



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