Insurance Declaration Erasmus Traineeships

(Please fill in electronically)

Participant's surname(s), first name(s): _____

Compulsory insurance

1. **Compulsory health insurance**

   Name of the insurance company: _____

   Insurance number: _____

2. **(International) accident insurance (for accidents at work)**

   Name of the insurance company: _____

   Insurance number: _____

3. **(International) liability insurance (for property /material damage at work)**

   Name of the insurance company: _____

   Insurance number: _____

Optional insurance

4. **Supplementary international health insurance**

   Name of the insurance company: _____

   Insurance number: _____

Information on insurance

We strongly recommend that you take out an accident and liability insurance that covers also your private life during your mobility phase. An insurance provided by your employer at work might not cover these areas.

You have the option to join the DAAD group insurance which offers a basic insurance cover for students on exchange. Further information on DAAD group insurance can be found at the following link: https://www.daad.de/en/study-research-teach-abroad/scholarships-funding/daad-insurance/destination-abroad/

I acknowledge to have read and understood the information on insurance cover and precautionary measures and hereby confirm that I am insured abroad for health, accident and liability insurance.

_____ _____

Place, Date Student's signature

Stand: September 2025