated based on all the income of persons residing in a shared household, achieved in the previous tax year, falls within the range of:

**up to PLN 2,500 over PLN 2,500 to PLN 3,500 over PLN 3,500 to PLN 4,500 over PLN 4,500**

As part of the functional control exercised by the Department of Personal and Social Affairs or at the request of the Inter-Union Social Affairs Team, to verify the reliability of the submitted statements on the average monthly income per family member in a shared household and the completeness of the data contained in the application, the social worker will request the submission **for review** of a certificate from the Tax Office (copies of PITs filed with the Tax Office) on the income of the eligible person and persons in a shared household.

* **The concealment of the actual income level by applicants for support from the Fund's** **resources will result in the loss of the right to any benefits for the current and the following 2 calendar years.**
* **Refusal to submit the requested documents for review will result in forfeiture of the right to any benefits for the current**
**and the following 2 calendar years.**

I declare that I have been informed about the manner and purpose of the processing of data and about my rights related to the processing of my personal data and the personal data of my family's members to benefit from the Social Benefits Fund of the University of Silesia in Katowice under Section 13 (1) and (2) and Section 14 (1) and (2) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons concerning the processing of personal data and on the free movement of such data, and repealing Directive 95/46/WE (General Data Protection Regulation; GDPR for short):

* **for employees** in the GDPR information clause annexed to the Information Security Policy at the University of Silesia in Katowice (Regulation of the Rector of the University of Silesia 153/2018);
* **for persons entitled to use the Social Benefits Fund who are not employees of the University of Silesia** in the GDPR information clause annexed to *Annexe no. 3 to Regulations of the University Social Benefits Fund of the University of Silesia*.

**I confirm the reliability of the above data with my handwritten signature and declare that I have read and understood the contents of**
**Regulations of the Social Benefits Fund.**

 ……………….......................................……………

 date and signature of the applicant

**RECOMMENDATION OF THE INTER-UNION SOCIAL AFFAIRS TEAM**

The Committee recommends: to grant / not to grant

## Subsidy in the amount of: PLN …………………………..….

**Signatures of the committee members:** ……………………………….… …………………………………

 ……………………………….… …………………..…….……….

.

**DEPARTMENT OF PERSONAL AND SOCIAL AFFAIRS**

Following report no. ………….…..…… of ……………………….….……..…., the hardship / relief aid has been granted / has not been granted in the amount of PLN ………………………..………

Formally verified …………………………………………………………

 signature of the DPSA employee