

Bitte senden Sie den ausgefüllten Fragebogen
an folgende Adresse:
Deutsche Gesetzliche Unfallversicherung e.V.
DVUA
Postfach 40165
10061 Berlin

Fax: +49 30 13001-1613



Please complete the form in block letters so that we can determine whether you are insured and if so, which insurance institution is responsible. Many thanks.

Questions	Answers
Surname:	
First name(s):	
Date of birth:	
Sex	female male other unspecified
Nationality:	
Identity documented by Passport or ID card, No.:	
Your address in your country of residence:	
Name and address of your health insurance company:	
Name of the insurance institution that provides cover for occupational accidents and occupational diseases:	
Your employer abroad that/who posted you to Germany (exact name and full address):	

Company where the accident occurred and the place the accident occurred at; for seafarers, also state the name of the ship and the flag it sails under:	
Name of the German health insurance company that you selected for being in charge of you in Germany:	

Please present the completed form and the following documents (should they exist) to the medical staff:

- Personal identity card or passport and
- The insurance and entitlement certificate from your country of origin

EU/EEA member state,
Switzerland and

United Kingdom: A1, DA1, E123, E106, EHIC, GHIC, PEB

Bosnia-Herzegovina: BH-1, BH-6c

Israel: D/ISR 101

Canada, Quebec: D 101, DE/QU 123

Morocco: D/MA 101, D/MA 123

North Macedonia: D/RM 101, D/RM 111, D/RM 123

Montenegro: JU 1, JU 6c

Serbia: DE 101 SRB, DE 123 SRB

Turkey: A/T 1, A/T 11, AT 23

Tunisia: A/TN 1, A/TN 11, ATN 23