



Embassy
of the Federal Republic of Germany
New Delhi

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 (CCD), 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.

New Delhi, _____
Date

Applicant's Signature