

Release 01.09.2014

Health insurance or cost carrier

MyInsurance

Surname, first name of the insured

Erika

born on

2009-09-09

Cost unit identification

CUI1234

Insured person number

i1234

status

fully paid

Establishment No.

EN1234

Doctor No.

d1234

Date

2024-01-01

Testimony about the
presumed day
of childbirth

3

Copy for the health insurance company

For the purpose of proving this to the health insurance company
(when applying for maternity benefit), I hereby certify that
that the insured person named above
is expected to give birth on

0 5 0 1 0 1

I issue this certificate based on the
examination I conducted on

0 4 0 1 0 1

Special findings, if applicable

No special findings available. Further examination should be

conducted.



Contract doctor's stamp / doctor's signature

The insured person must complete the form before submitting it to the health insurance company.

Name first Name

Erika

birth date

0 9 0 9 2 0

Postcode

1 2 3 4 5

Place of residence

Berlin

House no.

12

Account holder

Erika

IBAN

1 2 3 4 5 6 7 8 9 0

Financial institution

MyInsurance

BIC

9 8 7 6 5 4 3 2 1

Information on employment I am
currently

employed, at

workplace

terminated / limited to

0 5 0 5 2 0

Address of the employer

St. ABC 123

☒ V

self-employed

☒ X

unemployed

☒ X

Artist / Publicist

Explanation:

I will inform my health insurance company immediately of any changes to my information. If the expected due date is changed, I will inform my health insurance company and my employer or the employment agency.

Date

0 1 0 1 2 0

