

ASSUMPTION OF RESPONSIBILITY - DECLARATION

I, the undersigned _____

Fiscal Code: _____

Place and date of birth: _____

Nationality: _____

Residence – Street _____ no. _____ Zip code _____ Municipality _____

having the intention to undertake a research period abroad and being aware of the risks associated with my stay abroad, that has been agreed and authorized by the University, by signing this form

I DECLARE THAT

1. I am aware that I am protected by the following policy no. 406376720 "Civil Liability towards Third Parties - R.C.T." with AXA Assicurazioni S.p.A. for damages for which I should be held civilly liable in relation to the institutional activity I perform;
2. I am aware that, having acquired authorization for international mobility, policy n ° 400260064 "Student Accidents" Generali Italia Spa will provide suitable insurance coverage against accidents that I may undergo in the exercise of my institutional activities and during my stay on the premises of the University and in any other place, including outside the University, both in Italy and abroad, such as, by way of example, offices of other Universities and Research Institutes and similar, public or private organizations active in the job market or in sectors such as education, training and youth, where I may find myself for study and research reasons;
3. I am aware that the aforementioned accident policy does not provide a guarantee for illnesses and that any virus infections are also considered illnesses;
4. I am aware that the aforementioned accident policy does not provide for the reimbursement of travel tickets;
5. I am aware that the European Health Insurance Card (EHIC) allows all citizens of the European Union, Switzerland, Iceland and Norway, living temporarily in another Member State, direct access to the health services of the hosting country under the same conditions as residents of the same (some services may be provided indirectly, i.e. by paying the related cost abroad and obtaining a refund upon return to Italy by submitting a request to the relevant ASL), but does not cover some guarantees provided for by health policies stipulated "privately", such as, for example, medical repatriation; and I am aware that the EHIC card for non-EU students enrolled in UNIMIB does not guarantee health coverage outside of Italy;
6. I am aware that pursuant to DPR n. 1124/65 the INAIL protection management on behalf of the State operates exclusively in the case in which the student carries out technical-scientific experiences, practical exercises and motor activities. Accidents that may have occurred to students during theoretical training in the classroom are therefore excluded from INAIL protection. The sending of the accident report to INAIL does not automatically acknowledge the accident and/or payment of financial compensation.
7. I am aware of the importance of purchasing a policy that guarantees health care abroad and of the commitment to take out a supplementary health policy for expenses not covered by the National Health Service.
8. I have renounced, in relation to the mobility in question, any request for damages or compensation from the University of Milano-Bicocca, excluding mandatory cases of law;
9. I have read the pages of the University website dedicated to insurance policies for students.

Finally, I declare that I am informed that, pursuant to and for the purposes of GDPR 2016/679, the personal data collected and transmitted to other Bodies, also with IT tools, will be processed exclusively in the context of the procedure for which this declaration is made. Full information is available on the University website at the link: <https://www.unimib.it/privacy>

Milan,

Full signature _____