**STUDENT DECLARATION OF HEALTHCARE COVERAGE**

* I am covered by Universal Health Insurance.
* I am covered by my parents' health insurance plan.
* I am registered by the Social Security Institution of Turkey for healthcare benefits.
* I am registered by BAG-KUR (self-employed) for healthcare benefits.
* I am registered by Emekli Sandigi (Social Security Organization for Civil Servants) for healthcare benefits.
* I do not receive social security or health benefits.

I hereby declare that the details furnished above are true and correct and I undertake to inform you of any changes therein, immediately. I am aware that I will be held liable for paying any premiums, administrative fines, penalty interests and late fees arising out of the above information is found to be false or untrue or incomplete, or out of failure to provide the required documents in a timely manner.

Student’s First Name and Last Name:

TR Identification Number:

Name of the Undergraduate School:

Department:

Program:

Student No:

Residential Address:

Telephone No:

Date:

Signature: