

**DECLARATION
regarding the entry into of insurance contract**

I, the Undersigned,

Name:

Date of birth:

Mother's name:

Address:

hereby declare that:

- I have received written information on the data and activities of ERIX Biztosítási Alkusz és Tanácsadó Kft. prior to the entry into of the insurance contract.
- I have received written customer information on the major data of the insurer and the features of the insurance contract in a clear, comprehensible and detailed manner, as well as the relevant insurance policies and other terms and conditions, prior to entering into the insurance contract. The customer information included, among other things, the contractual inception date, the duration of cover, the rules of premium payment, cancellation, termination, indexation, complaints handling, the insurer's services and exemption, as well as terms and conditions that substantially derogate from the usual contractual practice and the provisions applicable to the contract.
- I have received adequate information on how to join a framework contract of insurance, in particular with regard to the payment of premiums. I acknowledge that the commencement of the insurance cover is subject to the payment of the premium due, which I am obliged to settle on the basis of the invoice of ERIX Kft.
- I declare that I have read and understood the Privacy Policy and Complaints Handling Policy of ERIX Kft.

Insurance contract mediated by ERIX Kft.

Health insurance framework contract for self-financing foreign students of the Budapest University of Technology and Economics

List of insurance facilities

Groupama Medicare Group Health Insurance

Name of insurer:

Groupama Biztosító Zrt.

Date:

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Insured