

Declaration of Insurance Coverage

Personal Data

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 a mandatory health insurance* and optional but highly recommended liability, accident and repatriation insurances.

Additional laboratory insurance will be required in the event of working in a laboratory at TUM.

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

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Place and Date

**Signature of the TUM PREP applicant
(Practical Research Experience Program)**