

AFFIDAVIT OF HEALTH INSURANCE COVERAGE

I (name and last name), _____

Born on (date) _____ in the City and State of _____

Country _____ currently residing at (residential address) _____

BEING DULY SWORN ON OATH, DEPOSE AND SAY:

- That within eight days of my arrival in Italy I will report to the Italian Questura (Police) for the issuance of my PERMESSO DI SOGGIORNO as required by the Italian Government for all foreigners residing in Italy for an extended period of time.
- That prior to appearing at the Questura, I will have purchased one of the following health insurances (circle appropriate letter):
 - a. Insurance Policy with any Italian insurance company.
 - b. Insurance Policy with a US private health insurance company that will cover me for the medical/hospitalization in line with the Italian Government standards as specifies on the note **REQUIREMENTS FOR A STUDY VISA.**

Signature

SIGNED BEFORE ME ON

Signature _____

Seal of the Consular Authority or Notary Public