

DECLARATION REGARDING THE TRAVEL HEALTH INSURANCE

Family Name: _____

Given Name(s): _____

Date of Birth: _____

Place of Birth: _____

Following the advice of the German Consulate General, I hereby declare:

"For the duration of my first stay in the Schengen area, made possible by the granting of the visa applied for on _____, in the case of the issuance of this Visa, I provide evidence of the required travel health insurance cover with the attached travel health insurance (original and copy).

I further declare expressly, that I was informed that, for every additional Schengen-stay, I must also take out a comparable travel health insurance policy according to the following specified/itemized criteria, and that I must always carry with me the original insurance certificate in case of possible border controls."

Criteria of the Travel Health Insurance Cover

- Minimum amount of cover per person: 30.000, - €
- Validity of the insurance within the area of all Schengen-states;
- Local office of the insurance company in a Schengen-State, in Switzerland or in Liechtenstein;
- Cover of expenses of repatriation in the case of sickness, medical emergency treatment and/or emergency hospital admission;

Note: In cases of travel for the purpose of medical treatment, the shouldering of expenses for this treatment, which exceed the cover of the travel health insurance, must be confirmed separately.

Place/Date

Signature