



Freie und Hansestadt Hamburg
Behörde für Inneres und Sport
For submission at the immigration office

Confirmation of private health insurance coverage
Appendix 2 - Temporary protection up to 12 months
(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: non-terminated

Insurance cover is valid until: _____ or for an unlimited period

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)
 § 193 Abs. 3 VVG
 Does not meet any of the requirements above

Date

Signature and Stamp