
**Attachment to the Application for Temporary Stays in Germany within
the Group Insurance Contract with Max-Planck-Gesellschaft zur
Förderung der Wissenschaften e.V. (n° 3.99AACL.P)**

Scholarship Holder of Max-Planck-Institut:

(Name)

(First name)

(Nationality)

(Date of birth)

Insurance coverage is only granted as per tariff DOGP.2. or BD.2

The application **has to** be effected within a delay of 6 weeks after coming to Germany. An unlimited insurance coverage without any check of the state of health can only then be granted!

After this delay insurance coverage may also be offered, however, possible pre-existing conditions are excluded from the insurance coverage!

The entry to Germany was on: _____

Please use one of the following proofs:

Copy of passport with stamp of entry

Train ticket

Flight ticket

Confirmation of Max-Planck-Institute: _____
Place, date – signature and stamp of Max-Planck-Institute

The payment of the premium is effected by the scholarship holder via SEPA direct debiting!

Place, date – signature of scholarship holder