

Declaration of Insurance Coverage for Trainees in the ERASMUS+ Programme

In order to receive sponsorship by ERASMUS+

- It is **obligatory** for trainees to be insured against accidents at work and liability loss at least for the workplace. If not made compulsory by the national regulation of the host country, this might not be imposed on the host organisation.
- In this case the liability and accident insurance has to be taken out by the trainee.
- Information regarding insurance:
<https://www.b-tu.de/en/leonardo/preparation/insurance>

Personal Data:

Last Name:		First Name:		Date of Birth:	
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Insurance covered by the host organisation/company: (Please clarify before starting the placement if your host organisation has been taken out this insurances.)

Company's / Organisation's Name:		Department:			
Traineeship Begin:		Traineeship End:			
Liability insurance coverage (covering damages caused by the student at the workplace) has been taken out by the host organisation.	yes	<input type="checkbox"/>	Accident insurance coverage related to the student's tasks (covering at least damages caused to the student at the workplace) has been taken out by the host organisation.	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>		no	<input type="checkbox"/>

- If the host organisation has not been taken out the insurance coverage, it has to be taken out by you.
- In this case it is possible to participate in the DAAD Group Insurance at your own expense.
- Please refer to tariff 720 for students: 29.00 €/month or tariff 726 for graduates: 59.00 €/month (for Health-, Accident- and Liability Insurance) of the DAAD Group Insurance.
- For more information please see <https://www.daad.de/ausland/service/downloads/de/4431-versicherungen/>

The following Insurance has been taken out by my own expense:

DAAD Group Insurance, tariff 720 (students)	No. of Certificate		
DAAD Group Insurance, tariff 726 (graduates)	No. of Certificate		
Other Insurance	Liability Insurance*:	Name of the insurance:	
		No. of the certificate:	
	Accident Insurance:	Name of the insurance:	
		No. of the certificate:	
	Health Insurance:	Name of the insurance:	
		No. of the certificate:	

* **Private liability insurances** only insure against damages caused in a **private situation**, not against damages within a **work environment**.

I hereby declare, that I was informed about the obligation of insurance coverage for my placement and I made the necessary arrangements for insurance coverage for my stay abroad.

Date:

Signature of the Trainee: _____