

RESPONSIBLE STATEMENT OF INSURANCE FOR ACADEMIC STAY AT UPC

It is mandatory that all exchange and visiting students coming to UPC book a private insurance that covers them for their stay, which includes <u>health assistance</u> ((including diagnostic tests and surgical interventions), <u>accidents</u>, (compensation for permanent disability and death compensation), <u>repatriation</u> and <u>civil liability</u>.

EU students. Students from the European Union (or Norway or Switzerland) need to have **both** the **European Health Insurance Card (EHIC)** and an **additional private insurance**

Passport/Identity Number		
Student's Name and Surname		
Sending University		
Academic Year		2025 / 2026
I ASSURE that I am covered during the mob	ility of:	
HEALTH CARE		
Diagnostic tests and medical assistance		
Surgical intervention		
ACCIDENTS DURING TRAVEL		
Permanent disability compensation		
Compensation for death		
REPATRIATION OF WOUNDED/ ILL PERSO	N OR MORTAL REMAINS	
CIVIL LIABILITY		
☐ European Health Insurance Card	Insurance card number	
☐ Insurance company:	Insurance policy number	
Likewise, I declare that, in case that my aca	ademic stav at UPC is exte	nded. I will increase the period covered by
the insurances that I have already contracted	•	•
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I manifest have been informed that UPC re	•	· · · · · · · · · · · · · · · · · · ·
case will be responsible for any healthcare		rivative material expenses of thefts or loss
medical or hospital expenses, of transfers, of	or of repatriation.	
I hereby sign this declaration,		
Date	Sigr	nature