

The institution which the application is submitted to

Name (s)	
Surname (s)	
Personal number	
ID number of the insured	
Address (to be filled in if you wish to receive the response by mail)	
E-mail address (filled in if you prefer to receive the response by e-mail)	
Other contact information (phone number or, if necessary, references and/or numbers of other electronic means of communication)	

**APPLICATION
TO APPROVE THE PERIOD OF VALIDITY OF COMPULSORY HEALTH INSURANCE WITH
STATE FUNDS**

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1. In accordance with the description of the data processing procedure of the Register of Persons Insured with Compulsory Health Insurance, I hereby submit personal data and ask to confirm the validity period of compulsory health insurance with state funds, because (*indicate by a check mark in the appropriate box*):

- 1.1. I am an unemployed pregnant woman and I hereby submit a document with data on the period of pregnancy (number of weeks of pregnancy or expected delivery date) to calculate the insurance period;
- 1.2. I am one of the guardians (curators) and in the family I look after a child under 8 years old or I take care of two or more minor children and I hereby submit a document with data on the recognition as a guardian (curator) and the periods of guardianship (curatorship) and the details of the children:

Personal number	
Personal number	
Personal number	

1.3. I was injured on 13 January 1991 or during other events when defending the independence and statehood of Lithuania and I hereby submit a document with data on the granting of the relevant legal status and its validity periods.

2. I hereby confirm that I do not work and (or) am not covered by compulsory health insurance in another country of the European Union, the European Economic Area and the Swiss Confederation.

3. I hereby declare that all the information I have provided is correct. I know that my application would be rejected or the period of validity of **my compulsory health insurance, which has already been established, would be cancelled due to false data, claiming damages from the budget of the Compulsory Health Insurance Fund.**

4. I am informed that my personal data will be processed in accordance with item c of paragraph 1 of Article 6 of the Regulation (EU) 2016/679 and only for the purposes of compulsory health insurance¹.

5. I promise to **immediately inform the health insurance fund** about the changed data specified in this application.

6. Please submit the response to the application (*put a tick in the appropriate box*):

- 6.1. to the official postal address specified in writing;
- 6.2. to the specified e-mail address;
- 6.3. Other way/form _____ (*indicate how you would like to receive the response*);
- 6.4. I do not wish to receive a written response.

7. ATTACHED (*indicate the number of pages of the attached document*): _____

Name, surname, signature

¹ Information on the exercising of data subject rights: <https://ligoniukasa.lrv.lt/lt/asmens-duomenu-apsauga>