

Group Medical Insurance application for Trainees

Department/Service:

Family name:	First name:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	CPR number (bottom right of EUI card):
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	EUI office number:

I hereby apply to join the European University Institute Medical and Accident Insurance Scheme (Policy n° 910K62 - Cigna Life Insurance Company of Europe S.A.) for the period mentioned below on the terms laid down at:

<http://www.eui.eu/ServicesAndAdmin/AcademicService/PracticalInformation/CignaInsuranceScheme.aspx>

COVERAGE POLICY

Basic policy (monthly premium: **Euro 121.32** per adult*)

The payment of the fees is managed by the EUI. Please note that 2/3 will be paid by the EUI and 1/3 will be deducted from your grant every month.

A **Supplementary policy** (monthly premium: **Euro 17.19** per adult*) is also available. This is a top-up to the Basic Policy and is at the trainee's expense. For more information, please visit:

<https://www.eui.eu/ServicesAndAdmin/AcademicService/PracticalInformation/CignaComplPolicy>

If you want to subscribe, please contact Cigna at clientservice2@cigna.com. Enrolment and payment procedures will be dealt with directly by Cigna.

*the premiums are valid for the academic year 2025-2026 to be applied as of 1 September 2025 and are subject to change as of 1 September 2026.

SUBSCRIPTION PERIOD

Start of contract: _____, 20____. End of contract _____, 20____.

Please note that the insurance cover may be suspended if your contract is not renewed after the probationary period.

If you want to suspend it before the end of your contract, you must prove that you have adequate medical insurance for the duration of your stay at the EUI.

SUBSCRIPTION OF DEPENDENTS - PARTNER/SPOUSE and/or CHILD(REN)

Dependents of EUI trainees are eligible to be insured under the EUI's medical plan at their own expense for the duration of the trainee's contract:

- Basic policy (monthly premium: **Euro 121.32** per adult and **Euro 60.69** per child)
- Supplementary policy (monthly premium: **Euro 17.19** per adult and **Euro 8.61** per child)

If you wish to enrol your dependent/s to Cigna, please contact clientservice2@cigna.com. Enrolment and payment procedures will be dealt with directly by Cigna.

Please sign this form and return a scanned copy to Traineeships@EUI.eu. You are kindly advised to keep the original.

Date: / /

Signature:

N.B.: In case of accident please contact directly the Academic Service at Health.Insurance@eui.eu