

## Declaration regarding insurance coverage

I \_\_\_\_\_, born on \_\_\_\_\_ hereby affirm that I will check my existing insurance coverage during my stay abroad and extend it if necessary. This concerns in particular the following insurance types:

### Compulsory Health Insurance

I affirm that I have health insurance through a statutory (GKV) or private health insurance company (PKV). During stays, especially in other European countries, this health insurance provides a minimum level of protection in accordance with German and foreign social legislation.

### (Foreign) Accident Insurance

I confirm that I will check my existing accident insurance coverage and extend it if necessary. I am aware that I am not covered by the statutory state accident insurance fund, especially in the private sector or if I am not formally employed or enrolled abroad.

### Liability Insurance

I affirm that I will check my existing liability insurance coverage and extend it if necessary. I am aware that if I do not have sufficient coverage, I may be held liable for private damage and damage at the workplace.

### Supplementary International Health Insurance

I will extend my existing health insurance coverage by a corresponding supplementary insurance. Certain medical services, in particular medical repatriation, are not covered by the compulsory insurance. Furthermore, I will research the insurance conditions in the event of a pandemic, in risk areas, and in the event of a travel warning being issued by the Federal Foreign Office.

Furthermore, I ensure that my entire stay abroad (including any private parts) is sufficiently insured. It is generally not possible to take out insurance abroad at a later date.

The insurance coverage must include at least **health insurance and (optionally) liability insurance and accident insurance** for the entire period of the stay.

The University of Bayreuth is not liable for the consequences of non-insurance or underinsurance. Neither the University of Bayreuth nor the DAAD can be held liable for damages resulting from illness, accident, injury, or from loss of or damage to property in connection with the funded projects.

I hereby confirm that I have read and understood the information on the subject of insurance abroad. I confirm that I am extending my insurance coverage and will thus be appropriately insured during my stay abroad.

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Date, Signature