

GIZ INTERNATIONAL GROUP HEALTH INSURANCE**Status Request****1.1 Main insured person (GIZ Employee)**

Surname	First Name	First Name	Binding Travel Date	Start of Current GIZ Expat Contract

1.2 Persons to be co-insured (MAP)

Surname	First Name	First Name	Binding Travel Date

1.3 Your employee group

expatriated employee

international qualified employee*

third country nationals*

1.4 Country - previous insurance (of all insured persons)

Surname	First Name	Current Health Insurance / Country

*As international qualified employees and third country nationals please do not continue with completing the document after 1.4. Simply have it signed.

2. Social security

During my stay abroad I (the main insured person) will be subject to German statutory insurance.

Yes

No

If your answer is no, please continue with point 3.3.

3. Health insurance | Status QUO

3.1	I (the main insured person) have statutory health insurance in Germany. Compulsory insurance (only top-up insurance possible) [annual gross income 2026 under 77.400 EUR] Voluntary insurance [annual gross income 2026 over 77.400 EUR] Full insurance Top-up insurance
3.2	I (the main insured person) am privately insured in Germany.
3.3	I (the main insured person) am insured outside of Germany.
3.4	I (the main insured person) have no health insurance at the moment.

Please have GIZ (hr-s_auslandskrankenversicherung@giz.de) confirm that all information provided on the form is correct and complete. In particular, the indicated accompanying partners (MAP) are to be recognized as such by GIZ.

Date, Signature Team International Health Insurance GIZ

Please upload the completed and signed form on the online platform.

If you opt for the manual registration process, please send this form by e-mail to giz@dr-walter.com and put GIZ (hr-s_auslandskrankenversicherung@giz.de) in CC.