

APPLICATION FOR MEDICAL COST INSURANCE

THIS FORM MUST BE COMPLETED AND SIGNED BY THE INSURED PERSON.
A COPY OF THE INSURED'S VALID PASSPORT IS MANDATORY.

GENERAL INFORMATION

Estimated time of arrival to Iceland / effected date of the insurance:

Name of the insured

Date of birth

Id number

Icelandic id number

Country of birth

Nationality

Sex

Address in Iceland

Postal code

Mobile number

Email

PAYER

Reliable party/Payer (if other than the insured)

Id number

Address

Postal code

Mobile number

Email

INSURANCE AMOUNT

ISK 2.000.000.-

Deductible: ISK 50.000.- See further information in insurance terms and conditions

COMPETITIVE SPORTS

Will you compete in any kind of sports while staying in Iceland?

☐

Yes

☐

No

DECLARATION AND SIGNATURE

I have studied the [policy terms](#) and realize that the insurance does not cover any medical cost due to:

- Accidents that occurred, or diseases that have shown symptoms, before the effective date of the insurance.
- Pregnancy, delivery or diseases which may be related to pregnancy or miscarriage.

I realize also that if I don't have an ID number issued by Registers Iceland, I'll have to prove my identity with a copy of my valid passport.

Date and place

Signature of the insured