

– student services –

Surname, firstname	date of birth

Zip code, place	Street name, house number

I hereby confirm that I am insured in _____ (country) by the _____ (Name of the insurance company) and my health insurance during my stay (studies) in Germany fulfills the following requirements:

1. outpatient treatment (ambulante Heilbehandlung)
2. inpatient treatment (stationäre Heilbehandlung)
3. the absolute and percentage deductibles to 5,000 euros are calendar year limited (maximaler Selbstbehalt)

My insurance operates on the principle of reimbursement. I receive at least a part of costs on presentation of invoices. Hereby I agree to be not insured by a public German health insurance. Further I know about the consequences of this process.

I hereby apply for the exemption of being compulsory insured after § 8 Abs. 1, No 5 SGB V.

_____ Date

_____ Student's signature

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