



DECLARATION

Entitlement document

- European health insurance card
- Provisional replacement certificate of the European health insurance card
- Other: _____

Surname First name Maiden name

Date of birth Place of birth Gender Nationality

Home address:

Address in Germany:

- 1. I entered the Federal Republic of Germany on _____
- 2. Reason for entry (e.g. tourist, student, seconded employee): _____
- 3. Other health insurance cover already exists in Germany (e.g. due to employment):
 yes no

If yes, with the following health insurance company: _____

- 4. The following existed before leaving _____ (state)
 Illness _____
 Pregnancy
 No illness or pregnancy

5. I intend to stay in the Federal Republic of Germany up to _____

6. I continue to have my domicile in _____ (state)

7. I draw a pension from the following states: _____

8. I select the following health insurance company for temporary care in Germany:

(Place, date)

(Signature)