**Declaration**

* I hereby declare that I was informed by the International Exchange Office of the **requirement to purchase insurance** for the duration of the trip and stay abroad.
* The personnel of the International Exchange Office helps to obtain the **health insurance** **valid in the EU countries** - they assist with getting the EHIC card (European Health Insurance Card) if a person applies for it and would like to be delegated abroad. It is also necessary to apply to
the Social Insurance Institution to be issued the A1 certificate
 at least **1 month before the scheduled departure**. I hereby confirm that\* I was advised\* to purchase additional insurance - the Accidental Death and Dismemberment Insurance and the Liability Insurance.
* I was\* informed\* that it is **necessary** to get insured for the whole duration of my trip and stay in **non- EU countries** - to purchase insurance equivalent to the EHIC. I hereby confirm that\* I was advised\* to purchase additional insurance - the Accidental Death and Dismemberment Insurance and Liability Insurance on my own.
* I declare that I\* was advised\* of the **requirement** to purchase health insurance and additional Accidental Death and Dismemberment Insurance and Liability Insurance, **on my own**, in the case of applying to be delegated abroad within a period **less than 1 month before the scheduled departure.**
* If I am not insured by the National Health Fund of Poland, I undertake to purchase individual private health insurance.
* I undertake to make myself familiar with my insurance coverage.
* I agree to provide a copy of my insurance, prior to the scheduled date of departure, to the International Exchange Office (1st floor, room 107, a building of the Main Library of the University of Life Sciences in Lublin).

………………………………..

 *(date and legible signature)*

\*delete as appropriate