

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>