

**Erasmus+ International
Mobility with Partner Countries (KA107)
INSURANCE DECLARATION BY THE PARTICIPANT**

----Please complete electronically----

Participant and duration of mobility

Participant First Name		Participant Last Name	
Participant E-mail		Participant Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Undefined <input type="checkbox"/>
Date of birth (dd/mm/yyyy)		Nationality	
Passport No.		Valid until	
Home address		Phone number	
Home University		Host University	
Mobility Type	STA Staff Mobility for Teaching <input type="checkbox"/>	STT Staff Mobility for Training <input type="checkbox"/>	SM: <input type="checkbox"/> Student Mobility <input type="checkbox"/> Undergraduate <input type="checkbox"/> MA <input type="checkbox"/> PhD
Mobility period envisaged start date		Mobility period envisaged end date	

The following Insurances cover the period of the mobility

Health Insurance		Insurance start – end date	
Accident Insurance		Insurance start – end date	
Return transport in case of illness insurance		Insurance start – end date	
Third Party Liability Insurance		Insurance start – end date	

I am aware, that I am obliged to have adequate foreign health and accident insurance coverage in relation to illness, accident, death, permanent disability including return transport in case of illness and accident as well as third party liability during the full period of my Erasmus+mobility and that the cover must take effect by the date of departure from my home university in relation to the E+mobility and last until the date of arrival returning from the mobility.

Neither Humboldt-Universität zu Berlin nor the German Agency for Academic Exchange DAAD or any other institution involved in the implementation of the mobility may be taken liable for non- or insufficient insurance.

I hereby declare, that I will take care for sufficient insurance coverage during the period of my Erasmus+ International mobility.

Place: _____ date: _____ Participant first name, last name: _____

This document has been electronically established, therefore I accept the above conditions by typing my name.