

**AFFIDAVIT OF HEALTH INSURANCE**  
**ONLY FOR LONG STAY VISA**  
**OVER 90 DAYS**  
**DICHIARAZIONE DI IMPEGNO**

**Il sottoscritto** \_\_\_\_\_

*(Last name and first name)*

nato/a \_\_\_\_\_ il \_\_\_\_\_

*(place of birth) (date of birth: dd/mm/yy)*

**DICHIARA**

di impegnarsi ad acquistare al suo arrivo in Italia una polizza assicurativa con società di assicurazioni italiane che prevedano il pagamento diretto alle Unità Sanitarie Locali delle spese per cure urgenti ospedaliere, accompagnata da dichiarazione che tale polizza *“non contiene limitazioni od eccezioni per le tariffe previste per il ricovero ospedaliero urgente per tutta la durata del ricovero stesso”*.

Prende inoltre atto che la ricevuta di pagamento della polizza assicurativa dovrà essere presentata alla Questura o Posto di Polizia della città di destinazione, competente a rilasciare il “permesso di soggiorno”.

**STATE**

*I, the undersigned, hereby swear that upon arrival in Italy I will purchase a health insurance policy issued by an Italian Health Insurance carrier that will pay directly the Italian hospitals belonging to the national health care system. I will obtain a written statement to the effect that the policy I have purchased has no limitations or exceptions to the rates established by the Italian public hospitals for emergency medical care or hospitalization, no matter for how long (please, note that the statement should be worded in Italian as it appears written above in the Italian portion between quotes).*

*I have been also informed that proper receipt of payment for such health policy has to be exhibited to the “QUESTURA” or “POSTO DI POLIZIA”, as supporting document to my application for “PERMESSO DI SOGGIORNO” (permit to stay) and that is not later than eight days from my arrival in Italy.*

**Letto, confermato e sottoscritto.**

*(Read, confirmed and signed)*

**Il Dichiarante** \_\_\_\_\_

**Firma** *(Signature)*

If you mail this statement remember to have your signature notarized by a Notary Public:

Signature & stamp of the Notary Public:

---

**NOTE**

Major Italian Health Insurance companies offer policies with health coverage; for instance, the “ISTITUTO NAZIONALE DELLE ASSICURAZIONI INA-ASSITALIA” offers a student health insurance policy with the required coverage. The cost for INA’s policy is subject to change and payment should be made through a postal money order (CONTO CORRENTE POSTALE) to the account n. 7127000 under the name of AGENZIA GENERALE DI ROMA INA ASSITALIA, Via del Tritone n. 131, Roma.