Insurance Declaration for Participants in the ERASMUS+
Traineeship Program

Personal Information

Last name: ______________________  First name: ______________________

The following insurances have to be taken out by the participant for the entire duration of stay abroad and have to be specified in this form:

- valid international health insurance (e.g. basic coverage provided by the national statutory health insurance through EHIC)
- accident insurance related to the trainee’s task (covering damages caused to the trainee at the workplace as well as outside)
- liability insurance (covering damages caused by the trainee at the workplace as well as outside)

The DAAD offers combined health, accident, and personal liability insurance for trainees (more information: https://www.daad.de/en/study-research-teach-abroad/scholarships-funding/daad-insurance/destination-abroad/)

Please note: Medical students/trainees have to enquire about the necessary insurance protection prior to their traineeship abroad since the combined health, accident, and personal liability insurance provided by the DAAD does not cover claims/damages that are usually or can only be covered by a professional liability insurance for physicians [e.g. medical malpractice insurance].

Insurances:

<table>
<thead>
<tr>
<th>Health insurance company name:</th>
<th>Insurance number:</th>
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<tbody>
<tr>
<td>Accident insurance company name:</td>
<td>Insurance number:</td>
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<tr>
<td>Liability insurance company name:</td>
<td>Insurance number:</td>
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</tbody>
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It is mandatory to clear the accident and liability insurance at the workplace with the receiving organization.* In the case of damages/accidents at the workplace not being covered by the receiving organization, I undertake to provide adequate insurance coverage.

The University of Regensburg, the German Academic Exchange Service (DAAD), the European Commission and all other institutions involved in the implementation of the ERASMUS+ traineeship program are not liable for the consequences of un- or under-insurance.

I declare that I was clearly informed about and that I am aware of the need for and importance of sufficient insurance coverage and that I have taken out sufficient insurance for the entire duration of my traineeship abroad.

I will present a copy of my insurance policies to the International Office at the University of Regensburg prior to the start of my traineeship.

Date:

Trainee’s Signature:

*In France, accident and liability insurance protection is not provided by the receiving organization! Receiving organizations in other countries usually do provide this insurance protection. However, checking with the individual organization is mandatory.