

A guide for foreign employers
who do not have their registered
office or representative office in
Poland



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1. INTRODUCTION

We have prepared this guide for foreign employers who do not have their registered office or representative office in Poland but employ a person who is subject to the Polish social insurance legislation. In the guide, we explain how to fulfil all of your obligations as a foreign employer who pays contributions to the Polish insurance system. We discuss in detail how to:

- ➔ register yourself as a payer of contributions to the Polish insurance system,
- ➔ register your employees and contractors for insurance,
- ➔ settle and pay contributions for your employees.

A contribution payer is, among others, an entrepreneur who pays social insurance contributions for persons that they employ:

- ➔ **employees**, i.e. persons employed under a contract of employment;
- ➔ **contractors**, i.e. persons employed under a contract of mandate, agency agreement or service contract.

2. WHERE TO HANDLE YOUR BUSINESS

Social Insurance Institution (ZUS), First Branch in Warsaw, ul. Senatorska 6/8, 00–917 Warszawa is the facility that deals with social insurance affairs of foreign entities. Send your registration and settlement documents there.

If you employ a person:

- ➔ who works for you outside of Poland and has received the A1 certificate, which means that they are covered by Polish social insurance regulations,
 - ➔ who works for you on the territory of Poland,
- you have to register as a payer of contributions to the Polish social insurance system.



IMPORTANT

Your ID in your dealings with ZUS is the tax identification number (NIP), which is issued by the tax office.

3. WHAT TO DO IF YOU DO NOT HAVE A NIP NUMBER

If you do not have a NIP number yet, please request it from the head of **the Second Tax Office for Warszawa-Śródmieście, ul. Jagiellońska 15, 03–719 Warszawa**.

Submit the following documents:

➔ for a natural person conducting a business:

- ➔ completed [NIP-7](#) form,
- ➔ confirmation that the business is registered in the country of residence,
- ➔ covering letter in which you specify the purpose of issuing a NIP number,
- ➔ letter of attorney together with stamp duty, if the application form for issuing a NIP number is to be signed by your attorney;

➔ for a partnership/company:

- ➔ completed [NIP-2](#) form,
- ➔ extract from the commercial register or other document confirming that the partnership/company is registered,
- ➔ covering letter, in which you specify the purpose of issuing a NIP number,
- ➔ letter of attorney together with stamp duty, if the form for issuing a NIP number is to be signed by your attorney, and not persons entered into the commercial register.

**IMPORTANT**

All documents must be translated into Polish by a sworn translator. The translation should be included with the original.

Fill out the appropriate form, NIP-7 or NIP-2, according to the instructions on the form. The completed and signed form should be submitted in person or sent by traditional mail directly to the head of the Second Tax Office for Warszawa-Śródmieście.

For more information on how to get a NIP number, visit: <https://www.podatki.gov.pl/abc-podat-kow/rejestracja-podatnikow/>.

4. WHAT TO DO IF YOU ALREADY HAVE A NIP NUMBER

If you already have a NIP number, register as a contribution payer with the First Branch of ZUS in Warsaw using one of the following documents:

- ➔ [ZUS ZFA](#) – if you are a natural person who is self-employed,
- ➔ [ZUS ZPA](#) – if you are a legal person or an organisational unit without legal personality.

Submit these documents within 7 days from the day of you employed the first employee who is subject to Polish regulations.

**IMPORTANT**

Attach a copy of the decision on the issued NIP number to the registration document (ZUS ZFA or ZUS ZPA).

Individual contribution account number (NRS)

Once you register as a payer of contributions to the Polish social insurance system, we will send you a letter with your account number (NRS) to which you will pay your contributions.

5. HOW TO REGISTER AS A CONTRIBUTION PAYER

If you are a natural person, fill out the ZUS ZFA document. If you are a legal person or an organisational unit without legal personality, fill out the ZUS ZPA document.

5.1. HOW TO FILL OUT THE ZUS ZFA DOCUMENT (NATURAL PERSON) – REGISTERING A CONTRIBUTION PAYER

Below you will find instructions on completing the [ZUS ZFA](#) document – Registering/changing the details of a contribution payer – a natural person.

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ź, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only one of the fields:

- ➔ **In field 01** – enter “X” if you want to register as a contribution payer.

➔ **Field 02** – fill out if you have previously submitted a ZUS ZFA form and want to change or correct the details provided there. In this case enter:

- 1 – to change the details of the contribution payer, if the details provided in a previous registration form have changed, e.g. if your address has changed,
- 2 – to correct the details of the contribution payer, if you want to correct errors made in a previous registration form, e.g. if you provided an incorrect street name in the address.



IMPORTANT

If you want to change or correct your details for settlement purposes, fill out the [ZUS ZIPA](#) form.

➔ **Fields 03 and 04** should not be filled out.

PŁATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOŁOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS	ZFA	strona: 1	ZGŁOSZENIE / ZMIANA DANYCH PŁATNIKA SKŁADEK - OSOBY FIZYCZNEJ
I. DANE ORGANIZACYJNE				
<input checked="" type="checkbox"/> 01. ZGŁOSZENIE PŁATNIKA SKŁADEK (wpisać X)		<input type="checkbox"/> 02. ZGŁOSZENIE ZMIANY (wpisać - 1) / KOREKTY (wpisać - 2) DANYCH PŁATNIKA SKŁADEK (nie dotyczy zmiany danych identyfikacyjnych) ¹⁾		
03. Data nadania (dd / mm / rrrr)		04. Nalepka „R”		

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

This block is very important. Based on your registration form, we will create your contribution payer account with ZUS. We will use it for settlements of individual insurance contributions for all of your insured employees. The identification details that you provide in the contribution payer registration form should be provided in all subsequent insurance documents. Thanks to this, we will be able to correctly settle the contributions on your payer's account with ZUS.

- ➔ **In field 01** – enter the NIP number (tax identification number) issued by the Second Tax Office in Warsaw or the one used for VAT settlements. Omit the PL symbol and do not dash the individual parts of the number.
- ➔ **Fields 02 and 03** should not be filled out.
- ➔ **In field 04** – enter 2.
- ➔ **In field 05** – enter the series and number of your passport or other document, enter no more than the first 9 letters or digits without spaces or punctuation.
- ➔ **In field 06** – additionally, enter the abbreviated name of the contribution payer.
- ➔ **In field 07** – enter the contribution payer's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ **In field 08** – enter the contribution payer's first name.
- ➔ **In field 09** – additionally, enter the contribution payer's date of birth (day/month/year), e.g. 27 11 1975.

II. DANE IDENTYFIKACYJNE PŁATNIKA SKŁADEK				
01. Numer NIP (wpisać bez kresek)		02. Numer REGON		
9 9 9 9 9 9 9 9 9 9				
03. Numer PESEL ²⁾		04. Rodzaj dokumentu: jeśli dowód osobisty, wpisać 1, jeśli paszport - 2		
		05. Seria i numer dokumentu		
		A N 0 0 0 0 0 0 0		
06. Nazwa skrócona				
07. Nazwisko				
K R A M E R				
08. Imię pierwsze				
A N N E L I E S E				
09. Data urodzenia (dd / mm / rrrr)				
2 7 1 1 1 9 7 5				

Block III. RECORD DATA OF THE CONTRIBUTION PAYER

This block is not required; you may complete it additionally.

- ➔ **In field 01** – enter the contribution payer's middle name.
- ➔ **In field 02** – enter the contribution payer's place of birth.

VI. ADRES SIEDZIBY PŁATNIKA SKŁADEK	
01. Kod pocztowy	02. Miejscowość
	M U E N C H E N
03. Gmina / Dzielnica	
N I E M C Y	
04. Ulica	
S T E P H A N S P L A T Z	
05. Numer domu	06. Numer lokalu
1 7 / 1 9	
07. Numer telefonu	08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)
	D E - 1 1 1 1 1 1 1 1
09. Adres poczty elektronicznej	
10. Czy adres prowadzenia działalności gospodarczej jest inny niż adres siedziby płatnika składek? Jeśli TAK, wpisać X i wypełnić formularz ZUS ZAA	

Block VII. CONTRIBUTION PAYER'S ADDRESS OF RESIDENCE

Fill out this block if your address of residence as a contribution payer is different from the registered office address given in block VI "Contribution payer's registered office address."

➔ **Fields 01 to 08** – should be filled out according to the rules given in block VI.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH		ZUS	ZFA	strona: 2	ZGŁOSZENIE / ZMIANA DANYCH PŁATNIKA SKŁADEK - OSOBY FIZYCZNEJ
VII. ADRES ZAMIESZKANIA PŁATNIKA SKŁADEK (wpisać, jeśli adres zamieszkania jest inny niż adres siedziby płatnika składek)					
01. Kod pocztowy	02. Miejscowość				
03. Gmina / Dzielnica					
04. Ulica					
05. Numer domu	06. Numer lokalu				
07. Numer telefonu	08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)				

Block VIII. CONTRIBUTION PAYER'S CORRESPONDENCE ADDRESS

Fill out this block if you want to receive mail from us at a different address than the one given in block VI "Contribution payer's registered office address."

- ➔ **Field 01** – enter a postcode if the address is Polish.
- ➔ **In field 02** – enter a city/town.
- ➔ **In field 03** – enter a street name.
- ➔ **In field 04** – enter a building number.
- ➔ **In field 05** – enter a unit number. If there is no unit number in the address, leave blank.
- ➔ **Field 06** should be left blank.
- ➔ **In field 07** – enter a post office box.
- ➔ **In field 08** – enter a telephone number preceded by the area code, e.g. 49 89 23225420. This will make it easier for us to contact you. If, as a payer, you do not have a phone, leave blank.
- ➔ **In field 09** – enter a two-letter country code and a foreign postcode.
- ➔ **In field 10** – enter an e-mail address.

VIII. ADRES DO KORESPONDENCJI PŁATNIKA SKŁADEK (wpisać, jeśli adres do korespondencji jest inny niż adres siedziby płatnika składek)

01. Kod pocztowy 02. Miejscowość

03. Ulica

04. Numer domu 05. Numer lokalu 06. Numer telefonu do teletransmisji

07. Skrytka pocztowa 08. Numer telefonu 09. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

10. Adres poczty elektronicznej

Block IX. ACCOUNTING FIRM DETAILS

Fill out this block if you use the services of a Polish accounting firm.

- ➔ **In field 01** – enter the accounting firm's NIP number; do not dash its individual parts.
- ➔ **In field 02** – enter the accounting firm's REGON number (a number issued by the Central Statistical Office and entered into the National Business Registry).
- ➔ **In field 03** – enter the abbreviated name of the accounting firm.

IX. DANE O BIURZE RACHUNKOWYM (wpisać, jeśli dokumentację finansowo-księgową prowadzi biuro rachunkowe)

01. Numer NIP (wpisać bez kresek) 02. Numer REGON

03. Nazwa skrócona

B I U R O R A C H U N K O W E A S P E K T

Block X. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ **In field 01** – enter the form completion date (day/month/year), e.g. 05 01 2019.
- ➔ **In field 02** – sign the document as a contribution payer or have an authorised person sign it (in this way you confirm that the information provided is accurate).
- ➔ **In field 03** – place your contribution payer's stamp (if you have one).

X. OŚWIADCZENIE PŁATNIKA SKŁADEK

01. Data wypełnienia (dd / mm / rrrr)

0 5 0 1 2 0 1 9

Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.

02. Podpis płatnika lub osoby upoważnionej

03. Pieczętka płatnika (jeśli posiada)

Anneliese Kramer

5.2. HOW TO FILL OUT THE ZUS ZPA DOCUMENT (LEGAL PERSON) – REGISTERING A CONTRIBUTION PAYER

Below you will find instructions on completing the ZUS ZPA document – Registering/changing the details of a contribution payer – a legal person or an organisational unit without legal personality.

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ů, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only one of the fields:

- ➔ **In field 01** – enter “X.”
- ➔ **Field 02** – fill out if you have previously submitted a ZUS ZPA form and want to change or correct the details provided there. Enter:
 - 1** – to change the details of the contribution payer, if the details provided in a previous registration form have changed (e.g. if your address has changed),
 - 2** – to correct the details of the contribution payer, if you want to correct errors made in a previous registration form (e.g. if you provided an incorrect street name in the address).



IMPORTANT

IMPORTANT If you want to change or correct your identification details as a contribution payer (provided in ZUS ZPA block II) once you have started making settlements with us, fill out the [ZUS ZIPA](#) form.

- ➔ **Fields 03 and 04** should not be filled out.

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DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOLOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS	ZPA	strona: 1	ZGŁOSZENIE / ZMIANA DANYCH PŁATNIKA SKŁADEK - OSOBY PRAWNEJ LUB JEDNOSTKI ORGANIZACYJNEJ NIEPOSIADAJĄCEJ OSOBOWOŚCI PRAWNEJ
I. DANE ORGANIZACYJNE				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 01. ZGŁOSZENIE PŁATNIKA SKŁADEK (wisać X) </div> <div style="width: 45%;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">02. ZGŁOSZENIE ZMIANY (wisać - 1) / KOREKTY (wisać - 2)</div> <div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-right: 5px;"></div> DANYCH PŁATNIKA SKŁADEK (nie dotyczy zmiany danych identyfikacyjnych) ¹⁾ </div> </div> </div>				
03. Data nadania (dd / mm / rrrr)				
04. Nalepka „R”				

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

This block is very important. Based on your registration form, we will create your contribution payer account with ZUS. We will use it for recording and settlements of individual insurance contributions for all of your insured employees. The identification details that you provide in the contribution payer registration form should be provided in all subsequent insurance documents. Thanks to this, we will be able to correctly settle the contributions on your payer's account with ZUS.

- ➔ **In field 01** – enter the NIP number that has been issued by the Second Tax Office in Warsaw or that you use for VAT settlements. Omit the PL symbol and do not dash the individual parts of the number.
- ➔ **Field 02** should not be filled out.
- ➔ **In field 03** – enter the abbreviated name of the payer. If you do not have it, you have to create it and use it in all the documents you submit to us.



IMPORTANT

IMPORTANT The abbreviated name should consist of **a maximum of 31 characters** and must not contain any characters that are not letters or digits. E.g., the full name “Vinothek Mit Genuss Weinhandel GmbH” can be abbreviated as “VMG Weinhandel”.

II. DANE IDENTYFIKACYJNE PŁATNIKA SKŁADEK	II. DANE II ENTYFIKACYJNE PŁATNIKA SKŁADEK										02. Numer REGON									
	01. Numer NIP (wpisać bez kresek)																			
	9	9	9	9	9	9	9	9	9	9										
	03. Nazwa skrócona																			
	V	M	G		W	E	I	N	H	A	N	D	E	L						

Block III. RECORD DATA OF THE CONTRIBUTION PAYER

- ➔ **In field 01** – enter the contribution payer’s full name.
- ➔ **Fields 02–08** should not be filled out.

[illegible]

Block VI. CONTRIBUTION PAYER'S CORRESPONDENCE ADDRESS

Fill out this block if you want to receive mail from us at a different address than the one given in block V “Contribution payer’s registered office address.”

- ➔ **Field 01** – enter a postcode if the address is Polish.
- ➔ **In field 02** – enter a city/town.
- ➔ **In field 03** – enter a street name.
- ➔ **In field 04** – enter a building number.
- ➔ **In field 05** – enter a unit number. If there is no unit number in the address, leave blank.
- ➔ **Field 06** should be left blank.
- ➔ **In field 07** – enter a post office box (if you use one).
- ➔ **In field 08** – enter a telephone number preceded by the area code, e.g. 49 89 23225420. This will make it easier for us to contact you. If, as a payer, you do not have a phone, leave blank.
- ➔ **In field 09** – enter a two-letter country code and a foreign postcode.
- ➔ **In field 10** – enter an e-mail address.

VI. ADRES DO KORESPONDENCJI PŁATNIKA SKŁADEK (wpisać, jeśli adres do korespondencji jest inny niż adres siedziby płatnika składek)

01. Kod pocztowy: 0 2 - 9 5 2

02. Miejscowość: W A R S Z A W A

03. Ulica: W I E R T N I C Z A

04. Numer domu: 8

05. Numer lokalu:

06. Numer telefonu do teletransmisji:

07. Skrytka pocztowa:

08. Numer telefonu:

09. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski): -

10. Adres poczty elektronicznej: V M G . W E I N H A N D E L @ W P . P L

Block VII. ACCOUNTING FIRM DETAILS

Fill out this block if you use the services of a Polish accounting firm.

- ➔ **In field 01** – enter the accounting firm's NIP number; do not dash its individual parts.
- ➔ **In field 02** – enter the accounting firm's REGON number (a number issued by the Central Statistical Office and entered into the National Business Registry).
- ➔ **In field 03** – enter the abbreviated name of the accounting firm.

PŁATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOLOREM.			
ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZPA	strona: 2	ZGŁOSZENIE / ZMIANA DANYCH PŁATNIKA SKŁADEK - OSOBY PRAWNEJ LUB JEDNOSTKI ORGANIZACYJNEJ NIEPOSIADAJĄCEJ OSOBOWOŚCI PRAWNEJ

VII. DANE O BIURZE RACHUNKOWYM (wpisać, jeśli dokumentację finansowo-księgową prowadzi biuro rachunkowe)

01. Numer NIP (wpisać bez kresek)

02. Numer REGON

03. Nazwa skrócona

Block VIII. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ In field 01 – enter the form completion date (day/month/year), e.g. 05 01 2019.
- ➔ In field 02 – sign the document or have an authorised person sign it.
- ➔ In field 03 – place your contribution payer's stamp (if you have one).

