

Family Name: _____

First Name: _____

Date of Birth: _____

Place of Birth: _____

Declaration

With regard to my visa application dated _____ I herewith declare that according to the Schengen regulations (CCI), I will be in possession of an adequate travel health insurance valid for the complete duration of my stay(s) in Schengen-Territory.

Furthermore, I understand that for any stay in Schengen-Territory I must be prepared to present the relevant travel health insurance certificate to the Schengen immigration authorities within the validity of the visa.

Health insurance requirements:

- Minimum insurance coverage: 30.000,- €per person
- Claims against the insurance company must be recoverable in Schengen
- Coverage of all expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment.

Signature