Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, stating to be of legal age, with identity card /passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mobility student at the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Universitat Internacional de Catalunya, declares the following:

I´m participating in an international mobility programme with the approval and supervision of UIC Barcelona and my home university, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**The student mentioned above states:**

That UIC Barcelona considers it indispensable for him/her to own an insurance policy specifically intended for international mobility and that the university has informed and recommended the student to take out the travel assistance Insurance, “OnCampus Estudia” or “OnCampus Healthcare\*”, offered by the company OnCampus, which covers travel assistance, accidents, medical attention and civil liability, amongst other coverages.

\* This product is specifically for those students that need full Medical coverage in order to get a Visa.

**He/she declares that (please mark what applies to you):**

◻️ he/she has purchased the travel assistance insurance “OnCampus Estudia” from the company OnCampus.

◻️ he/she has purchased the travel assistance insurance “OnCampus Healthcare” from the company OnCampus.

◻️ he/she did not purchase this insurance policy offered by the university because: The student is already covered by a similar insurance policy. He/she has taken out travel insurance with the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to cover his/her mobility stay in Barcelona. The insurance includes the following coverages: medical attention, accidents, travel assistance and civil liability.

In either case, the student declares that he/she has been informed about the travel insurance “OnCampus estudia” and “OnCampus Healthcare” offered by the company OnCampus, and about the importance of being covered by an insurance policy with equal or similar characteristics as the insurance offered by OnCampus. He/she exempts UIC Barcelona from any responsibility in regard to this matter.

In witness whereof and for all pertinent purposes I hereby issue and sign this instrument upon the request of the interested party in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date, year).

Signature: