Since this Form will determine the Insurance Premium to be paid on behalf of the Student, the declaration of the Person is essential and the form must be filled in completely. **Form 9**

FAMILY HEALTH BENEFIT INQUIRY DOCUMENT

INFORMATION REQUIRED FOR HEALTH SERVICE INQUIRY

T.C. Identity Number	
Population Province	
Volume No	
Year of Birth	

INFORMATION TO BE VERIFIED BY THE STUDENT REGARDING HEALTH AID

Gender	Male	☐	Ms.	☐
I'm 25 years old	Yes	☐	No.	☐

WHICH HEALTH BENEFIT DO YOU RECEIVE?

(Mark with "X" in the box opposite the health insurance you benefit from)

I receive health benefits through my mother	☐
I receive health benefits through my father	☐
Green Card (Former)	☐
I am a General Health Insured (GHI)	☐
I am working in another job (Self-insured)	☐
I am married and receive health benefits through my spouse	☐
My Father or Mother is a Tradesman but Has Premium Debt I Cannot Get Health Service	☐
My father or mother is a farmer, but due to agricultural premium debt I can't get health care	☐

I accept the accuracy of the above information and accept in advance any penal situation that may arise if I do not notify your Presidency in case my social security changes.

Name Surname : .....

...../...../201...

Signature

Note: You cannot work as a Part-Time Student if you are working in another job and you are being paid insurance premiums at the minimum wage level.

This Form has been prepared to replace Form 9 and Form 10 which were required to be issued in previous periods. Old Forms will not be used. Health Service Inquiry will be made by the SKS Department. Student Health Service

In case of change, it will renew the form and submit it to the SKS Department.