

Health Policy Declaration

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.

New Delhi, _____

Signature