VIII. OŚWIADCZENIE PŁATNIKA SKŁADEK	
01. Data wypełnienia (dd / mm / rrrr)	
0 5 0 1 2 0 1 9	
<p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p>	
02. Podpis płatnika lub osoby upoważnionej	03. Pieczęćka płatnika
Peter Kramer	

6. HOW TO DE-REGISTER AS A CONTRIBUTION PAYER

If you no longer employ persons who are subject to Polish regulations, you do not need to continue paying contributions to the Polish social insurance system for them. De-register as a contribution payer using the [ZUS ZWPA](#) document – de-registering a contribution payer.

Submit this document within 7 days of de-registering the last employee from insurance.

6.1. HOW TO FILL OUT THE ZUS ZWPA DOCUMENT – DE-REGISTERING A CONTRIBUTION PAYER

Below you will find instructions on completing the ZUS ZWPA document – de-registering a contribution payer.

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ź, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only field 01 or 02.

- ➔ If you want to de-register as a contribution payer, enter “X” in **field 01**.
- ➔ If you want to change or correct the details you provided in an earlier ZUS ZWPA form, enter “X” in **field 02**.
- ➔ **Fields 03 and 04** should not be filled out.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZWPA	WYREJESTROWANIE PŁATNIKA SKŁADEK
I. DANE ORGANIZACYJNE		
<input checked="" type="checkbox"/> 01. WYREJESTROWANIE PŁATNIKA SKŁADEK Jeśli TAK, wpisać X.		<input type="checkbox"/> 02. ZGŁOSZENIE KOREKTY DANYCH WYREJESTROWANIA PŁATNIKA SKŁADEK Jeśli TAK, wpisać X.
03. Data nadania (dd / mm / rrrr)		04. Nalepka „R”
0 5 0 1 2 0 1 9		

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

In this block, enter the details you provided in the ZUS ZPA or ZUS ZFA contribution payer registration form.

- ➔ In field 01 – enter your tax identification (NIP) number.
- ➔ Fields 02 and 03 should not be filled out.
- ➔ Field 04 should be filled out if you registered using ZUS ZFA. Enter 2.
- ➔ Field 05 should be filled out if you registered using ZUS ZFA. Enter the series and number of your passport or other document, enter no more than the first 9 letters or digits without spaces or punctuation.
- ➔ In field 06 – enter the same abbreviated name of the contribution payer as in ZUS ZFA or ZUS ZPA.
- ➔ Field 07 should be filled out if you registered using ZUS ZFA. Enter the contribution payer's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ Field 08 should be filled out if you registered using ZUS ZFA. Enter the contribution payer's first name.
- ➔ Field 09 should be filled out if you registered using ZUS ZFA. Enter the contribution payer's date of birth (day/month/year), e.g. 27 11 1975.

II. DANE IDENTYFIKACYJNE PŁATNIKA SKŁADEK									
01. Numer NIP (wpisać bez kresek)					02. Numer REGON				
9 9 9 9 9 9 9 9 9 9									
03. Numer PESEL ¹⁾					04. Rodzaj dokumentu: jeśli dowód osobisty, wpisać 1, jeśli paszport - 2				
					05. Seria i numer dokumentu				
					2 A N 0 0 0 0 0 0 0				
06. Nazwa skrócona									
07. Nazwisko									
K R A M E R									
08. Imię pierwsze									
A N N E L I E S E									
					09. Data urodzenia (dd / mm / rrrr)				
					2 7 1 1 1 9 7 5				

Block III. CONTRIBUTION PAYER'S DE-REGISTRATION DETAILS

In this block:

- ➔ In field 01 – enter a three-character code of the reason for de-registering:
 - 350 – de-registering from insurance of the last person for whom the payer had to submit insurance documents,
 - 600 – another reason for de-registering.
- ➔ In field 02 – enter the date on which the contribution payer is to be de-registered (day/month/year) – the date must be the same as the date of de-registration of the last employee.



EXAMPLE 1

You employ a person who is subject to Polish regulations until 15 July 2019. This is the last day on which you have to be registered with the Polish system as a contribution payer, as long as you do not have any other employees who are subject to Polish regulations. Enter 16 July 2019 as the date of de-registration in the ZUS ZWPA document.

III. DANE O WYREJESTROWANIU PŁATNIKA SKŁADEK									
01. Kod przyczyny wyrejestrowania			02. Data wyrejestrowania (dd / mm / rrrr)						
3 5 0			1 6 0 7 2 0 1 9						

Block IV. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ In field 01 – enter the form completion date (day/month/year), e.g. 16 07 2019.
- ➔ In field 02 – sign the document or have an authorised person sign it.

➔ **In field 03** – place your contribution payer's stamp (if you have one).

IV. OŚWIADCZENIE PŁATNIKA SKŁADEK 01. Data wypełnienia (dd / mm / rrrr) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 6 0 7 2 0 1 9 </div>	
<p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p>	
02. Podpis płatnika lub osoby upoważnionej <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Anneliese Kramer</div>	03. Pieczęć płatnika



IMPORTANT

You are a social insurance contribution payer from the first day you employ the first person subject to Polish regulations until the last day of employment of the last person subject to Polish regulations.

What if you de-register as a contribution payer with ZUS ZWPA, and then, after a while, you once again employ a person subject to Polish regulations? In this case, register again as a contribution payer using a ZUS ZFA or ZUS ZPA form.

7. HOW TO REGISTER AN EMPLOYEE/CONTRACTOR FOR INSURANCE

If you employ persons who are subject to Polish regulations, first register yourself with ZUS as a contribution payer, and then your employees as insured persons.

7.1. HOW TO REGISTER AN EMPLOYEE FOR INSURANCE HAVE

Have you employed a person who should be covered by the Polish social insurance system on the basis of a contract of employment or a contract of seasonal employment? Register them for insurance using the [ZUS ZUA](#) document – registration for insurance/reporting a change in the personal details of the insured person.

Submit ZUS ZUA within 7 days from the day you have employed the employee.

Below you will find instructions on completing the [ZUS ZUA](#) document – registration for insurance/reporting a change in the personal details of the insured person. For more information, please refer to the guide [ZUS ZUA – registration for insurance/reporting a change in the personal details of the insured person. How to complete and correct the document.](#)

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ů, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only field 01 or 02.

➔ **In field 01** – enter “X.”

➔ **Field 02** should be filled out when you want to change or correct the details you provided in a previous employee registration form. Enter:

- 1 – to change an employee's details, if the details provided in a previous application have changed, e.g. if the address has changed,
- 2 – to correct an employee's details, if you want to correct errors made in a previous registration form, e.g. if you provided an incorrect postcode in the address.



IMPORTANT

If you want to change or correct the identification details of a person (details from block III of ZUS ZUA) who is already registered for insurance, fill out a different form – [ZUS ZIUA](#).

➔ **Fields 03 and 04** should not be filled out.

PŁATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOŁOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZUA	strona: 1	ZGŁOSZENIE DO UBEZPIECZEŃ / ZGŁOSZENIE ZMIANY DANYCH OSOBY UBEZPIECZONEJ
I. DANE ORGANIZACYJNE			
<input checked="" type="checkbox"/> 01. ZGŁOSZENIE DO UBEZPIECZEŃ (jeśli TAK, wpisać X)		<input type="checkbox"/> 02. ZGŁOSZENIE ZMIANY (wpisać - 1) / KOREKTY (wpisać - 2) DANYCH OSOBY UBEZPIECZONEJ (nie dotyczy zmiany danych identyfikacyjnych) ¹⁾	
03. Data nadania (dd / mm / rrrr)		04. Nalepka „R”	

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

In this block, enter the details you provided in the ZUS ZPA or ZUS ZFA contribution payer registration form.

- ➔ In **field 01** – enter the NIP number (tax identification number) issued by the Second Tax Office in Warsaw or the one used for VAT settlements. Omit the PL symbol and do not dash the individual parts of the number.
- ➔ **Fields 02 and 03** should not be filled out.
- ➔ In **field 04** – enter 2.
- ➔ In **field 05** – enter the series and number of your passport or other document. Enter no more than the first 9 letters and digits without spaces or punctuation.
- ➔ In **field 06** – enter the abbreviated name of the contribution payer.
- ➔ In **field 07** – enter the contribution payer's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ In **field 08** – enter the contribution payer's first name.
- ➔ In **field 09** – enter the contribution payer's date of birth (day/ month/ year), e.g. 27 11 1975.

