Federal Foreign Office

Annex PA6 of the Protocol Directives

Certificate of Private Health Insurance

KV

Fill in the form completely and electronically and submit it to

Division Prot14

Health insurance: name, address

Place | date

Desk Officer:

Telephone no:

File number:

Policy holder: (employer) name, address

It is certified that

name, first name (insured person) | date of birth

address | health insurance number

is fully insured for medical expenses since ____ and with a term up to ____.

EWe hereby confirm that medical expense insurance is existent with the above mentioned policy holder and in accordance with § 193 section 3 set 1 VVG (Insurance Contract Act), which includes at least reimbursement of costs for outpatient and inpatient medical treatment with a maximum deductible of 5.000 EUR per calendar year.

☐ Insurance premiums were made without interruption.

☐ Insurance premiums were not paid since:

(Seal and Signature)