



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

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date

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Desk Officer:

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Telephone no:

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File number:

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Policy holder: (employer) name, address

It is certified that

name, first name (insured person)

date of birth

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--

address

health insurance number

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is fully insured for medical expenses since

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and with a term up to

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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:

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(Seal and Signature)