



Universidad  
de Navarra

I, Mr./Ms.

(first name and surname(s))

Holder of passport number:

HEREBY DECLARE that I have read the information on medical insurance published on the website <http://www.unav.edu/web/admision-y-ayudas/asistencia-sanitaria/estudiantes-internacionales> and that I have been informed that I must have medical insurance coverage.

- 1) To receive medical treatment in Spain, citizens of the European Union must obtain a European Health Insurance Card before leaving their country of origin. I have also been informed of the type of coverage offered by the Spanish Social Security system.
- 2) To receive medical treatment in Spain, citizens from countries that do not have an agreement with Spain (Andorra, Brazil and Chile) must obtain the required authorization before leaving their country of origin. I have also been informed of the type of coverage offered by the Spanish Social Security system.
- 3) I have also been informed that the University of Navarra offers citizens of countries not mentioned in points 1 and 2 a private insurance policy similar to the ones offered by MAPFRE and ACUNSA. Moreover, even if I am a citizen of one of the countries mentioned and have obtained a European Health Insurance Card or the required authorization, I am still eligible to take out one of these policies if I wish.
- 4) Furthermore, I assume liability for any risks and expenses I may incur for failing to have medical insurance coverage.

Pamplona, ..... ..

Signature: .....