



RESPONSIBLE STATEMENT OF INSURANCE FOR ACADEMIC STAYS AT UPC

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		
<input type="checkbox"/>	Diagnostic test	
<input type="checkbox"/>	Surgical interventions	
<input type="checkbox"/>	European Health Insurance Card	Insurance card number
<input type="checkbox"/>	Insurance company:	Insurance policy number
<input type="checkbox"/>	No covered	

ACCIDENTS DURING TRAVEL		
<input type="checkbox"/>	Compensation for permanent disability	
<input type="checkbox"/>	Death compensation	
<input type="checkbox"/>	Insurance company:	Insurance policy number
<input type="checkbox"/>	No covered	

REPATRIATION OF MORTAL REMAINS		
<input type="checkbox"/>	Insurance company:	Insurance policy number
<input type="checkbox"/>	No covered	

CIVIL LIABILITY		
<input type="checkbox"/>	Insurance company:	Insurance policy number
<input type="checkbox"/>	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,

Date

Signature