ZUS ZWUA   DEREGISTRATION FROM INSURANCE

I. ORGANISATIONAL DATA

01. Deregistration from insurance ☐   02. Notification regarding the amendment of insurance deregistration information ☐

03. Submitted on [ ][ ][ ][ ][ ][ ]   04. "R" sticker [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

II IDENTIFICATION OF THE CONTRIBUTION PAYER

01. NIP [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   02. REGON [National [ ][ ][ ][ ][ ][ ][ ][ ][ ]   03. PESEL 1) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

OTHER NUMBER   04. Document type, if ID card enter 1, if passport enter 2 [ ]   05. Document series and number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

06. Abbreviated [ ]   08. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

07. Surname [ ]   09. Date of birth [ ][ ][ ][ ][ ][ ]

III IDENTIFICATION OF THE DE-REGISTERED PERSON

01. PESEL [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   02. NIP [Tax Identification Number]: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

03. Document type, if ID card enter 1, if passport enter 2 [ ]   04. Document series and number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

05. Surname [ ]

06. First name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   07. Date of birth [ ][ ][ ][ ][ ][ ]

IV DEREGISTRATION FROM INSURANCE

01. Insurance title code [ ][ ] [ ][ ] [ ] [ ]

02. Deregistration from (dd/mm/yyyy) [ ][ ][ ][ ][ ][ ][ ][ ]   03. Reason for deregistration code [ ][ ]

V TERMINATION OF THE EMPLOYMENT RELATIONSHIP

01. Date [ ][ ][ ][ ][ ][ ][ ][ ]   02. Expiry / termination code of the employment / legal relationship [ ][ ]

03. Code for legal basis of termination / expiry of employment / legal relationship [ ][ ]

04. Legal basis for the termination / expiry of the employment / professional relationship

[ ]

05. Party at whose initiative the employment relationship was terminated [ ]

VI. PAYER'S DECLARATION

01. Date of completion [ ][ ][ ][ ][ ][ ][ ][ ]

I declare that the data contained in the form conform with the legal and factual state. I am aware of the criminal responsibility for making false statements or concealing the truth.

02. Signature of payer or authorised person

03. Stamp of the payer

VII. DECLARATION OF A PERSON DEREGISTERED FROM INSURANCE

I declare that the data contained in the form conform with the legal and factual state. I am aware of the criminal responsibility for making false statements or concealing the truth.

01. Signature of person declared/registered for insurance

VII. ZUS NOTES

1) PESEL number shall be provided if it is available.