**RESPONSIBLE INSURANCE DECLARATION FOR ACADEMIC STAYS AT UPC**

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

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

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 covers the additional period of stay.

I ASSURE that I am covered in the event of medical assistance, accident or death during the mobility:

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| **HEALTH CARE** |
| Diagnostic tests |
| Surgical intervention |

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| **ACCIDENTS DURING TRAVEL** |
| Permanent disability compensation |
| Compensation for death |

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| **REPATRIATION OF MORTAL REMAINS** |

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| **CIVIL LIABILITY** |

I hereby sign this declaration,

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