

I. ORGANISATIONAL DATA

01. Insurance registration 02. Notification of amendment (1) / correction (2) of the insured person's data 1)
 04. Submitted on 05. "R" sticker

II. IDENTIFICATION OF THE CONTRIBUTION PAYER

01. NIP 02. REGON [National 03. PESEL 2)
 OTHER NUMBER 04. Document type, if ID card enter 1, if passport enter 2
 05. Document series and number
 06. Abbreviated
 07. Surname 08.
 09. Date of birth

III. IDENTIFICATION OF THE PERSON TO BE INSURED

01. PESEL
 03. Document type 1 Identity card, 2 Passport
 05. Surname 02. NIP [Tax Identification Number]:
 07. Date of birth 04. Document series and number
 06. First name

IV. REGISTRATION DETAILS OF THE PERSON TO BE INSURED

01. Second 02. Family name
 03. Nationality 04. Gender, F. Female, M. Male

V. INSURANCE TITLE

01. Insurance title code 3)

VI. INFORMATION ON COMPULSORY SOCIAL SECURITY

01. Date on which the obligation arose
 The registered person is subject to the following 02. Retirement 03. Disability 04. Sickness 05. Accident

VII. INFORMATION ON COMPULSORY HEALTH INSURANCE

01. Date on which the compulsory insurance obligation 02. NFZ branch code

VIII. INFORMATION ON VOLUNTARY SOCIAL INSURANCE

I request to be covered 01. Retirement fro 02. Disability fro 03. Sickness fro

IX. INFORMATION ON VOLUNTARY HEALTH INSURANCE

01. Date of commencement of insurance 02. NFZ branch code

X. OTHER DETAILS OF THE PERSON TO BE INSURED

01. Occupation code 4) 02. Code for employment in special conditions/work of special nature 5)
 03. Period of work in special conditions/work of special nature -

XI. ADDRESS OF PERMANENT RESIDENCE

01. Postcode - 02. City
 03. Municipality/district
 04. Street 05. House 06. Apartment
 07. Telephone number 08. Foreign postal code -

XII. RESIDENCE ADDRESS

01. Postcode - 02. City
 03. Municipality/district
 04. Street 05. House 06. Apartment
 07. Telephone number 08. Foreign postal code -

XIII. ADDRESS FOR DELIVERIES

01. Postcode - 02. City
 03. Street 04. House 05. Apartment
 06. Post office box 07. Telephone 08. Foreign postal code -
 09. E-mail address

XIV. 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

XV. DECLARATION BY THE REGISTERED PERSON

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

1) The ZUS ZUA form must be filled in if the identification data changes.
 2) PESEL number shall be provided if it is available.
 3) For a specific insurance title code fill in the ZUS ZAA form.
 4) Please state the occupation code. An occupation code is a six-digit number specified in the Appendix to the Regulation on the classification of occupations and specialities for labour market purposes and its scope of application.
 5) Fields to be filled in to report / correct data relating to the period prior to 01.01.2009.