

## Health Insurance Form (students)

To be completed, signed and stamped by the Insurance company of the applicant

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Insured's Name ( as per passport)

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Date and Place of Birth of the Insured ( as per passport)

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

Health Insurance Details:

- The validity of the Health Insurance corresponds to or exceeds the duration of the intended stay from \_\_\_\_\_ till \_\_\_\_\_ in Spain or at least 1 year.
- The policy provides comprehensive medical cover including general practitioner, specialist consultations, diagnostic tests, outpatient surgery, inpatient surgery, general hospitalization, treatments and emergencies.
- The insurance company is authorized to operate in Spain.
- The policy also covers the cost of possible repatriation.

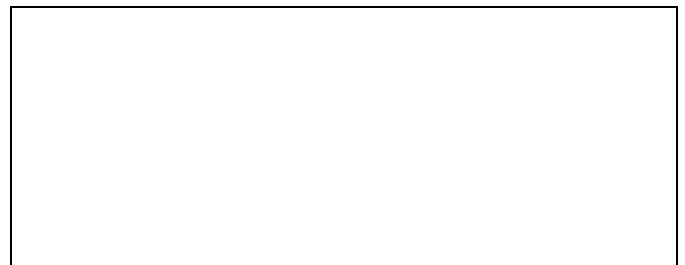
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Policy Number and Tariff

We, as the insurance company, confirm with this letter that the terms and conditions (policy details) fulfil the above mentioned requirements.

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Authorized Signature



Insurance Company Stamp  
(containing address and telephone number)