

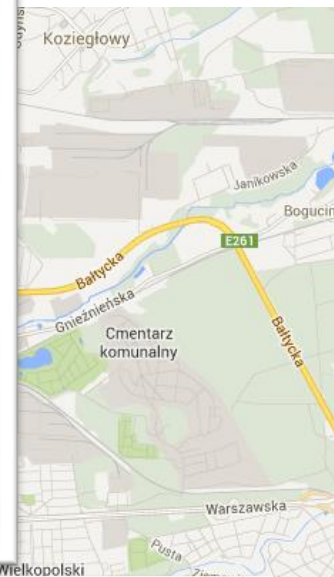
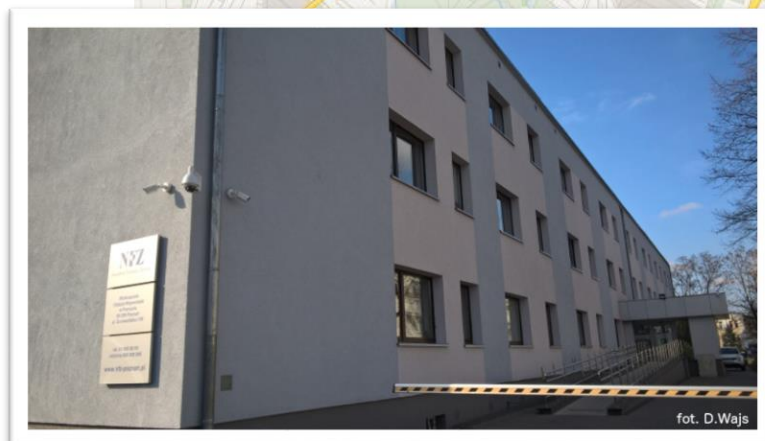
# Public Health Insurance

**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 public 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

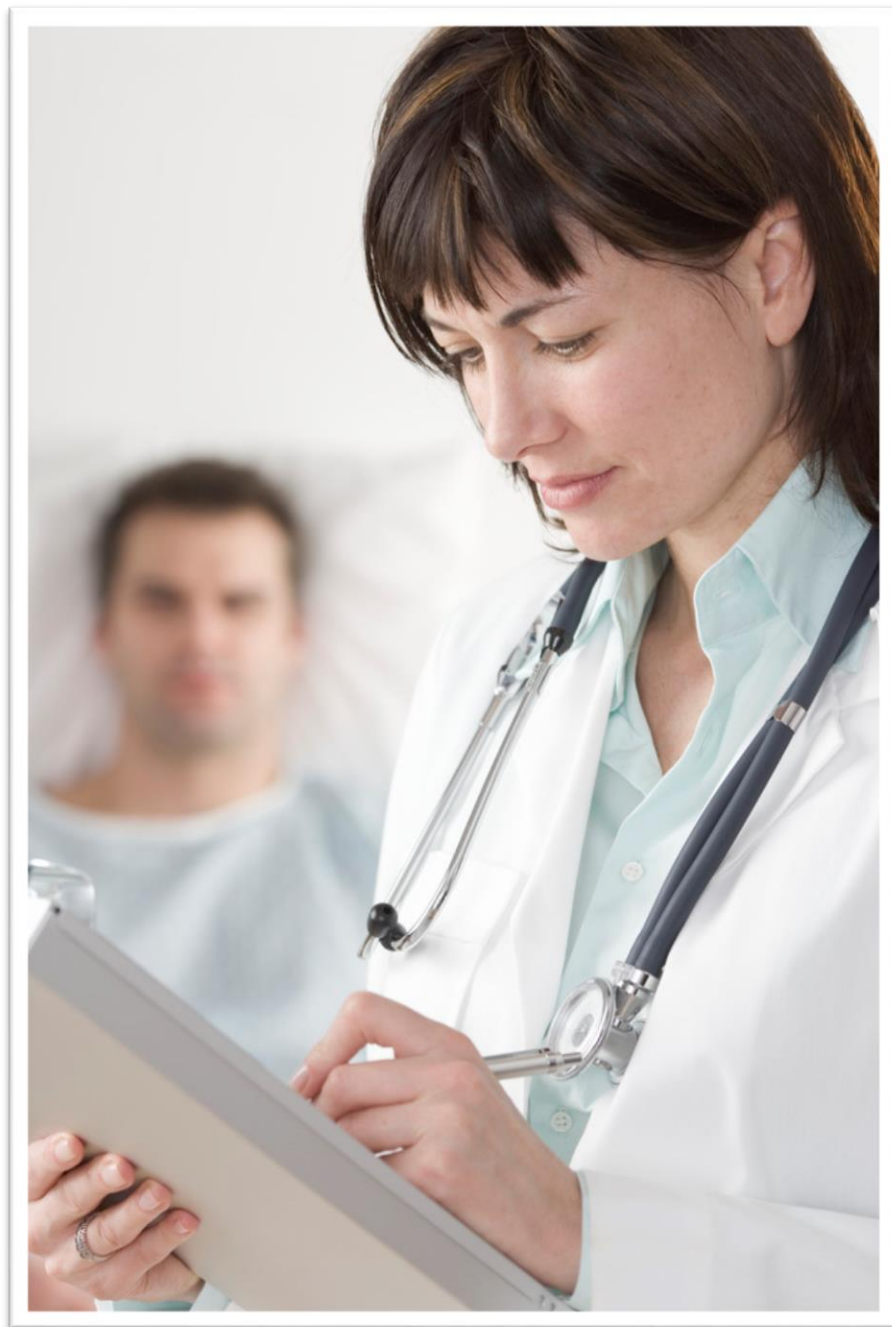
7. Identification number of the institute  
90xxx - ABCD

8. Identification number of the card  
809021300700000000

9. Expiry date  
18/08/2020

# NFZ

Narodowy Fundusz Zdrowia



# STEP 1

## Signing an agreement with the NFZ

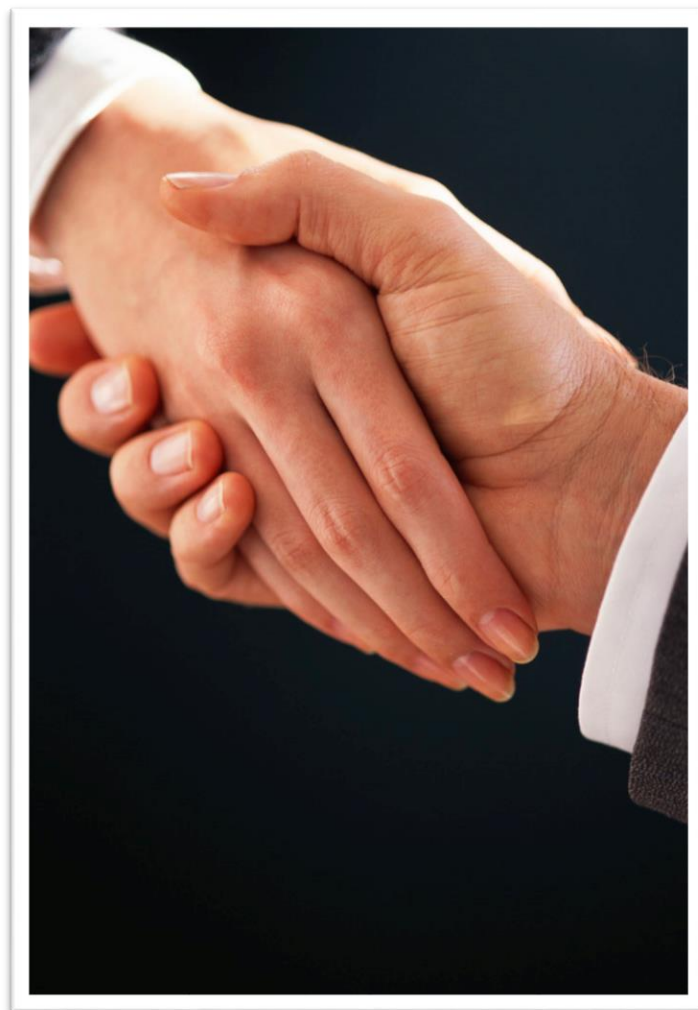
### ► Required documents:

