Appendix no. 1.4 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

Bialystok, on…………….......................................................

First name and surname:

Retired person/pensioner:[[1]](#footnote-1)

Contact telephone:

**Application for co-financing of tourist vacation organized by employees**

**submitted before the Social Affairs Commission of the Medical University of Bialystok**

I will avail of the co-financing together with the following family members:

* spouse/partner (indicate first name and surname): ……………………………………………………………………………… [ ]  works / [ ]  does not work1
* Children (indicate first name and surname, date of birth, type of school):
	1.
	2.
	3.
	4.

Informed of the liability - § 5 sec. 6 of the Regulations on managing the resources under the 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.”

**STATEMENT**

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

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

**Signature of former employee:**

1. Indicate as appropriate [↑](#footnote-ref-1)