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 Ime i prezime

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 Adresa

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 Kontakt

  **BJELOVARSKO-BILOGORSKA ŽUPANIJA**

 **Upravni odjel za poslove državne uprave**

**PREDMET: PRESTANAK PRAVA NA ZDRAVSTVENO OSIGURANJE**

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Prijavljujem ovom tijelu da je \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

korisnik/ca obveznog zdravstvenog osiguranja:

1. umro/umrla \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, o čemu prilažem smrtni list.

2. Ostvario/la pravo na zdravstveno osiguranje po drugoj osnovi (navesti)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

U Bjelovaru, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 podnositelj/ica zahtjeva