

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 I.N.A. ASSITALIA.
 - 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 of the student

SIGNED BEFORE ME ON

Signature _____
Seal of the Consular Authority or
Notary Public