(Ins.Aff.Form/october 2002)

AFFIDAVIT FOR HEALTH INSURANCE COVERAGE

I

_____

first middle last name

born in (town/state)_____

on (day-month-year)_____

residing at (permanent address)

_____

Phone number: Area code _____ Tel_____

BEING FIRST DULY SWORN ON OATH, DEPOSE AND SAY:

• That within eight days of my arrival in Italy I will report to the Italian QUESTURA (local Police Office) for the issuance of my PERMESSO DI SOGGIORNO (residence permit) as requested by the Italian Government of all foreigners residing in Italy for an extended period of time;

• That prior to appearing at the Questura, I will have to purchase one of the following medical and hospitalization programs:
_____ a) Insurance policy with I.N.A. ASSITALIA, Via del Tritone 181, Rome - Bank account n. 7127003 - which can be purchased at any Post Office upon arrival in Italy or with any other Italian insurance company of my choice,

OR
_____ b) Insurance policy with any other private health insurance company that will cover me for the medical/hospitalization bills in line with the Italian Government standards.

• That the above mentioned coverage will be for my entire stay in Italy and will be granted without any sort of limitation and deduction.

_____ _____
Place and date of signing (Signature of the student)

SIGNED BEFORE ME

ON _____ Signature _____

Seal of the notary public

THE SIGNATURE MUST BE NOTARIZED BY NOTARY PUBLIC OR AN ITALIAN CONSULAR OFFICER IF APPLYING BY MAIL.

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