

Declaration regarding medical travel insurance for subsequent visits

I, (surname, first name)

Date of birth:

Holder of multiple entry visa:

hereby declare that, for every subsequent visit to Schengen territory within the duration of the present visa, I will be in possession of medical travel insurance that meets the following criteria:

- It is valid throughout Schengen territory.
- It is valid during the entire period that I will be in Schengen territory.
- The cover is at least 30,000 Euros
- Cover includes repatriation for medical reasons, urgent medical care and/or emergency treatment in a hospital.

I will carry proof of this medical travel insurance with me, which can be presented to border control officers whenever I enter Schengen territory.

Place, date

Signature