

Medical insurance declaration form

This form is to be signed and handed in by those who have an adequate medical insurance cover other than the EUI-Cigna medical insurance scheme for the entire duration of their stay at the EUI.

By submitting this form, the undersigned declares that s/he does NOT wish to be insured through the Institute's group medical insurance scheme and that s/he has an adequate, alternative health insurance cover.

YOUR EUI STATUS (Please mark the relevant box)

Research student on grant

Research student without grant

Max Weber Fellow

Jean Monnet Fellow

Fernand Braudel Fellow

Other category (e.g. Visiting/Erasmus student, trainee), please specify

Tenure of your EUI status: From ___/___/_____ to ___/___/_____

YOUR PERSONAL DETAILS (print clearly)

FAMILY NAME _____

First Name _____

Date of birth: day/month/year _____/_____/_____

NATIONALITY _____

SOURCE OF GRANT/INCOME _____

I hereby declare that I / and the members of my family /* shall **not** subscribe to the EUI's health insurance scheme since I am / we are* adequately insured against sickness for the duration of my stay at the Institute through the following health insurance policy (state the insurer's name below):

I absolve the Institute of any responsibility for costs arising from sickness during my stay at the Institute in respect of myself / my dependents *

date: ___/___/_____

Signature: _____

* delete as appropriate