I am a student of ……………………………………………………………………………….………. University, from the …………………………………………………………………………………... Faculty, ………………………………………………………………………………………... Department. I want to work at the …….……………………...………… ……..… ……………...… …………………..….. unit/ establishment as a Part-time Student / Intern Student in accordance with Article 5/b of Law No. 5510.

**I receive health services** from my family, **through my mother/father, within the scope of general health insurance.** For this reason**, I do not accept** to be covered by general health insurance during my part-time work or internship.

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I accept that my declaration is correct and that in case of a change in my situation, I will immediately notify the change. I agree to pay the premium, administrative fine, late fee and delay interest arising from my erroneous or incomplete declaration.

|  |  |
| --- | --- |
| **Name** |  |
| **Surname** |  |
| **T.R. Identity Number** |  |
| **Department** |  |
| **Student ID** |  |
| **Date** | … / … / … |
| **Signature** |  |