Appendix 1.1 to the Regulations on Managing Company's Social Security Fund of the Medical University of Bialystok constituting an appendix to the Order no. 69/ 2024 of the Rector dated 7.06.2024

Białystok, on…………….......................................................

First name and surname:

Organizational Unit:

**APPLICATION FOR FINANCIAL BENEFIT**

**To the Social Affairs Commission of the Medical University of Białystok**

Informed of liability - § 5 sec. 6 of the Bylaws on managing Company's Social Security Fund

**“In case of noting that the employee or former employee indicates untrue data concerning material and family situation, upon motion of the Social Commission, he or she shall be deprived of the entitlement to avail of social benefits for the period of 3 years.”**

I hereby declare that my family consists of .......... persons running a joint household.

Monthly revenues in the year ................ per one family member amounted to: ……….………..…………..

I submit the application for the purpose of establishing the level of financial benefits.

**Employee signature**