

Declaration on Travel Health Insurance

I, _____
Applicant's Name

Date and Place of Birth of the Applicant

Applicant's Passport Details (Number, Date and Place of Issue, Date of Expiry)

with regard to my visa application dated _____ I herewith declare that according to the Schengen regulations (CCI), I will be in possession of an adequate travel health insurance valid for the complete duration of my stay(s) in Schengen Territory.

I have been informed that a proof of a travel health insurance (insurance policy document) must be carried along when travelling to the Schengen States. Indian nationals and/or those living in India must purchase their travel health insurance from one of the 24 approved Indian travel insurances companies approved by the Schengen countries: <https://www.vfsglobal.com/one-pager/portugal/india/english/pdf/TRAVEL-MEDICAL.pdf>

Health Insurance Requirements:

- **The Validity of the Travel Health Insurance** corresponds to or exceeds the duration of my intended trip to the Schengen Area;
- **Minimum Insurance Coverage:** 30,000 € (Euro) per person;
- **Claims against the Insurance Company** are recoverable in the Schengen Area.

The Travel Health Insurance covers all expenses which might arise in connection to urgent medical treatment, emergency hospital treatment as well as repatriation to my home country (including in the case of death). Besides, I understand that I have to present a Travel Health Insurance according to the above-mentioned specifications for all subsequent visits to the Schengen Area.

(Place, Date)

Applicant's Signature