

Address field

Insurance certificate

Please submit this certificate with the documents for registration at the University.

Mr       Ms/Miss/Mrs

\_\_\_\_\_  
Surname, first name

\_\_\_\_\_  
Policyholder number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Country code

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Home town/city

is insured with us (if you are statutorily insured by an "AOK", "Ersatzkrankenkasse", craft guild health insurance fund, or company health insurance fund)

is not obliged to take out or is exempt from health insurance, or is not subject to compulsory insurance (in the case of private insurance holders)

\_\_\_\_\_  
Name of health insurer

\_\_\_\_\_  
Company number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
or Post box

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Town/city

\_\_\_\_\_  
Date      Signature