

**DECLARATION REGARDING THE TRAVEL HEALTH INSURANCE**

Name/Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Following the advice of the German Consulate Kolkata I hereby declare:

“For the duration of my first stay in the Schengen-area, which is made possible for me through the *granting* of the Visa which was 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 the expenses for this treatment, which exceeds the cover of the travel health insurance, must be confirmed separately.

Kolkata, \_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature)