Surname name	date of birth
Address: Zip-code, city	street, number
I hereby certify that I'm insured With a private Health Insurance	(city, country
	(name of Health Insurance Company)
 Germany without any limit: treatment by a doctor, me Treatment by dentist, den Treatment in a hospital, h Medicine and bandages, o 	mpany covers for the whole duration of my stay (studies) in edical treatment (ärztliche Behandlung) ital treatment (zahnärztliche Behandlung) ital treatment (Krankenhausbehandlung) dressings(Arznei und Verbandsmittel)
least part of my costs for treatme	nt proved by my bills. I agree not having a German rance; all consequences have been explained to me.
I hereby apply for the exemption	of being compulsory insured after § 8 Abs. 1, No 5 SGB V
Date:	Signature and stamp of Health Insurance
Date:	Student's signature