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

**Poznań, Piekary Street 14/15  
(ground floor)**



**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 Str. 12

Poznań, Starołęcka Str. 31

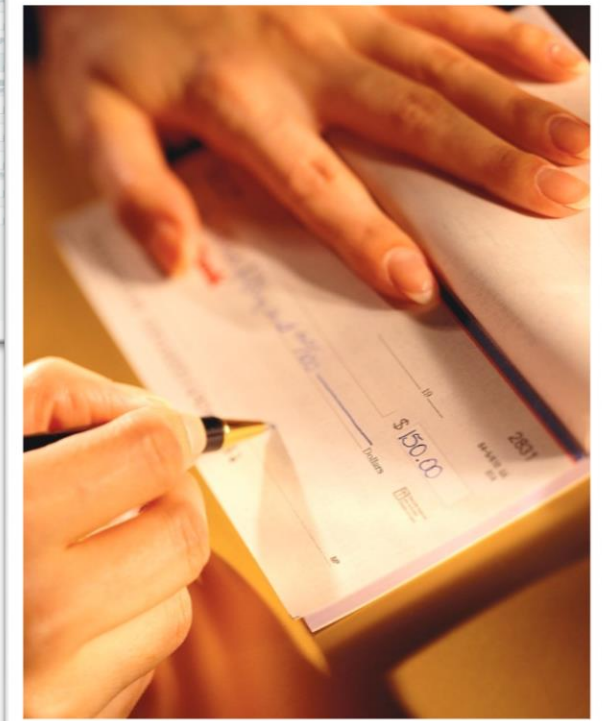
☎ 61/ 841 60 00

The image shows a sample of the ZUS ZZA form, which is used for registering the agreement with the Social Insurance Institution (ZUS). The form is titled 'ZUS ZZA' and includes sections for personal data, identification, and insurance details. It is a multi-page document with various fields for data entry, including dates, names, and identification numbers. The form is presented in a light blue and white color scheme with a grid-like structure for data entry.

Copy of **ZUS ZZA** and  
a **proof of payment** should  
be sent to NFZ



- personally
- e-mail: [kancelaria@poznan-nfz.pl](mailto:kancelaria@poznan-nfz.pl)
- WOW NFZ,  
ul. Piekary 14/15, 61-823 Poznań
- fax: 61 850 63 97

A scan of a ZUS ZZA form, which is a document used for reporting the number of insured persons. The form is titled 'ZUS ZZA' and contains various sections for reporting data, including 'DANE ORGANIZACYJNE', 'DANE IDENTYFIKACYJNE PLACÓWKI ZDROWOTNEJ', and 'DANE IDENTYFIKACYJNE OSOBY ZŁOŻĄCEJ DO UBEZPIECZENIA'. The form is filled out with handwritten data.

## 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.



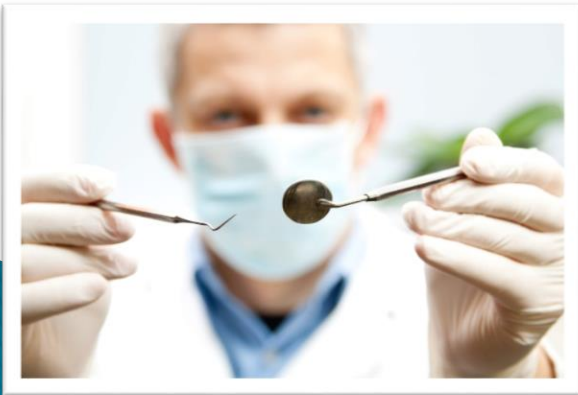
Source: [www.sxc.hu](http://www.sxc.hu)

1. visit NFZ and declare termination of the agreement
2. Fill in **ZWUA form** and send it to the Social Insurance Institution

# Why NFZ?

The insured have access to:

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



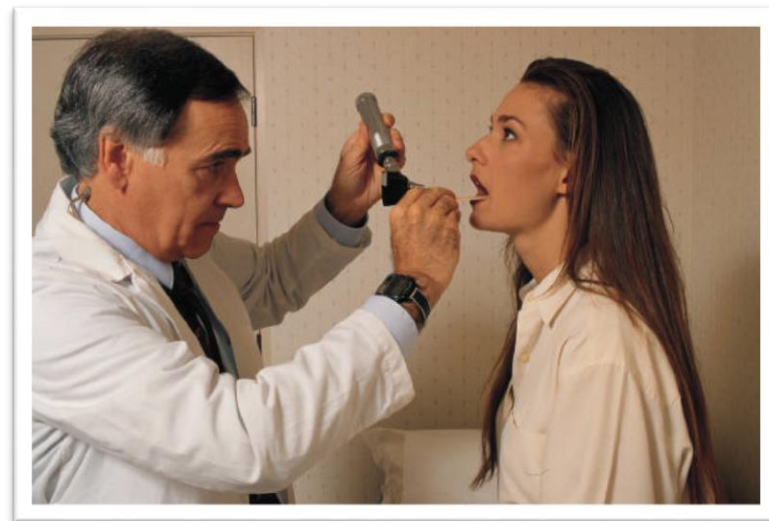
# Problems...?

...queues!





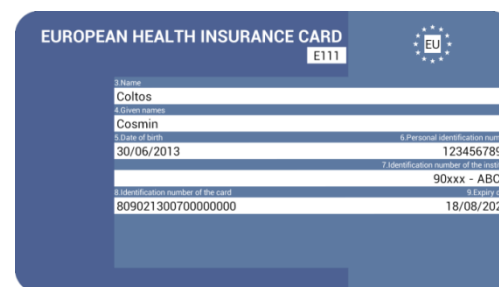
# At the doctor's:



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

## Take your proof of health insurance:

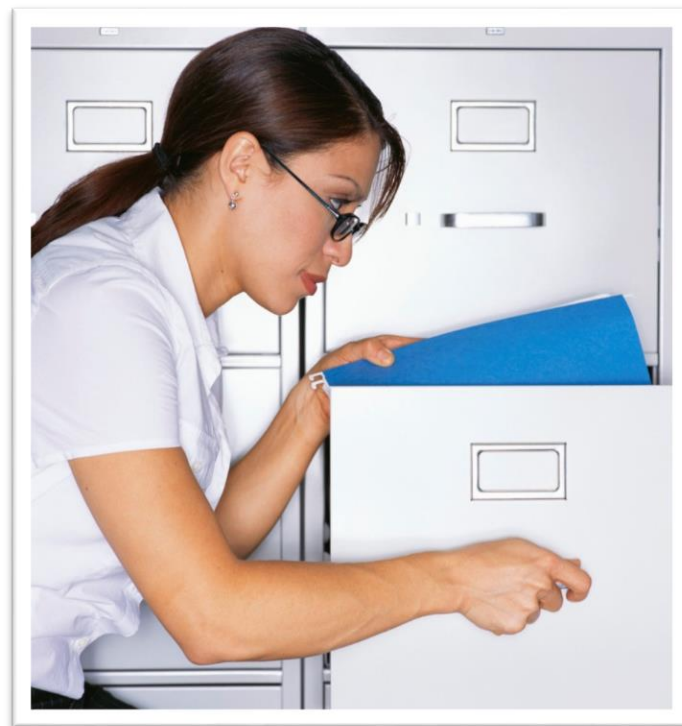
- the **European Health Insurance Card** (for UE citizens)



- 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)