



## Erasmus + Partner Countries REQUEST FOR INSURANCE SUPPORT

----Please complete electronically----

## Participant and Duration of Mobility

Name		Name			
Participant E- Mail		Participant Gender	Male	Female	Undefined
Date of Birth (dd/mm/yyyy)		Nationality			
Passport No.		Valid Until			
Participant Home Address		Phone Number			
Home Insitution		Host Institution			
Mobility Type	Staff Mobility for Teaching Staff Mobili	TT ty for Training S	SM: Student Mobility	,	Undergraduate MA Doctorate/PhD
Mobility Start Date		Mobility End Date			
Requested Starting Date of Insurance		Requested End Date of Insurance			
Request for Insurance Support - Declaration by the Participant					
adequate health and liability. The cover m	Agreement for Erasmus+Partner Countraccident insurance coverage in relation ust take effect by the time the participa ase explain the reasons.	to illness, accident, d	leath, permar	nent disabilit	y and third party
PLUS with worldwide I have read and unde ERASMUS+mobility s appropriate insurance contract on my behal	nboldt-Universität zu Berlin to conclude validity, except in the home country as erstood the offer by HU for assistance in upport scheme does not any provide exe coverage is my personal responsibility f and account, the payment of the insursupport grant and HU is hereby entitled	follows: establishing my perstra funds for persona Therefore, I entitle lance premium shall be	sonal insurand I insurance of HU IO to cond be fully suppo	ce coverage. f participants clude the abo rted from m	I am aware that the and that ove insurance
Place:	Date: Pa	rticipant Last Name,	First Name:_		
This document has beer	n electronically established, therefore I accep	t the above conditions b	y typing my na	ame.	
preferably before you	ance request will be processed after the r visa application. Your personal insurar process. Please send this insurance requehu-berlin.de	nce police, provided to	you by Hum	nboldt Univer	
e-mail reference (Part	ticipant e-mail):		<del></del>		
Participant full name, home university:					





## Insurance conditions:

Insurance coverage in the group insurance PROTRIP-WORLD PLUS Scheme with worldwide validity, except in the home country. The Group Policy consists of Overseas Health Insurance, Personal Liability Insurance, Accident Insurance and Assistance Insurance

The following conditions apply:

- Overseas Health Insurance with unlimited coverage of inpatient and outpatient treatment
- Emergency Assistance Abroad including medical repatriation
- Dental treatment for pain relief including simple fillings as well as repair of existing dentures and dental prosthesis per case up to 500 €, medically necessary dental treatment as a result of an accident up to 1,000 €
- Outpatient initial treatment of mental illnesses up to 1,500 €, inpatient emergency treatment of first-time mental or emotional disorders up to 20,000 €
- Personal liability insurance lump sum for personal injury and / or damage up to 1,000,000 €
- Overseas Accident Insurance: Disability max. amount 30.000 € (350% disability classification), accidental death 10.000 €
- Damage to rented property up to 100.000 €
- Baggage insurance: Sum insured up to 2,000 €
- The insurance premium is 1,48 € per day.
- HU IO shall conclude the insurance contract for the participant on his/her behalf, account and pay the premium directly to the insurance.
- HU IO shall provide the Participant the Insurance police by e-mail in advance to the starting date of the mobility preferably early enough to support the visa procedures, provided the current request for insurance support has been submitted in due time.