



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Open For Happiness

The online ED card is mandatory for all travelers to Aruba, including minors and infants.

RESIDENT
OF ARUBA



NON-RESIDENT



English | Nederlands | Español

About us

Privacy
Notification

Data
Protection

Notice

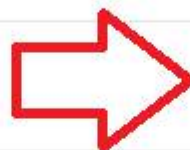
The Aruba Online ED Card can only be filled in within 3 days prior to arrival

Please select your arrival date

2021-04-08

Continue

**В выпадающем меню
выбрать дату вылета**



Calendar for April 2021:

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Last Name *

First Name *

Date of Birth *

DAY

MONTH

YEAR

Country of Nationality *

SELECT ONE

About us

Privacy
Notification

Data
Protection

Completion



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Page

Info

Information

Questions

Application

Last Name *

Last Name is required

ФАМИЛИЯ



First Name *

ИМЯ



Date of Birth *

ДЕНЬ МЕСЯЦ ГОД РОЖДЕНИЯ

Country of Nationality *

ГРАЖДАНСТВО
SELECT ONE



Passport Number *

СЕРИЯ И НОМЕР ПАСПОРТА



About us

Privacy
Notification

Data
Protection

[Aruba Visitor Insurance](#)[Application Process](#)[FAQ](#)[Health App](#)[Testing](#)

Passport Expiration Date *

ДЕНЬ

МЕСЯЦ

ГОД

? СРОКА ДЕЙСТВИЯ ПАСПОРТА

Passport Type *

ORDINARY



Enter the correct email address at which you can be contacted. At the email address provided you will receive your qualified to board pass. If you do not have an email, you may provide an alternative third party email address belonging to a point of contact. If you do not enter a correct email address you will not receive your qualifier

E-mail Address *

АДРЕС ЭЛЕКТРОННОЙ ПОЧТЫ



Confirm E-mail Address *

ПОДТВЕРДИТЬ АДРЕС
ЭЛЕКТРОННОЙ ПОЧТЫ

[About us](#)[Privacy
Notification](#)[Data
Protection](#)



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Start
Page

Personal
Info

Travel
Information

Health
Questions

Disclaimers

Review
Application

Payment

Completion

Personal Information

ПОЛ

Gender *

☐

Male



М

☐

Female



Ж

☐

Other

Country of Birth *

СТРАНА РОЖДЕНИЯ



Dual Citizenship *

☐

Yes

☒

No



ЕСТЬ ЛИ ВТОРОЕ ГРАЖДАНСТВО

Occupation *

СФЕРА ДЕЯТЕЛЬНОСТИ



Permanent Home Address Information

About us

Privacy
Notification

Data
Protection



Gender *

Country of Birth *

Dual Citizenship *

Occupation *

DOCTOR / PHYSICIAN
ENGINEER / ARCHITECT
COMPUTER ANALYST/SOFTWARE DEVELOPER (COMPUTER RELATED)
MANAGER / SUPERVISOR
BANK / FINANCIAL / ACCOUNTING EXECUTIVE
MARKETING / ADVERTISING / PR-RELATED EXECUTIVE
LAWYER / LEGAL OCCUPATIONS
TEACHER / ACADEMIC OCCUPATIONS
NURSE / THERAPISTS / HEALTH CARE OCCUPATIONS
TECHNICAL OCCUPATIONS
BUSINESS OWNER
PILOT / FLIGHT ATTENDANT
POLICE / COSTUMS / IMMIGRATION / MARINE
BLUE COLLAR (CONSTRUCTION, HAIRDRESSER, HOUSE KEEPER, ETC.)
PROFESSIONAL OCCUPATIONS (CARPENTER, ELECTRICIAN, ETC.)
GOVERNMENT POSITIONS
TOURISM RELATED OCCUPATIONS
STUDENT
RETIRED
OTHER

SELECT ONE



Permanent Home Address Information

Country *

SELECT ONE



About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Permanent Home Address Information АДРЕС ПРОЖИВАНИЯ

Country *

СТРАНА
SELECT ONE



Address *

УЛИЦА, НОМЕР ДОМА И
КВАРТИРЫ



City *

ГОРОД



Zip

ПОЧТОВЫЙ ИНДЕКС



About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Page

Info

Information

Questions

Application

Flight Information

Airline *

KLM ROYAL DUTCH AIRLINES



АВИАКОМПАНИЯ

Flight Number *

**НОМЕР РЕЙСА (ТОЛЬКО
ЦИФРЫ)**



Arrival Date in Aruba *

ДЕНЬ

МЕСЯЦ

ГОД



ПРИБЫТИЯ

Departure Date from Aruba *

ДЕНЬ

МЕСЯЦ

ГОД



ОБРАТНОГО ВЫЛЕТА

About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Visiting Information

Purpose of Visit *

SELECT ONE
ЦЕЛЬ ПРИБЫТИЯ (SUN, SAND AND SEA)

Place of Stay *

SELECT ONE
ГДЕ БУДЕТЕ ПРОЖИВАТЬ (HOTEL)

Number of Previous Visits *

SELECT ONE
СКОЛЬКО РАЗ ВЫ БЫЛИ НА АРУБЕ (1, ЕСЛИ ПЕРВЫЙ РАЗ)

How did you Book your Visit? *

SELECT ONE
TRAVEL AGENT



ГДЕ КУПИЛИ ТУР?