II. DANE IDENTYFIKACYJNE PŁATNIKA SKŁADEK			
01. Numer NIP (wpisać bez kresek)		02. Numer REGON	
9 9 9 9 9 9 9 9 9 9			
03. Numer PESEL ²⁾		04. Rodzaj dokumentu: jeśli dowód osobisty, wpisać 1, jeśli paszport - 2	
		2	
05. Seria i numer dokumentu		A N 0 0 0 0 0 0 0	
06. Nazwa skrócona			
07. Nazwisko			
K R A M E R			
08. Imię pierwsze		09. Data urodzenia (dd / mm / rrrr)	
A N N E L I E S E		2 7 1 1 1 9 7 5	

Block III. IDENTIFICATION DETAILS OF THE PERSON BEING REGISTERED FOR INSURANCE

This block is very important. Based on your registration form, we will create an individual account of a person insured with ZUS for your employee. The employee identification details that you provide in the registration form should be provided in all subsequent insurance documents.

Enter the employee's PESEL number (field 01). If the employee does not have a PESEL number, enter the series and number of their identity card or passport (field 03).

- ➔ In **field 01** – enter the employee's PESEL number.

- ➔ **Field 02** should not be filled out.
- ➔ **Field 03** – should be filled out only if the employee does not have a PESEL number.
Choose document type:
1 – identity card,
2 – passport.
If you entered the PESEL number in field 01, do not fill out field 03.
- ➔ **Field 04** – should be filled out only if you filled out field 02.
Enter the series and number of the identity card or passport.
- ➔ **In field 05** – enter the employee's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ **In field 06** – enter the employee's first name.
- ➔ **In field 07** – enter the employee's date of birth (day/month/year), e.g. 17 03 1988.

III. DANE IDENTYFIKACYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZEŃ	
01. Numer PESEL ²⁾	02.
8 8 0 3 1 7 1 1 1 1 1 1	
03. Rodzaj dokumentu (wypełnić jak pole II.04)	04. Seria i numer dokumentu
05. Nazwisko	
J A N K O W S K A	
06. Imię pierwsze	
D O M I N I K A	
07. Data urodzenia (dd / mm / rrrr)	
1 7 0 3 1 9 8 8	

Block IV. RECORD DATA OF THE PERSON BEING REGISTERED FOR INSURANCE

- ➔ **In field 01** – enter the employee's middle name, if they have one.
- ➔ **In field 02** – enter the employee's family name. The family name should be given for both men and women.
- ➔ **In field 03** – enter the employee's nationality.
- ➔ **In field 04** – specify the employee's sex:
K – female,
M – male.

IV. DANE EWIDENCYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZEŃ	
01. Imię drugie	
02. Nazwisko rodowe	
J A N K O W S K A	
03. Obywatelstwo	
P O L S K I E	
04. Płeć (wpisać: K - kobieta, M - mężczyzna)	
K	

Block V. INSURANCE ENTITLEMENT

In this block, enter the information on the insurance entitlement code.

- ➔ **In field 01** – enter the insurance entitlement code: 6 digits.

V. TYTUŁ UBEZPIECZENIA	
01. Kod tytułu ubezpieczenia ³⁾	
0 1 1 0 0 0	

- ➔ **Characters 1–4** – indicate the type of contract that gives rise to the obligation to pay contributions. If you are registering a person employed under a contract of employment, enter the code 01 10.
- ➔ **Character 5** – indicates an established right to retirement or disability pension. Enter:
0 – if the employee does not have an established right to retirement or disability pension,
1 – if the employee has informed you of their established right to retirement pension,
2 – if the employee has informed you of their established right to disability pension.
- ➔ **Character 6** – indicates the degree of disability. Enter:
0 – if the employee does not have a disability certificate or has not informed you of such a certificate,

- 1 – if the employee has a mild disability certificate,
- 2 – if the employee has a moderate disability certificate,
- 3 – if the employee has a severe disability certificate,
- 4 – if the employee has a disability certificate that is issued to persons under 16 years of age.

Block VI. INFORMATION ON OBLIGATORY SOCIAL INSURANCE

In this block, enter the information on the obligatory social insurance coverage.

- ➔ In field 01 – enter the date from which the employee is to be insured, i.e. when you employed them (day/month/year), e.g. 01 01 2019.
- ➔ In field 02 – enter X if the employee is to be covered by retirement pension insurance.
- ➔ In field 03 – enter X if the employee is to be covered by disability pension insurance.
- ➔ In field 04 – enter X if the employee is to be covered by sickness insurance.
- ➔ In field 05 – enter X if the employee is to be covered by accident insurance.

VI. DANE O OBOWIĄZKOWYCH UBEZPIECZENIACH SPOŁECZNYCH									
01. Data powstania obowiązku ubezpieczeń (dd / mm / rrrr)		0 1 0 1 2 0 1 9							
Osoba zgłaszana podlega ubezpieczeniom: (wpisać X w odpowiednim polu)									
02. Emerytalnemu		<input checked="" type="checkbox"/>		04. Chorobowemu		<input checked="" type="checkbox"/>			
03. Rentowym		<input checked="" type="checkbox"/>		05. Wypadkowemu		<input checked="" type="checkbox"/>			

Block VII. INFORMATION ON OBLIGATORY HEALTH INSURANCE

In this block, enter information on the employee's coverage by obligatory health insurance.

- ➔ In field 01 – enter the date from which the employee is to be insured, i.e. when you employed them (day/month/year), e.g. 01 01 2019.
- ➔ In field 02 – enter the three-character code of a National Health Fund branch, depending on the employee's place of residence:
 - ➔ 01R – Dolnośląskie Branch of the National Health Fund in Wrocław,
 - ➔ 02R – Kujawsko-Pomorskie Branch of the National Health Fund in Bydgoszcz,
 - ➔ 03R – Lubelskie Branch of the National Health Fund in Lublin,
 - ➔ 04R – Lubuskie Branch of the National Health Fund in Zielona Góra,
 - ➔ 05R – Łódzkie Branch of the National Health Fund in Łódź,
 - ➔ 06R – Małopolskie Branch of the National Health Fund in Kraków,
 - ➔ 07R – Mazowieckie Branch of the National Health Fund in Warsaw,
 - ➔ 08R – Opolskie Branch of the National Health Fund in Opole,
 - ➔ 09R – Podkarpackie Branch of the National Health Fund in Rzeszów,
 - ➔ 10R – Podlaskie Branch of the National Health Fund in Białystok,
 - ➔ 11R – Pomorskie Branch of the National Health Fund in Gdańsk,
 - ➔ 12R – Śląskie Branch of the National Health Fund in Katowice,
 - ➔ 13R – Świętokrzyskie Branch of the National Health Fund in Kielce,
 - ➔ 14R – Warmińsko-Mazurskie Branch of the National Health Fund in Olsztyn,
 - ➔ 15R – Wielkopolskie Branch of the National Health Fund in Poznań,
 - ➔ 16R – Zachodniopomorskie Branch of the National Health Fund in Szczecin.

VII. DANE O OBOWIĄZKOWYM UBEZPIECZENIU ZDROWOTNYM									
01. Data powstania obowiązku ubezpieczenia (dd / mm / rrrr)		0 1 0 1 2 0 1 9							
02. Kod oddziału NFZ		0 7 R							

Block VIII. INFORMATION ON VOLUNTARY SOCIAL INSURANCE

Do not fill out this block.

VIII. DANE O DOBROWOLNYCH UBEZPIECZENIACH SPOŁECZNYCH									
Wnoszę o objęcie ubezpieczeniami: (wpisać X w odpowiednim polu)									
01. Emerytalnym		<input type="checkbox"/>		03. Rentowym		<input type="checkbox"/>		05. Chorobowym	
02. Od dnia (dd / mm / rrrr)				04. Od dnia (dd / mm / rrrr)				06. Od dnia (dd / mm / rrrr)	

Block IX. INFORMATION ON VOLUNTARY HEALTH INSURANCE

Do not fill out this block.

IX. DANE O DOBROWOLNYM UBEZPIECZENIU ZDROWOTNYM	
01. Data rozpoczęcia ubezpieczenia (dd / mm / rrrr)	02. Kod oddziału NFZ

Block X. OTHER INFORMATION ON THE PERSON BEING REGISTERED FOR INSURANCE

Do not fill out this block.

X. INNE DANE O OSOBE ZGŁASZANEJ DO UBEZPIECZEŃ ^{*)}			
01. Kod wykonywanego zawodu	02. Kod pracy w szczególnych warunkach / w szczególnym charakterze	03. Okres pracy w szczególnych warunkach / w szczególnym charakterze (dd / mm / rrrr)	04. Okres pracy w szczególnych warunkach / w szczególnym charakterze (dd / mm / rrrr)

Block XI. PERMANENT RESIDENCE ADDRESS

In this block, enter the employee's permanent residence address.

- ➔ **In field 01** – enter a postcode.
- ➔ **In field 02** – enter the city/town of the employee's permanent residence.
- ➔ **In field 03** – enter the commune (gmina)/district of the employee's permanent residence.
- ➔ **In field 04** – enter a street name. If there is no street name in the address, leave blank.
- ➔ **In field 05** – enter a building number. If the building number consists of more than one number, use the character / (slash) to separate them, e.g. 17/19. If there is a letter in the building number, enter it as a capital letter without any spaces, e.g. 17B.
- ➔ **In field 06** – enter a unit number. If there is no unit number in the address, leave blank.
- ➔ **In field 07** – enter the employee's telephone number preceded by the area code, e.g. 89 23225420. This will make it easier for us to contact your employee. If the employee does not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode if the address is outside of Poland.

PLATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI Drukowanymi literami, CZARNYM LUB NIEBIESKIM KOLOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS	ZUA	strona: 2	ZGŁOSZENIE DO UBEZPIECZEŃ / ZGŁOSZENIE ZMIANY DANYCH OSOBY UBEZPIECZONEJ
XI. ADRES ZAMELDOWANIA NA STAŁE MIEJSCE POBYTU				
01. Kod pocztowy		02. Miejscowość		
0 2 - 6 4 9		W A R S Z A W A		
03. Gmina / Dzielnica				
M O K O T Ó W				
04. Ulica				
M A R Z A N N Y				
05. Numer domu		06. Numer lokalu		
9		2		
07. Numer telefonu		08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)		

Block XII. RESIDENCE ADDRESS

In this block, enter the employee's residence address if it is different from the one given in block XI.

- ➔ **Fields 01 to 08** – should be filled out according to the rules given in block XI.

XII. ADRES ZAMIESZKANIA (wpisać, jeśli adres zamieszkania jest inny niż adres zameldowania na stałe miejsce pobytu)

01. Kod pocztowy 02. Miejscowość

03. Gmina / Dzielnica

04. Ulica

05. Numer domu 06. Numer lokalu

07. Numer telefonu 08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

Block XIII. CORRESPONDENCE ADDRESS

Fill out this block if the employee wants to receive mail from us at a different address than the one given in block XI "Permanent residence address".

- ➔ **Field 01** – enter a postcode if the address is Polish.
- ➔ **In field 02** – enter a city/town.
- ➔ **In field 03** – enter a street name.
- ➔ **In field 04** – enter a building number.
- ➔ **In field 05** – enter a unit number. If there is no unit number in the address, leave blank.
- ➔ **In field 06** – enter a post office box (if the employee uses one).
- ➔ **In field 07** – enter the employee's telephone number preceded by the area code, e.g. 89 23225420. This will make it easier for us to contact your employee. If the insured person does not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode.
- ➔ **In field 09** – enter an e-mail address.

XIII. ADRES DO KORESPONDENCJI (wpisać, jeśli adres do korespondencji jest inny niż adres zameldowania na stałe miejsce pobytu lub adres zamieszkania)

01. Kod pocztowy 02. Miejscowość

03. Ulica

04. Numer domu 05. Numer lokalu

06. Skrytka pocztowa 07. Numer telefonu 08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

09. Adres poczty elektronicznej

Block XIV. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ **In field 01** – enter the form completion date (day/month/year), e.g. 05 01 2019.
- ➔ **In field 02** – sign the document or have an authorised person sign it.
- ➔ **In field 03** – the document is signed by the employee you are registering for insurance.
- ➔ **In field 04** – place your contribution payer's stamp (if you have one).

<p>XIV. OŚWIADCZENIE PŁATNIKA SKŁADEK</p> <p>01. Data wypełnienia (dd / mm / rrrr)</p> <p>0 5 / 0 1 / 2 0 1 9</p> <p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p> <p>02. Podpis płatnika lub osoby upoważnionej</p> <p style="text-align: center;"><i>Anneliese Kramer</i></p> <p>03. Pieczęćka płatnika</p>	<p>XV. OŚWIADCZENIE OSOBY ZGŁASZANEJ / ZGŁOSZONEJ DO UBEZPIECZENIA</p> <p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p> <p>01. Podpis osoby zgłaszanej / zgłoszonej do ubezpieczenia</p>
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7.2. HOW TO REGISTER A CONTRACTOR FOR INSURANCE IF THE CONTRACT WITH YOU IS THEIR SOLE BASIS FOR INSURANCE

Have you employed a person who should be subject to Polish regulations on social insurance and health insurance on the basis of a contract of mandate, agency agreement or service contract? Ask them to sign the declaration and to answer the following questions:

- 1) Is it their sole insurance entitlement?
- 2) Do they receive the [minimum wage](#) for their professional activity (i.e. on the basis of all their contracts)?

If the contract with you is this person's sole insurance entitlement, or if the person does not receive the minimum wage under all of their contracts, register them for insurance using the [ZUS ZUA](#) document – registration for insurance/reporting a change in the personal details of the insured person.

Submit ZUS ZUA within 7 days from the day they start working for you under the contract.

Below you will find instructions on completing the [ZUS ZUA](#) document – registration for insurance/reporting a change in the personal details of the insured person. For more information, please refer to the guide [ZUS ZUA – registration for insurance/reporting a change in the personal details of the insured person. How to complete and correct the document.](#)

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ź, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only field 01 or 02.

- ➔ **In field 01** – enter “X.”
- ➔ **Field 02** – fill out if you have previously submitted a ZUS ZUA form and want to change or correct the details provided there. In this case enter:
 - 1 – to change a contractor's details, if the details provided in a previous application have changed, e.g. if the address has changed,
 - 2 – to correct a contractor's details, if you want to correct errors made in a previous registration form, e.g. if you provided an incorrect building number in the address.



IMPORTANT

If you want to change or correct the details of a person who is already registered for insurance, fill out a different form – ZUS ZIUA.

- ➔ **Fields 03 and 04** should not be filled out.

PLATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOLOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZUA	strona: 1	ZGŁOSZENIE DO UBEZPIECZEŃ / ZGŁOSZENIE ZMIANY DANYCH OSOBY UBEZPIECZONEJ
I. DANE ORGANIZACYJNE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 01. ZGŁOSZENIE DO UBEZPIECZEŃ (jeśli TAK, wpisać X) </div> <div style="width: 45%;"> <input type="checkbox"/> 02. ZGŁOSZENIE ZMIANY (wpisać - 1) / KOREKTY (wpisać - 2) DANYCH OSOBY UBEZPIECZONEJ (nie dotyczy zmiany danych identyfikacyjnych)¹⁾ </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 03. Data nadania (dd / mm / rrrr) </div> <div style="width: 45%;"> 04. Nalepka „R” </div> </div>			

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

In this block, enter the details you provided in the ZUS ZPA or ZUS ZFA contribution payer registration form.

- ➔ **In field 01** – enter the tax identification number (NIP) that has been issued by the Second Tax Office in Warsaw or that you use for VAT settlements. Omit the PL symbol and do not dash the individual parts of the number.
- ➔ **Fields 02 and 03** should not be filled out.

- ➔ In field 04 – enter 2.
- ➔ In field 05 – enter the series and number of your passport or other document, enter no more than the first 9 letters or digits without spaces or punctuation.
- ➔ In field 06 – additionally, enter the abbreviated name of the contribution payer.
- ➔ In field 07 – enter the contribution payer's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ In field 08 – enter the contribution payer's first name.
- ➔ In field 09 – enter the contribution payer's date of birth (day/ month/ year), e.g. 27 11 1975.

II. DANE IDENTYFIKACYJNE PŁATNIKA SKŁADEK	
01. Numer NIP (wpisać bez kresek)	02. Numer REGON
9 9 9 9 9 9 9 9 9	
03. Numer PESEL ²⁾	04. Rodzaj dokumentu: jeśli dowód osobisty, wpisać 1, jeśli paszport - 2
	2
06. Nazwa skrócona	05. Seria i numer dokumentu
	A N 0 0 0 0 0 0 0
07. Nazwisko	
K R A M E R	
08. Imię pierwsze	09. Data urodzenia (dd / mm / rrrr)
A N N E L I E S E	2 7 1 1 1 9 7 5

Block III. IDENTIFICATION DETAILS OF THE PERSON BEING REGISTERED FOR INSURANCE

This block is very important. Based on your registration form, we will create an individual account of a person insured with ZUS for your contractor. The identification details that you provide in the registration form should be provided in all subsequent insurance documents.

Enter the contractor's PESEL number (field 01). If the contractor does not have a PESEL number, enter the series and number of their identity card or passport (field 03).

- ➔ In field 01 – enter the contractor's PESEL number.
- ➔ Field 02 – should not be filled out.
- ➔ Field 03 – should be filled out only if the contractor does not have a PESEL number.
Choose document type:
1 – identity card,
2 – passport.
- ➔ Field 04 – should be filled out only if you filled out field 02.
Enter the series and number of the identity card or passport.
- ➔ In field 05 – enter the contractor's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ In field 06 – enter the contractor's first name.
- ➔ In field 07 – enter the contractor's date of birth (day/ month/ year), e.g. 17 03 1988.

III. DANE IDENTYFIKACYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZEŃ	
01. Numer PESEL ²⁾	02.
8 8 0 3 1 7 1 1 1 1 1	
03. Rodzaj dokumentu (wypełnić jak pole II.04)	04. Seria i numer dokumentu
05. Nazwisko	
J A N K O W S K A	
06. Imię pierwsze	07. Data urodzenia (dd / mm / rrrr)
D O M I N I K A	1 7 0 3 1 9 8 8

Block IV. RECORD DATA OF THE PERSON BEING REGISTERED FOR INSURANCE

- ➔ In field 01 – enter the contractor's middle name, if they have one.
- ➔ In field 02 – enter the contractor's family name. The family name should be given for both men and women.
- ➔ In field 03 – enter the contractor's nationality.
- ➔ In field 04 – specify the contractor's sex:
K – female,
M – male.

IV. DANE EWIDENCYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZEŃ	
01. Imię drugie	
02. Nazwisko rodowe	J A N K O W S K A
03. Obywatelstwo	P O L S K I E
04. Płeć (wpisać: K - kobieta, M - mężczyzna)	K

Block V. INSURANCE ENTITLEMENT

In this block, enter the information on the insurance entitlement code.

→ In field 01 – enter the insurance entitlement code: 6 digits.

V. TYTUŁ UBEZPIECZENIA	
01. Kod tytułu ubezpieczenia ³⁾	0 4 1 1 0 0

- **Characters 1–4** – indicate the type of contract that gives rise to the obligation to pay contributions. If you are registering a person employed under a contract of mandate, agency agreement or service contract, enter the code 04 11.
- **Character 5** – indicates an established right to retirement or disability pension. Enter:
 - 0 – if the contractor does not have an established right to retirement or disability pension,
 - 1 – if the contractor has informed you of their established right to retirement pension,
 - 2 – if the contractor has informed you of their established rights to disability pension.
- **Character 6** – indicates the degree of disability. Enter:
 - 0 – if the contractor does not have a disability certificate or has not informed you of such a certificate,
 - 1 – if the contractor has a mild disability certificate,
 - 2 – if the contractor has a moderate disability certificate,
 - 3 – if the contractor has a severe disability certificate,
 - 4 – if the contractor has a disability certificate issued to persons under 16 years of age.

Block VI. INFORMATION ON OBLIGATORY SOCIAL INSURANCE

In this block, enter the information on the contractor's obligatory social insurance coverage.

- In field 01 – enter the date from which the contractor is to be insured, i.e. when you employed them (day/ month/ year), e.g. 01 01 2019.
- In field 02 – enter X if the contractor is to be covered by retirement pension insurance.
- In field 03 – enter X if the contractor is to be covered by disability pension insurance.
- Field 04 – should not be filled out.
- In field 05 – enter X if the contractor is to be covered by accident insurance.

VI. DANE O OBOWIĄZKOWYCH UBEZPIECZENIACH SPOŁECZNYCH		Osoba zgłaszana podlega ubezpieczeniom: (wpisać X w odpowiednim polu)	
01. Data powstania obowiązku ubezpieczeń (dd / mm / rrrr)	0 1 0 1 2 0 1 9	02. Emerytalnemu	<input checked="" type="checkbox"/>
		04. Chorobowemu	<input type="checkbox"/>
		03. Rentowym	<input checked="" type="checkbox"/>
		05. Wypadkowemu	<input checked="" type="checkbox"/>

Block VII. INFORMATION ON OBLIGATORY HEALTH INSURANCE

In this block, enter information on the contractor's coverage by obligatory health insurance.

- In field 01 – enter the date from which the contractor is to be insured, i.e. when you employed them (day/month/year), e.g. 01 01 2019.
- In field 02 – enter the three-character code of a National Health Fund branch, depending on the contractor's place of residence:
 - 01R – Dolnośląskie Branch of the National Health Fund in Wrocław,
 - 02R – Kujawsko-Pomorskie Branch of the National Health Fund in Bydgoszcz,
 - 03R – Lubelskie Branch of the National Health Fund in Lublin,

- 04R – Lubuskie Branch of the National Health Fund in Zielona Góra,
- 05R – Łódzkie Branch of the National Health Fund in Łódź,
- 06R – Małopolskie Branch of the National Health Fund in Kraków,
- 07R – Mazowieckie Branch of the National Health Fund in Warsaw,
- 08R – Opolskie Branch of the National Health Fund in Opole,
- 09R – Podkarpackie Branch of the National Health Fund in Rzeszów,
- 10R – Podlaskie Branch of the National Health Fund in Białystok,
- 11R – Pomorskie Branch of the National Health Fund in Gdańsk,
- 12R – Śląskie Branch of the National Health Fund in Katowice,
- 13R – Świętokrzyskie Branch of the National Health Fund in Kielce,
- 14R – Warmińsko-Mazurskie Branch of the National Health Fund in Olsztyn,
- 15R – Wielkopolskie Branch of the National Health Fund in Poznań,
- 16R – Zachodniopomorskie Branch of the National Health Fund in Szczecin.

VII. DANE O OBOWIĄZKOWYM UBEZPIECZENIU ZDROWOTNYM

01. Data powstania obowiązków ubezpieczenia (dd / mm / rrrr)

0 1 0 1 2 0 1 9

02. Kod oddziału NFZ

0 7 R

Block VIII. INFORMATION ON VOLUNTARY SOCIAL INSURANCE

In this block, enter information on the contractor's coverage by voluntary sickness insurance, if the contractor has submitted such a request.

→ **Fields 01–04** should not be filled out.

→ **In field 05** – enter X if the contractor is to be covered by sickness insurance.

→ **In field 06** – enter the date from which the contractor is to be covered by this insurance (day/month/year), e.g. 01 01 2019.

VIII. DANE O DOBROWOLNYCH UBEZPIECZENIACH SPOŁECZNYCH

Wnoszę o objęcie ubezpieczeniami: (wpisać X w odpowiednim polu)

01. Emerytalnym ☐

02. Od dnia (dd / mm / rrrr)

03. Rentowymi ☐

04. Od dnia (dd / mm / rrrr)

05. Chorobowym ☐

06. Od dnia (dd / mm / rrrr)

Block IX. INFORMATION ON VOLUNTARY HEALTH INSURANCE

Do not fill out this block.

IX. DANE O DOBROWOLNYM UBEZPIECZENIU ZDROWOTNYM

01. Data rozpoczęcia ubezpieczenia (dd / mm / rrrr)

02. Kod oddziału NFZ

Block X. OTHER INFORMATION ON THE PERSON BEING REGISTERED FOR INSURANCE

Do not fill out this block.

X. INNE DANE O OSOBIE ZGŁASZANEJ DO UBEZPIECZEŃ⁴⁾

01. Kod wykonywanego zawodu

02. Kod pracy w szczególnych warunkach / w szczególnym charakterze

03. Okres pracy w szczególnych warunkach / w szczególnym charakterze (dd / mm / rrrr)

Block XI. PERMANENT RESIDENCE ADDRESS

In this block, enter the contractor's permanent residence address.

→ **In field 01** – enter a postcode.

→ **In field 02** – enter the city/town of the contractor's permanent residence.

→ **In field 03** – enter the commune (gmina)/district of the contractor's permanent residence.

→ **In field 04** – enter a street name; if there is no street name in the address, leave blank.

- ➔ **In field 05** – enter a building number. If the building number consists of more than one number, use the character / (slash) to separate them, e.g. 17/19. If there is a letter in the building number, enter it as a capital letter without any spaces, e.g. 17B.
- ➔ **In field 06** – enter a unit number; if there is no unit number in the address, leave blank.
- ➔ **In field 07** – enter the contractor's telephone number preceded by the area code, e.g. 49 89 23225420. This will make it easier for us to contact them. If they do not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode if the address is outside of Poland.

PLATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOLOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZUA	strona: 2	ZGŁOSZENIE DO UBEZPIECZEŃ / ZGŁOSZENIE ZMIANY DANYCH OSOBY UBEZPIECZONEJ
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XI. ADRES ZAMELDOWANIA NA STAŁE MIEJSCE POBYTU

01. Kod pocztowy 02. Miejscowość

0 2 — 6 4 9 W A R S Z A W A

03. Gmina / Dzielnica

M O K O T Ó W

04. Ulica

M A R Z A N N Y

05. Numer domu 06. Numer lokalu

9 2

07. Numer telefonu 08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

—

Block XII. RESIDENCE ADDRESS

In this block, enter the contractor's residence address if it is different from the one given in block XI.

- ➔ **Fields 01 to 08** – should be filled out according to the rules given in block XI.

XII. ADRES ZAMIESZKANIA (wpisać, jeśli adres zamieszkania jest inny niż adres zameldowania na stałe miejsce pobytu)

01. Kod pocztowy 02. Miejscowość

— —

03. Gmina / Dzielnica

—

04. Ulica

—

05. Numer domu 06. Numer lokalu

— —

07. Numer telefonu 08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

—

Block XIII. CORRESPONDENCE ADDRESS

Complete this block if the contractor wants to receive mail from us at a different address than the one given in block XI "Permanent residence address".

- ➔ **Field 01** – enter a postcode if the address is Polish.
- ➔ **In field 02** – enter a city/town.
- ➔ **In field 03** – enter a street name.
- ➔ **In field 04** – enter a building number.
- ➔ **In field 05** – enter a unit number; if there is no unit number in the address, leave blank.
- ➔ **In field 06** – enter a post office box.
- ➔ **In field 07** – additionally, enter the employee's telephone number preceded by the area code, e.g. 89 23225420. This will make it easier for us to contact them. If the contractor does not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode.
- ➔ **In field 09** – enter an e-mail address.

XIII. ADRES DO KORESPONDENCJI (wpsaść, jeśli adres do korespondencji jest inny niż adres zameldowania na stałe miejsce pobytu lub adres zamieszkania)

01. Kod pocztowy

02. Miejscowość

03. Ulica

04. Numer domu

05. Numer lokalu

06. Skrytka pocztowa

07. Numer telefonu

08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

09. Adres poczty elektronicznej

Block XIV. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ **In field 01** – enter the form completion date (day/ month/ year), e.g. 05 01 2019.
- ➔ **In field 02** – sign the document or have an authorised person sign it.
- ➔ **In field 03** – the document is signed by the contractor who is being registered for insurance.
- ➔ **In field 04** – place your contribution payer's stamp (if you have one).

<div><div>XIV. OŚWIADCZENIE PŁATNIKA SKŁADEK</div><div>01. Data wypełnienia (dd / mm / rrrr)</div><div>05012019</div><div><div>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</div><div>02. Podpis płatnika lub osoby upoważnionej</div><div><div>Anneliese Kramer</div></div><div>03. Pieczęćka płatnika</div></div></div>	<div><div>XV. OŚWIADCZENIE OSOBY ZGŁASZANEJ / ZGŁOSZONEJ DO UBEZPIECZENIA</div><div><div>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</div><div>01. Podpis osoby zgłaszanej / zgłoszonej do ubezpieczenia</div></div></div>
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7.3. HOW TO REGISTER A CONTRACTOR FOR INSURANCE IF THEY HAVE ANOTHER INSURANCE ENTITLEMENT

Have you employed a person who should be subject to Polish regulations on social insurance and health insurance on the basis of a contract of mandate, agency agreement or service contract? Ask them to sign the declaration and to answer the following questions:

- 1) Is it their sole insurance entitlement?
- 2) Do they receive the minimum wage for their professional activity (i.e. on the basis of all their contracts)?

If the contract with you is not this person's sole insurance entitlement and they receive the minimum wage under all of their contracts, register them for insurance using the [ZUS ZZA](#) document – registration for health insurance/reporting a change in personal details.

Submit ZUS ZZA within 7 days from the day they start working for you under the contract.

Below you will find instructions on completing the [ZUS ZZA](#) document – registration for health insurance/reporting a change in personal details. For more information, please refer to the guide [ZUS ZZA – registration for health insurance/reporting a change in the personal details. How to complete and correct the document](#).

Complete all documents using forms downloaded from www.zus.pl. They may be filled out on a computer or by hand. Write in block letters and enter each character into a separate box. Write

with a pen in black or blue. Do not use special characters (“”, &, =, /, etc.) or characters specific to a particular language (e.g. Ů, Ö).

Block I. ORGANISATIONAL DATA

In this block, fill out only field 01 or 02.

➔ **In field 01** – enter “X.”

➔ **Field 02** – fill out if you have previously submitted a ZUS ZZA form and want to change or correct the details provided there.

Enter:

- 1 – to change a contractor’s details, if the details provided in a previous registration form have changed (e.g. the address has changed),
- 2 – to correct a contractor’s details, if you want to correct errors made in a previous registration form, e.g. if you provided an incorrect address.



IMPORTANT

If you want to change or correct the identification details of a person (details from block III of ZUS ZZA) who is already registered for insurance purposes, fill out a different form – [ZUS ZIUA](#).

➔ **Fields 03 and 04** should not be filled out.

PLATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE
DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOŁOREM.

ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZZA	strona: 1	ZGŁOSZENIE DO UBEZPIECZENIA ZDROWOTNEGO / ZGŁOSZENIE ZMIANY DANYCH
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I. DANE ORGANIZACYJNE

☒ 01. ZGŁOSZENIE DO UBEZPIECZENIA ZDROWOTNEGO (jeśli TAK, wpisać X)

☐ 02. ZGŁOSZENIE ZMIANY (wpisać - 1) / KOREKTY (wpisać - 2) DANYCH¹⁾

03. Data nadania (dd / mm / rrrr)

04. Nalepka „R”

Block II. IDENTIFICATION DETAILS OF THE CONTRIBUTION PAYER

In this block, enter the details you provided in the ZUS ZPA or ZUS ZFA contribution payer registration form.

➔ **In field 01** – enter the NIP number (tax identification number) issued by the Second Tax Office in Warsaw or the one used for VAT settlements. Omit the PL symbol and do not dash the individual parts of the number.

➔ **Fields 02 and 03** should not be filled out.

➔ **In field 04** – enter 2.

➔ **In field 05** – enter the series and number of your passport or other document. Enter no more than the first 9 letters and digits without spaces or punctuation.

➔ **In field 06** – enter the abbreviated name of the contribution payer.

➔ **In field 07** – enter the contribution payer’s surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.

➔ **In field 08** – enter the contribution payer’s first name.

➔ **In field 09** – enter the contribution payer’s date of birth (day/ month/ year), e.g. 27 11 1975.

II. DANE IDENTYFIKACYJNE PLATNIKA SKŁADEK

01. Numer NIP (wpisać bez kresek)

9 9 9 9 9 9 9 9 9 9

02. Numer REGON

03. Numer PESEL²⁾

04. Rodzaj dokumentu: jeśli dowód osobisty, wpisać 1, jeśli paszport - 2

2

05. Seria i numer dokumentu

A N 0 0 0 0 0 0 0 0

06. Nazwa skrócona

07. Nazwisko

K R A M E R

08. Imię pierwsze

A N N E L I E S E

09. Data urodzenia (dd / mm / rrrr)

2 7 1 1 1 9 7 5

Block III. IDENTIFICATION DETAILS OF THE PERSON BEING REGISTERED FOR INSURANCE

This block is very important. Based on your registration form, we will create an individual account of a person insured with ZUS for your contractor. The identification details that you provide in the registration form should be provided in all subsequent insurance documents.

Enter the contractor's PESEL number (field 01). If the contractor does not have a PESEL number, enter the series and number of their identity card or passport (field 03).

- ➔ **In field 01** – enter the contractor's PESEL number.
- ➔ **Field 02** – should not be filled out.
- ➔ **Field 03** – should be filled out only if the contractor does not have a PESEL number.

Choose document type:

- 1 – identity card,
- 2 – passport.

- ➔ **Field 04** – should be filled out only if you filled out field 02.

Enter the series and number of the identity card or passport.

- ➔ **In field 05** – enter the contractor's surname. If the surname consists of two or more elements, hyphenate them, e.g. Nowak-Kowalski.
- ➔ **In field 06** – enter the contractor's first name.
- ➔ **In field 07** – enter the contractor's date of birth (day/ month/ year), e.g. 17 03 1988.

III. DANE IDENTYFIKACYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZENIA	
01. Numer PESEL ²⁾	8 8 0 3 1 7 1 1 1 1 1 1
02.	
03. Rodzaj dokumentu (wypełnić jak pole II.04)	
04. Seria i numer dokumentu	
05. Nazwisko	J A N K O W S K A
06. Imię pierwsze	D O M I N I K A
07. Data urodzenia (dd / mm / rrrr)	1 7 0 3 1 9 8 8

Block IV. RECORD DATA OF THE PERSON BEING REGISTERED FOR INSURANCE

- ➔ **In field 01** – enter the contractor's middle name, if they have one.
- ➔ **In field 02** – enter the contractor's family name. The family name should be given for both men and women.
- ➔ **In field 03** – enter the contractor's nationality.
- ➔ **In field 04** – specify the contractor's sex:
K – female,
M – male.

