

## **Application for the exemption of the compulsory health insurance as a student (§ 5 Abs. 1 Nr. 9 SGB V)**

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surname, first name

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date of birth

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street, street number

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postal code, place

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telephone number

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date of enrollment

university

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field

semester

Herewith I apply for an exemption of the compulsory health insurance as a student. I have taken out a private health insurance for my entire period.

I know that for the whole time of my studies I can not be insured by the public health insurance in Germany. I also know I can not revoke this exemption of the compulsory health insurance.

Please send me a written confirmation about this letter and the certificate for enrollment.

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place, date

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signature