



## Declaration on Travel and Health Insurance

---

Applicant's Name

---

Date and Place of Birth of the Applicant

---

Applicant's Passport Details (Number, Date and Place of Issue, Date of Expiry)

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.

I have been informed that a proof of a travel medical insurance (insurance policy document) has to be carried along when travelling to the Schengen States.

Health Insurance Requirements:

- The **Validity** of the Travel Health Insurance corresponds to or exceeds the duration of my intended trip to the Schengen Area.
- **Minimum Insurance Coverage: 30,000,- Euro** per person
- **Claims** against the Insurance Company are recoverable in the Schengen Area, Switzerland or Liechtenstein
- The Travel Health Insurance covers **all expenses** which might arise in connection to urgent medical treatment, emergency hospital treatment as well as repatriation to my home country.

Besides, I understand that I have to present a Travel Health Insurance according to the above mentioned specifications for all subsequent visits to the Schengen Area.

---

Place, Date

---

Applicant's Signature