

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 (for a pupil / student)**

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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 studying at a higher school in another country of the European Union (hereinafter referred to as the EU) (or the United Kingdom of Great Britain and Northern Ireland, if the studies were started before 31-12-2020) according to the full-time study programme and I hereby submit a document indicating the place of study, the form of study, start and end dates of studies to calculate the insurance period (*indicate the number of pages in the attached document* _____);

1.2. I am studying at a school in another country of the European Union (hereinafter referred to as the EU) (or the United Kingdom of Great Britain and Northern Ireland, if the tuition was started before 31-12-2020) according to the basic education programme and I hereby submit a document indicating the place of tuition, the form of tuition, start and end dates of tuition to calculate the insurance period (*indicate the number of pages of the attached document* _____).

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 my provided personal data 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, and the damage caused to the budget of the compulsory health insurance fund will be recovered from me.**

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 **notify the Health Insurance Fund immediately** if there are any changes to the information provided 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.

Name, surname, signature

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