**Statement of conditions for insurance required by the UPV/EHU**

**(FOR EXCHANGE STUDENTS ONLY)**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University of origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination centre at the UPV/EHU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I am aware that the UPV/EHU requires exchange students to have health and pharmaceutical insurance which also includes unlimited cover for repatriation and evacuation/transfer for health reasons and covers the whole of their stay in Spain. My current insurance covers the following items and amounts: |
| **ITEM** | **Cover (in Euros)** |
| Medical costs in case of accident / illness  |  |
| Repatriation of remains  | unlimited |
| Evacuation for health reasons  | unlimited |
| Compensation for accidental death |  |
| Compensation for invalidity arising from accident |  |
| Direct payment at hospital  | YES /NO |
| Direct payment at hospital in the event of evacuation for health reasons  | YES /NO |

I **declare** that I have told the truth about the coverage of my medical costs insurance and as evidence of this I attach a copy of the following document:

1. Policy/letter from the health insurance company in which the items and coverage that meet the minimum conditions are clearly highlighted (in green).

My university of origin is aware of the requirement stated in this form and as proof of this signs and stamps this document at the bottom.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's signature Name of the university representative and university stamp

**Details of the insurance (this field must be filled in)**

Name of the company\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective from (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number in case of emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*The insurance company must be authorised to operate in Spain, in accordance with the stipulations of article 38.1.4 of Royal Decree 557/2011 of 20th April 2011, approving the regulations of the rights and freedoms of foreigners in Spain act, Organic Law 4/2000, as reformed by Organic Law 2/2009.

IN THE EVENT THAT THE STUDENT DOES NOT HAVE INSURANCE OR IF THIS INSURANCE DOES NOT COVER UNLIMITED COSTS OF REPATRIATION AND TRANSFER FOR HEALTH REASONS THE STUDENT CAN TAKE OUT A POLICY THAT MEETS THE MINIMUM CONDITIONS ***IN SITU*** (information about the alternatives will be supplied at the Help Centre).