

## Health Policy Declaration

Family Name:

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First Name:

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Date of Birth:

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Place of Birth:

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### Declaration

With regard to my visa application dated \_\_\_\_\_ I herewith declare that according to the Visa Code provisions, 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