

## Declaration of insurance

I hereby confirm that I will check my insurance cover in the context of my stay abroad and extend it where necessary. This applies in particular to the following types of insurance.

### Compulsory health insurance

I confirm that I have health insurance through a statutory health insurance company (GKV) or a private health insurance company (PKV). In the case of stays in other European countries in particular, this health insurance offers a minimum level of protection that provides services in accordance with German and foreign social legislation.

### (Overseas) accident insurance

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

### Liability insurance

I confirm that I will check my liability insurance cover and extend it where necessary. I am aware that if I am not adequately insured, I may under certain circumstances be held liable for private damage and damage at the workplace.

### Overseas supplementary health insurance

I confirm that I will extend my health insurance cover to include supplementary insurance as appropriate. Certain medical services, in particular medical repatriation, are not covered by compulsory insurance. I will also enquire about the insurance conditions in the event of a pandemic, for risk areas and in the event of a travel warning being issued by the Federal Foreign Office.

I will also ensure that I am adequately insured for my entire stay abroad (including any parts of my stay that are of a private nature). It is generally not possible to take out insurance abroad at a later date.

SRH University Heidelberg shall not be liable for the consequences of non-insurance or underinsurance.

I hereby declare that I have acknowledged and understood the remarks on the issue of insurance abroad. I confirm that I will extend my insurance cover and that I will be adequately insured during my stay abroad.

Ort, Datum:

Name des Teilnehmers:

Unterschrift: