

.....
Name and surname

.....
PESEL or date of birth

.....
Residence address

.....

.....
Phone number



IHS Global Sp. z o. o.
Marynarki Polskiej Street no 163
80-868 Gdańsk

EMPLOYEE STATEMENT

**ABOUT THE CHOICE OF ADDITIONAL ELEMENTS OF EMPLOYEE BENEFIT PROGRAMS AND ACCEPTING RULES ON
DEDUCTIONS FROM REMUNERATION RELATING TO:**

PRIVATE MEDICAL CARE, the basis of which is the agreement of cooperation from 1st November 2020, concluded between IHS Global Sp. z o.o. and LuxMed Sp. z o.o. on 15th October 2010

I hereby declare that I intend to enroll into one of the below subscription options:

Individual health care package financed by the employer

Or registering companion(s) along with myself:

Family package 1 co-financed (50% of costs) by the employer (partner and all children under 26 years old) for **300,30 PLN**

Family package 2 co-financed (50% of costs) by the employer (partner or 1 child under 26 years old) for **203,30 PLN**

I hereby agree for deducting 50% of costs of the package chosen above.

Senior subscription financed by the employee (parent or parent-in-law under 75 years old) for **256,40 PLN**

I hereby agree for deducting full costs of the package chosen above.

For family/senior/partner package I register the following person:

Name and surname	PESEL	Residence address	Relation *	Phone number

*Spouse/Child/Mother/Father/Parent-in-law/Partner

I am aware that the value of monthly fee paid by IHS Global Sp. z o.o. for the mentioned above benefit programs, constitutes my income within the meaning of the Personal Income Tax Act. I agree to deduct the due tax and social security contributions and the National Health Fund from my salary every month.

.....
Date and signature

.....
Name and surname

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Date of birth

.....
Pesel

.....
Residence address

DECLARATION OF CONSENT TO DEDUCTION FROM WAGES

I hereby declare that I am aware that the amount of the contribution paid by the employer is the basis for the PIT advance payment and for the calculation of social insurance contributions and the National Health Fund (NFZ) and I agree to deduct the appropriate amount from my remuneration monthly, in accordance with the current Luxmed price list.

.....

(date and signature)

.....
Name and surname

DECLARATION OF CONSENT TO PROCESSING OF PERSONAL DATA

I, the undersigned, agree to the processing of my personal data, provided by me voluntarily, i.e. name and surname, date of birth, address of residence, personal identification number (PESEL), place of work, telephone number, branch of National Health Fund by IHS Global sp. z o.o. with headquarters in Gdańsk, ul. Marynarki Polskiej 163 for purposes related to employment.

At the same time, I consent to transfer my personal data:

- To the entity providing sport and recreation services for IHS Global sp. z o. o. named Benefit System S.A. in Warsaw due to joining a program co-financed by the employer IHS Global sp. z o.o.
- To the entity providing medical services for IHS Global sp. z o.o. named LuxMed sp. z o.o. in Warsaw due to joining the medical care program financed by the employer IHS Global sp. z o.o sp. z o.o.
- To the entity providing insurance services for IHS Global sp. z o.o. named Towarzystwo Ubezpieczeń Allianz Życie Polska S.A. in Warsaw due to joining the program of insurance services financed by the employer IHS Global sp. z o.o.
- To the entity providing medical services for IHS Global sp. z o.o. named Medivover sp. z o.o. in Warsaw due to joining the medical care program financed by the employer IHS Global sp. z o.o sp. z o.o.

.....
City, date

.....
Signature