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|  | KammarkollegietFÖRSÄKRINGSAVDELNINGEN |  |   |
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|  |  | 201x-xx-xx |    |
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Insurance Certificate

This certificate is issued under the authority of the Kammarkollegiet. The insurance is backed by the full faith and credit of the Swedish government.

This is to certify that **xxxx** **(**Date of birth: **xxxx**)

is covered by “*Swedish state Group Insurance and Personal Insurance – GIF*”, *terms and conditions of insurance 1 January 2011*.

Policy holder: University of Borås

Insurance policy number: 202100-3138

The insurance is valid during the period **xxxx, 201x** through **xxxx, 201x**

**The insurance includes:**

1. Full coverage of medical costs in the event of medical emergency. No limitation in amount.
2. Coverage up to SEK 3 000 for emergency dental treatment per year. Emergency dental care involves relieving the patient of pain and infection, provisional filling of holes and ensuring a functional biting area.
3. Full coverage of costs for medical evacuation or repatriation of remains. No limitationin amount.
4. Liability coverage up to 3 million SEK.

**The insurance applies:**

The insurance applies 24-hours a day in the whole Schengen zone, as well as departure from home country for direct journey to the Schengen zone up to arrival in home country following direct journey there from the Schengen zone.

Please observe that section *2.1, Medical care and dental care cover*, only applies to persons who are **not** citizens of a Nordic country, EU/EEA country, Switzerland, or other country with which a convention regarding medical benefits exists. In these instances the insured person must have an EU card or similar from their home country. The section does not apply to people who pay the same health care fees as people who are resident in Sweden.

Section *2.1* *Medical care and dental care cover* does, however, apply to citizens of a Nordic country, an EU/EEA member state, Switzerland, or other country with which a convention regarding medical benefits exists who can prove that they are no longer insured in their home country regarding medical benefits.

On behalf of Kammarkollegiet

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Name and status of representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Signature of the representative Stamp or seal of the institution