**RESPONSIBLE STATEMENT OF INSURANCE**

**FOR ACADEMIC STAYS AT UPC**

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| --- | --- |
| **Passport/Identity number** |  |
| **STUDENT’S NAME AND SURNAME** |  |
| **SENDING UNIVERSITY** |  |
| **COURSE** | 20\_\_\_ / 20 \_\_\_ |

I ASSURE that, in case of medical assistance needs, accident or death I am covered with:

|  |
| --- |
| **HEALTHCARE** |
|  | Diagnostic test |
|  | Surgical interventions |
| ☐ **European Health Insurance Card** | Insurance card number |  |
| ☐ **Insurance company**: | Insurance policy number |  |
| ☐ **No covered** |

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| **ACCIDENTS DURING TRAVEL** |
|  | Compensation for permanent disability |
|  | Death compensation  |
| ☐ **Insurance company**: | Insurance policy number |  |
| ☐ **No covered** |

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| **REPATRIATION OF MORTAL REMAINS** |
| ☐ **Insurance company**: | Insurance policy number |  |
| ☐ **No covered** |

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| **CIVIL LIABILITY** |
| ☐ **Insurance company**: | Insurance policy number |  |
| ☐ **No covered** |

Likewise, I declare that, in case that my academic stay at UPC is extended, I will increase the period covered by the insurances that I have already contracted, or will hire one that cover the additional period of stay.

In the case of not having covered any of the concepts described previously, I commit to hire an insurance that cover them in the time limit of 2 months.

Finally, I manifest having been informed that UPC remains released of any derivative expense of my stay and that in any case will be responsible of any healthcare expense, in special the derivative material expenses of thefts or loss, medical or hospital expenses, of transfers, or of repatriation.

I hereby sign this declaration,

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|  |  |  |  |
|  | **Date**  |  | **Signature** |