

Erasmus+ International Mobility with Partner Countries INSURANCE DECLARATION BY THE PARTICIPANT

----Please complete electronically----

Participant and duration of mobility

Participant First Name		Participant Last Name	
Participant E-Mail		Participant Gender	<div style="display: flex; justify-content: space-around;"> <div>Male <input type="checkbox"/></div> <div>Female <input type="checkbox"/></div> <div>Undefined <input type="checkbox"/></div> </div>
Date of Birth (dd/mm/yyyy)		Nationality	
Passport No.		Valid Until	
Home Address		Phone Number	
Home Institution		Host Institution	
Mobility Type	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> STA Staff Mobility for Teaching <input type="checkbox"/> </div> <div style="text-align: center;"> STT Staff Mobility for Training <input type="checkbox"/> </div> <div style="text-align: center;"> SM: Student Mobility <input type="checkbox"/> </div> <div style="text-align: center;"> Undergraduate MA PhD </div> </div>		
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 of 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.