Main Source for Choosing
Aruba *

SELECT ONE
TRAVEL AGENT



КТО ПОСОВЕТОВАЛ?

Which of the Following
inspired you to Choose Aruba
as your Destination *

SELECT ONE
FAMILIARITY



ПОЧЕМУ ВЫБРАЛИ АРУБУ?

About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



1. Have you (or the person for whom you complete this form) been suspected from or diagnosed with pneumonia, or with the COVID-19 infection within the past 14 days? *

☐ YES

☒ NO

2. Did you (or the person for whom you complete this form) have any of the following symptoms in the past 24 hours?

☐ YES

☒ NO

- a. Fever
- b. Cough
- c. Sore throat
- d. Shortness of breath
- e. Loss of smell/taste

*

3. Have you been in quarantine within the past 14 days? *

☐ YES

☒ NO

About us

Privacy
Notification

Data
Protection

[Aruba Visitor Insurance](#)[Application Process](#)[FAQ](#)[Health App](#)[Testing](#)

4. Have you had any close contact* (<2 meter) for more than 15 minutes with a probable or confirmed COVID-19 infection within the past 14 days, including persons in quarantine or isolation? *

☐ YES☒ NO [?](#)

PCR test

Authorized PCR test applicable for Aruba is the combined nasal / oral specimen through PCR testing (PCR/Molecular/RNA/NAA(T)/ID NOW). If pre-uploading one of the following on the ED Card online platform prior to arrival, Antigen/AG QL IA/FIA, a PCR Home kit, or another type of test, you will be required to conduct a PCR test, upon arrival.

A payment of \$75 per test applies.

☐ CommonPass[About us](#)[Privacy Notification](#)[Data Protection](#)



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



PCR test

Authorized PCR test applicable for Aruba is the combined nasal / oral specimen through PCR testing (PCR/Molecular/RNA/NAA(T)/ID NOW). If pre-uploading one of the following on the ED Card online platform prior to arrival, Antigen/AG QL IA/FIA, a PCR Home kit, or another type of test, you will be required to conduct a PCR test, upon arrival.

A payment of \$75 per test applies.

- ☐ CommonPass
- ☒ Upload your Test now. Tests are inspected and validated by the Department of Public Health.

Not valid tests, will require one to conduct the test upon arrival at the airport, at one's own expense.

Upload a negative PCR test

Выберите файл Файл не выбран

ЗАГРУЗИТЬ РЕЗУЛЬТАТ ПЦР-ТЕСТА

Maximum filesize: 3MB; Allowed file types: .jpg, .jpeg, .png, .pdf

- ☐ Show your Test, executed between 3 days and 12 hours prior to your arrival in Aruba, at the airport

About us

Privacy
Notification

Data
Protection

[Aruba Visitor Insurance](#)[Application Process](#)[FAQ](#)[Health App](#)[Testing](#)[Page](#)[Info](#)[Information](#)[Questions](#)[Application](#)

Conditions to qualify to board

1. I declare that I have read and taken notice of the applicable rules and regulations of Aruba, which are the conditions that I need to adhere to qualify to travel for Aruba. These rules and regulations include the obligation to: i) demonstrate with a PCR COVID-19 test that I do not carry the COVID-19 virus, by: a. uploading my - not older than 3 days - negative PCR COVID-19 test, 12 hours before my boarding; or b. opting to undergo PCR COVID-19 testing upon arrival in Aruba at the Airport by pre-paying the PCR COVID-19 test; and ii) purchase the mandatory Aruba Visitors Insurance for the duration of my stay in Aruba.

☐ No ☒ Yes

[About us](#)[Privacy
Notification](#)[Data
Protection](#)



[Aruba Visitor
Insurance](#)

[Application
Process](#)

[FAQ](#)

[Health App](#)

[Testing](#)



Screening and testing

2. I acknowledge and consent that upon my arrival and during my stay in Aruba I shall cooperate with any type of COVID-19 health screening and in PCR Covid-19 diagnostic testing as indicated by the public health authorities in Aruba;

☐ No ☒ Yes

3. I acknowledge and consent that in case I have to undergo diagnostic PCR COVID-19 testing I shall be required to await my PCR COVID-19 test results in quarantine/isolation as instructed by the public health authorities. I am aware of all contractual requirement my lodging accommodation imposes regarding the possible alternative accommodations where I will be lodged during such quarantine/isolation;