IV. DANE EWIDENCYJNE OSOBY ZGŁASZANEJ DO UBEZPIECZENIA	
01. Imię drugie	
02. Nazwisko rodowe	J A N K O W S K A
03. Obywatelstwo	P O L S K I E
04. Płeć (wpisać: K - kobieta, M - mężczyzna)	K

Block V. INSURANCE ENTITLEMENT

In this block, enter the information on the insurance entitlement code.

- ➔ **In field 01** – enter the insurance entitlement code: 6 digits.

V. TYTUŁ UBEZPIECZENIA	
01. Kod tytułu ubezpieczenia ³⁾	0 4 1 1 0 0

- ➔ **Characters 1–4** – indicate the type of contract that gives rise to the obligation to pay contributions. If you are registering a person employed under a contract of mandate, agency agreement or service contract, enter the code 04 11.

- **Character 5** – indicates an established right to retirement or disability pension. Enter:
 - 0 – if the contractor does not have an established right to retirement or disability pension,
 - 1 – if the contractor has informed you of their established right to retirement pension,
 - 2 – if the contractor has informed you of their established rights to disability pension.
- **Character 6** – indicates the degree of disability. Enter:
 - 0 – if the contractor does not have a disability certificate or has not informed you of such a certificate,
 - 1 – if the contractor has a mild disability certificate,
 - 2 – if the contractor has a moderate disability certificate,
 - 3 – if the contractor has a severe disability certificate,
 - 4 – if the contractor has a disability certificate issued to persons under 16 years of age.

Block VI. INFORMATION ON OBLIGATORY HEALTH INSURANCE

In this block, enter information on the contractor's coverage by obligatory health insurance.

- **In field 01** – enter the date from which the contractor is to be insured, i.e. when you employed them (day/ month/ year), e.g. 01 01 2019.
- **In field 02** – enter the code of a National Health Fund branch, depending on the contractor's place of residence:
 - 01R – Dolnośląskie Branch of the National Health Fund in Wrocław,
 - 02R – Kujawsko-Pomorskie Branch of the National Health Fund in Bydgoszcz,
 - 03R – Lubelskie Branch of the National Health Fund in Lublin,
 - 04R – Lubuskie Branch of the National Health Fund in Zielona Góra,
 - 05R – Łódzkie Branch of the National Health Fund in Łódź,
 - 06R – Małopolskie Branch of the National Health Fund in Kraków,
 - 07R – Mazowieckie Branch of the National Health Fund in Warsaw,
 - 08R – Opolskie Branch of the National Health Fund in Opole,
 - 09R – Podkarpackie Branch of the National Health Fund in Rzeszów,
 - 10R – Podlaskie Branch of the National Health Fund in Białystok,
 - 11R – Pomorskie Branch of the National Health Fund in Gdańsk,
 - 12R – Śląskie Branch of the National Health Fund in Katowice,
 - 13R – Świętokrzyskie Branch of the National Health Fund in Kielce,
 - 14R – Warmińsko-Mazurskie Branch of the National Health Fund in Olsztyn,
 - 15R – Wielkopolskie Branch of the National Health Fund in Poznań,
 - 16R – Zachodniopomorskie Branch of the National Health Fund in Szczecin.

VI. DANE O OBOWIĄZKOWYM UBEZPIECZENIU ZDROWOTNYM	
01. Data powstania obowiązku ubezpieczenia (dd / mm / rrrr) <div style="display: flex; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"> </div>	02. Kod oddziału NFZ <div style="display: flex; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"> </div>

Block VII. INFORMATION ON VOLUNTARY HEALTH INSURANCE

Do not fill out this block.

VII. DANE O DOBROWOLNYM UBEZPIECZENIU ZDROWOTNYM	
01. Data rozpoczęcia ubezpieczenia (dd / mm / rrrr) <div style="display: flex; border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"> </div>	02. Kod oddziału NFZ <div style="display: flex; border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"> </div>

Block VIII. PERMANENT RESIDENCE ADDRESS

In this block, enter the contractor's permanent residence address.

- **In field 01** – enter a postcode.
- **In field 02** – enter the city/town of the contractor's permanent residence.
- **In field 03** – enter the commune (gmina)/district of the contractor's permanent residence.
- **In field 04** – enter a street name. If there is no street name in the address, leave blank.

- ➔ **In field 05** – enter a building number. If the building number consists of more than one number, use the character / (slash) to separate them, e.g. 17/19. If there is a letter in the building number, enter it as a capital letter without any spaces, e.g. 17B.
- ➔ **In field 06** – enter a unit number. If there is none in the address, leave blank.
- ➔ **In field 07** – enter a telephone number preceded by the area code, e.g. 49 89 23225420. This will make it easier for us to contact your contractor. If the contractor does not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode if the address is outside of Poland.

VIII. ADRES ZAMELDOWANIA NA STAŁE MIEJSCE POBYTU	
01. Kod pocztowy	02. Miejscowość
0 2 - 6 4 9	W A R S Z A W A
03. Gmina / Dzielnica	
M O K O T Ó W	
04. Ulica	
M A R Z A N N Y	
05. Numer domu	06. Numer lokalu
9	2
07. Numer telefonu	08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)
	-

Block IX. RESIDENCE ADDRESS

In this block, enter the contractor's residence address if it is different from the one given in block XI.

- ➔ **Fields 01 to 08** – should be filled out according to the rules given in block VIII.

PLATNIK WYPEŁNIA POLA W WYZNACZONYCH KRATKACH KOMPUTEROWO, NA MASZYNIE LUB RĘCZNIE DUŻYMI DRUKOWANYMI LITERAMI, CZARNYM LUB NIEBIESKIM KOŁOREM.	
ZAKŁAD UBEZPIECZEŃ SPOŁECZNYCH	ZUS ZZA strona: 2 ZGŁOSZENIE DO UBEZPIECZENIA ZDROWOTNEGO / ZGŁOSZENIE ZMIANY DANYCH
IX. ADRES ZAMIESZKANIA (wpisać, jeśli adres zamieszkania jest inny niż adres zameldowania na stałe miejsce pobytu)	
01. Kod pocztowy	02. Miejscowość
03. Gmina / Dzielnica	
04. Ulica	
05. Numer domu	06. Numer lokalu
07. Numer telefonu	08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)
	-

Block X. CORRESPONDENCE ADDRESS

Fill out this block if the contractor wants to receive mail from us at a different address than the one given in block VIII "Permanent residence address".

- ➔ **Field 01** – enter a postcode if the address is Polish.
- ➔ **In field 02** – enter a city/town.
- ➔ **In field 03** – enter a street name.
- ➔ **In field 04** – enter a building number.
- ➔ **In field 05** – enter a unit number. If there is none in the address, leave blank.
- ➔ **In field 06** – enter a post office box (if the contractor has one).
- ➔ **In field 07** – enter the contractor's telephone number preceded by the area code, e.g. 89 23225420. This will make it easier for us to contact your contractor. If the contractor does not have a phone, leave blank.
- ➔ **In field 08** – enter a two-letter country code and a foreign postcode.
- ➔ **In field 09** – enter an e-mail address.

X. ADRES DO KORESPONDENCJI (wpisać, jeśli adres do korespondencji jest inny niż adres zameldowania na stałe miejsce pobytu lub adres zamieszkania)

01. Kod pocztowy 02. Miejscowość

03. Ulica

04. Numer domu 05. Numer lokalu

06. Skrytka pocztowa 07. Numer telefonu

08. Symbol państwa - zagraniczny kod pocztowy (wypełnić w przypadku, gdy adres jest inny niż polski)

09. Adres poczty elektronicznej

Block XI. CONTRIBUTION PAYER'S DECLARATION

In this block:

- ➔ **In field 01** – enter the form completion date (day/ month/ year), e.g. 05 01 2019.
- ➔ **In field 02** – sign the document or have an authorised person sign it.
- ➔ **In field 03** – the document is signed by the contractor who is being registered for insurance.
- ➔ **In field 04** – place the company stamp (if you have one).

XI. OŚWIADCZENIE PŁATNIKA SKŁADEK	XII. OŚWIADCZENIE OSOBY ZGŁASZANEJ / ZGŁOSZONEJ DO UBEZPIECZENIA
<p>01. Data wypełnienia (dd / mm / rrrr)</p> <p>0 5 0 1 2 0 1 9</p> <p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p> <p>02. Podpis płatnika lub osoby upoważnionej</p> <p><i>Anneliese Kramer</i></p> <p>03. Pieczęć płatnika</p>	<p>Oświadczam, że dane zawarte w formularzu są zgodne ze stanem prawnym i faktycznym. Jestem świadomy(-ma) odpowiedzialności karnej za zeznanie nieprawdy lub zatajenie prawdy.</p> <p>01. Podpis osoby zgłaszanej / zgłoszonej do ubezpieczenia</p>