

Joint Visa Application Center, Riyadh

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Declaration of Medical Travel Insurance for Subsequent Visits

The Undersigned visa applicant _____

Date and Place of Birth _____

Application Number _____

Hereby declares that for each visit to Schengen states, subsequent to the first one and within the validity of the issued visa, he/she will provide for him/herself and / or for the members of his/her family a medical insurance that will meet the following standards:

- Valid for all the Schengen States
- Valid for each period of stay in the Schengen States
- Minimum coverage of 30,000 €, without limitations
- Covering expenses of repatriation for medical reasons, urgent medical care and / or emergency treatment in a hospital

The undersigned will carry the proof of his / her medical travel insurance to be available at the immigration check at the entry into the Schengen States

Riyadh,.....

Applicant Signature.....

Attention: The Embassy of Austria have a right to ask any other additional documents it consider necessary, may call the applicant for an interview, and have a contractual right of refusal without any explanation. In all cases, the visa fee is non-refundable