



Freie und Hansestadt Hamburg

Behörde für Inneres und Sport

For submission at the immigration office

Confirmation of private health insurance coverage

Appendix 1: Permanent protection

(to be filled in by the health insurance company)

(Please fill in and/or check as appropriate)

Information about the policyholder

Last name: _____ First name: _____

Date of birth: _____ Citizenship: _____

It is hereby confirmed that the private health insurance coverage compliant with the current legal regulations was acquired.

Insurance cover has been in force uninterrupted since: _____

Insurance cover is valid for an unlimited period and non-terminated

Monthly contribution rate: _____ €

Requirements met acc. to: § 193 Abs.3 VVG
 § 193 Abs. 3 VVG ICW § 257 Abs.2 a SGB V (ONLY for employees!)
 Does not meet any of the requirements listed above

Service scope corresponds to: § 11 SGB V (the statutory health insurance)
 § 152 VAG (the basic cover rate)
 Does not meet any of the requirements listed above

Monthly contribution to health insurance totals: _____ €

Monthly deductible: _____ €

Monthly nursing care contribution totals: _____ €

Place and Date

Signature and Stamp