Application for medical cost insurance for a residence permit

I. General Information

Name of the insured _____ ID No. (Icelandic) _____

Nationality _____ Date of birth _____ Sex: ☐ Male ☐ Female ☐ Non binary

Address in Iceland _____ Postal code _____ City/Town _____

Phone number _____ E-mail _____

Policy Holder (if other than insured) _____ ID No. (Icelandic) _____

Address _____ Postal code _____ City/Town _____

Phone number _____ E-mail _____

If filled out by the policy holder he must inform the insured of all neccessary information included in the insurance terms, information on the liability period of the insurance an everything listed in chapter IV.

II. Insurance amount and duration

Insurance amount is 2.000.000 ISK.

Insurance will come into effect at arrival date to Iceland: _____

The insurance duration is 3 months from the chosen arrival date.

III. Competitve sports in Iceland

Will the insured be participating in competitive sport while staying in Iceland? ☐ Yes ☐ No

IV. I am informed of the insurance terms No. S-6 and understand:

The insurance does not cover the cost of an accident that occurred or an illness that first showed symptoms before the insurance policy took effect.

The insurance does not cover costs due to pregnancy, obstetrical care or illness related to pregnancy or miscarriage.

The insurances deductible is ISK 50.000 due to the combined costs compensated by the insurance, beyond what the patients have to bear according to the law or regulations at any given time.

If insured arrives in Iceland later than expected or cancels coming, he must inform Vörður before the insurance period begins. Vörður has established rules on the proccessing of personal data and privacy policy that can be read on www.vordur.is

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I do understand that the Company's liability initiates upon the receipt and approval of this application.

☐ The undersigned has read the above statement

Place and date _____ Signature _____

Vörður tryggingar I Sími 514 1000 I vordur@vordur.is I www.vordur.is