

Declaration of Insurance Coverage

Personal Data

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|---------------|--|-------------|--|
| Last name | | First name | |
| Date of Birth | | Sex (m/f/d) | |

Address

| | | | |
|-------------|--|---------------|--|
| Street | | c/o, Apt. No. | |
| Postal code | | City | |
| Country | | Phone | |
| E-mail | | | |

I declare that I have been informed about the necessity of taking out insurance coverage and being responsible for essential insurance coverage during my stay at TUM in Germany. The insurance coverage includes but is not limited to the mandatory health insurance* and optional but highly recommended liability, accident and repatriation insurances.

An additional laboratory insurance will be required in the event of working in a laboratory at TUM. For that, please consult your TUM supervisor.

(*Detailed information regarding the mandatory health insurance coverage follows after TUM admission, please wait for further instructions and do not upload an existing insurance policy but the signed form).

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Place and Date

**Signature of TUM PPS applicant (full name)
(Practical Project Student Program)**