[About us](#)

[Privacy
Notification](#)

[Data
Protection](#)

[Aruba Visitor Insurance](#)[Application Process](#)[FAQ](#)[Health App](#)[Testing](#)

testing I shall be required to await my PCR COVID-19 test results in quarantine/isolation as instructed by the public health authorities. I am aware of all contractual requirement my lodging accommodation imposes regarding the possible alternative accommodations where I will be lodged during such quarantine/isolation;

☐ No ☒ Yes

4. I acknowledge and consent that my test results shall be shared with the public health authorities as well as the lodging accommodation for public health reasons and the Aruba Visitors Insurance in order to procure for coverage.

☐ No ☒ Yes

[About us](#)[Privacy
Notification](#)[Data
Protection](#)

[Aruba Visitor Insurance](#)[Application Process](#)[FAQ](#)[Health App](#)[Testing](#)

5. I am aware of all contractual requirement my lodging accommodation imposes regarding the possible alternative accommodations where I will be lodged during such quarantine/isolation;

☐ No ☒ Yes

Other instructions

6. I acknowledge and consent to follow and adhere to all instructions imposed by the public health authorities of Aruba, this includes but is not limited to the instruction to being isolated due to having tested positive for COVID 19 or to being quarantined due to exposure to COVID-19;

☐ No ☒ Yes

[About us](#)[Privacy
Notification](#)[Data
Protection](#)

[Aruba Visitor
Insurance](#)[Application
Process](#)[FAQ](#)[Health App](#)[Testing](#)

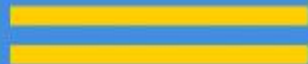
Costs

7. I acknowledge and consent that any cost related to COVID-19 that are not covered by or exceed the coverage of the mandatory Aruba Visitors Insurance, i.e. isolation, quarantine requirements, testing, medical care, alternative accommodation, and food and beverage shall be solely for my account;

☐ No ☒ Yes

8. By completing this online form, I waive all rights to claim any damages resulting out of not qualifying to travel to Aruba, contraction or developing Covid-19 symptoms during my stay in Aruba and hold harmless the Country of Aruba for any costs incurred by me relating to COVID-19

[About us](#)[Privacy
Notification](#)[Data
Protection](#)



[Aruba Visitor
Insurance](#)

[Application
Process](#)

[FAQ](#)

[Health App](#)

[Testing](#)



☐ No ☒ Yes

Rules & regulations

9. I acknowledge and consent that upon my arrival and during my stay, the rules and regulations of Aruba apply to me and shall adhere to and respect the instructions by the authorities.

☐ No ☒ Yes

[About us](#)

[Privacy
Notification](#)

[Data
Protection](#)



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



☐ No ☒ Yes

10. I declare to have completed this form truthfully and understand that deliberately omitting the truth is sanctioned by the applicable rules and regulations in Aruba and understand and consent that relevant digitally filled in data may be shared with the public health authorities and the Aruba Visitors Insurance.

☐ No ☒ Yes

We recommend you to visit aruba.com/healthapp to download the Aruba COVID-19 app on your smart phone, which app is solely used by the Public Health authorities of Aruba to

About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing

ОПЛАТИТЬ СТРАХОВКУ

Total (USD)

\$30

Insurance payment for **IVAN IVANOV** born on **Jan 1, 1970** (age 51) arriving at Aruba Airport on April 8th for a 10 night stay in Aruba. The insurance policy will be sent to **saledep18@tcc.com.ua**

Name on Card

ИМЯ ДЕРЖАТЕЛЯ КАРТЫ

Cardholder's email

ЭЛЕКТРОННАЯ ПОЧТА
saledep18@tcc.com.ua



Номер карты

MM / YY CVC

Visa, Mastercard, Discover, Diners Club, American Express or JCB.



Yes, I agree with the [Terms & Conditions](#) and [Privacy Policy](#) for **IVAN IVANOV** born on **Jan 1, 1970** (age 51). I also authorize **Koral Systems (USA, FL)** to debit my credit card, debit card or bank account on behalf of the insurers for



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Payment



ОПЛАТА ПРОШЛА УСПЕШНО

Thank You!

You will see a charge of USD 30.00 from
KORALINSURE* ARUBA-194 on your card or bank statement.

About us

Privacy
Notification

Data
Protection



Aruba Visitor
Insurance

Application
Process

FAQ

Health App

Testing



Thank you for choosing Aruba!

The download of your **Boarding Qualifier** will begin in **0**
seconds

If your download doesn't start automatically, click [here](#)

Download Boarding Qualifier 



**ДЛЯ ЗАГРУЗКИ ED-CARD
НАЖМИТЕ НА ЭТУ
КНОПКУ**

About us

Privacy
Notification

Data
Protection