



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 Euro 30,000.
- 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 officer whenever I enter Schengen territory.

Place, Date: _____

Signature: