**RESPONSABILITY STATEMENT**

**OF INSURANCE DURING AN ACADEMIC STAY AT THE UPC**

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| **PASSPORT / IDENTIFICATION NUMBER** |  |
| **SURNAMES AND NAME OF STUDENT** |  |
| **UNIVERSITY OF ORIGIN** |  |
| **(ESTIMATED PERIOD OF TIME)** |  |

I DECLARE under my responsibility the coverage of the following concepts:

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| **COVERAGE: HEALTH INSURANCE** |
|  | Diagnostic tests |
|  | Surgical interventions |
| ☐ **European Health Insurance Card** | Insurance card number |  |
| ☐ **Insurance company** *(specify)***:** | Policy number |  |
| ☐ **Not covered** |

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| **COVERAGE: ACCIDENTS** |
|  | Compensation for permanent disability |
|  | Death benefit |
| ☐ **Insurance company** *(specify)***:** | Policy number |  |
| ☐ **Not covered** |

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| **COVERAGE: TRANSFER OF MORTAL REMAINS** |
| ☐ **Insurance company** *(specify)***:** | Policy number |  |
| ☐ **Not covered** |

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| **CIVIL RESPONSABILITY** |
| ☐ **Insurance company** *(specify)***:** | Policy number |  |
| ☐ **Not covered** |

Likewise, I DECLARE that, in the event that my academic stay at the UPC is extended, I will increase the period of validity of the insurance that is stated above, or I will contract one that covers the additional period.

In the event that I am currently not insured, in one of the areas stated above, I COMMIT to hiring an insurance that covers it within the next 2 months.

Finally, I state that I have been informed that the UPC is exempt from any expenses derived from my stay and that in no case will it be responsible for any assistance expenses, especially material costs derived from theft or loss, medical and hospital expenses, transfers, or repatriation.

For the record, I sign this statement

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