



RESPONSIBLE STATEMENT OF INSURANCE FOR ACADEMIC STAYS AT UPC

Passport/Identity number	
STUDENT'S NAME AND SURNAME	
SENDING UNIVERSITY	
COURSE	20__ / 20 __

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

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

HEALTHCARE
Diagnostic test
Surgical interventions
ACCIDENTS DURING TRAVEL
Compensation for permanent disability
Death compensation
REPATRIATION OF MORTAL REMAINS
CIVIL LIABILITY

I hereby sign this declaration,

Date

Signature