



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

Confirmation of private health insurance coverage
Appendix 3 – short-term protection up to 180 days
(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: _____ €

The service scope complies with to Art. 15 Visa Code.

Place and Date

Signature and Stamp