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Ime i prezime

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa

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Kontakt

**BJELOVARSKO-BILOGORSKA ŽUPANIJA**

**Upravni odjel za poslove državne uprave**

**PREDMET: PRESTANAK PRAVA NA ZDRAVSTVENO OSIGURANJE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

podnositelj/ica zahtjeva