

Victoria Registration Form 2010
(Health insurance)
Not for Teaching Assistants!

Complete this form and (e-)mail it to:
americanprograms@fulbright.de
FULBRIGHT-KOMMISSION
Oranienburger Str. 13-14,
10178 Berlin, Germany

Application for VICTORIA Health Insurance Coverage for Eligible Fulbright Grantees and Dependents

1. Name of Grantee: _____

2.a) The Commission will register you and pay premiums for the grant period as indicated in item 7C of your grant authorization.

2.b) Please list names of eligible dependents and their anticipated presences in Germany:

last name	first name	relationship	gender	birth date (d/m/y)	present from- to

3. If you and/or your dependents stay longer than the grant period and would like to maintain Victoria coverage, please use the "Application for Voluntary Coverage through Victoria" form to request coverage at your own premium expense or contact the Fulbright Commission.

4. With your signature below, you verify that you and your dependents do not have any other German health insurance coverage during the grant period. You also agree to accept the benefits and conditions for health insurance as they have been established by Victoria. Further, you will not claim any benefits from the Fulbright Commission if Victoria cannot provide any benefits. You are aware of the information given in the "Health Insurance Information" in Circular I.

Signature Date

If you send this electronically your signature on the Fulbright grant document will cover this signature also.