



Application form

Health insurance coverage for group contract VDWS

I. Information

Your documents about the contract

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Tariff description, contribution, conditions, etc.

II. Application documents

Please fill out, sign and return

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Application

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Brokerage, consulting document, data protection, contact

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Sepa direct debit / direct debit credit card

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Legal instruction / consent Data collection and confidentiality, etc.

by mail to

SüdwestRing Versicherungsmakler GmbH
Marion Berger
Birkenstraße 8/1
D-88285 Bodnegg/Rotheidlen

or fax

+49-(0)7520 20800-99

questions by phone

+49 (0)7520 20800-22

or email an

mberger@suedwestring.de



Application form - health insurance for VDWS members

Please send by **fax**: +49-(0)7520 20800-99 or by **e-mail**: mberger@suedwestring.de or by **mail** to SüdwestRing Versicherungsmakler GmbH, Birkenstraße 8/1, D-88285 Bodnegg/Rotheidlen, Germany

APPLICANT (insured person):

First name	Family name	Date of birth	Gender
Street	Post code/town (optionally contact person during any absence)		Nationality
Place of employment (country, town, site), if known			
Tour operator/school name/ employer			
E-mail	Telephone Number/Mobile phone number		Fax number

Policy holder: BDAE Holding GmbH

Insurer: Allianz Partners, Eurosquare 2, 7 rue Dora Maar,
93400 Saint-Ouen, Frankreich

I apply for private medical insurance for abroad as described below and in accordance with the terms and conditions for limited health insurance of the Expat series for long-term journeys (VB part I and part II- Swiss Life Prévoyance et Santé, tariff EXPAT Business). Until cancelled I authorize the policy holder (BDAE) or SüdwestRing Versicherungsmakler GmbH or the corresponding "employer" to directly debit from my bank account the payments as they become due. If the account named by me does not show the required cover the relevant credit institute is not obliged to settle the payment. Any bank charges for return debit notes are at my expense. In case of a non-payment of the respectively due premium and associated costs caused by me I will be deregistered at the insurance company. As a result I will lose insurance protection.

Insurance cover required (please mark with a cross):

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Expat Business excluding USA/Canada/Swiss (monthly payment) | <input type="checkbox"/> as a family member |
| <input type="checkbox"/> Expat Business with USA/Canada/Swiss (monthly payment) | <input type="checkbox"/> as a family member |

Do you have any other health insurance? ☐ No ☐ Yes

Insurer: _____

Policy No.: _____

Start of insurance cover: 01. ____ . 20

Date and signature of applicant



Brokermandat - Legal information

Broker-Mandate

Individual contract with the agency

You are instructing SüdwestRing Versicherungsmakler GmbH (SWR for short) and BDAE Holding GmbH to provide insurance coverage for the person named in the application form. You grant us the authority to conclude this insurance contract and to undertake changes, cancellations and switching coverage. SWR is exempted from the limitations of Section 181 BGB (German Code of Civil Law). This authority has no time limit and can be withdrawn by either of the contract partners giving two weeks' notice.

Limitation of liability

The liability of the insurance broker for pecuniary loss in the case of minor negligent breach of contractual duties is limited to the liability insurance sum. The insurance broker does not bear liability for the customer's pecuniary loss that arises as a result of minor negligent breach of secondary obligations.

Liability claims for damages as a result of loss of life, personal injury or health, as well as damages from the breach of agent's obligations under Sections 60 and 61 VVG (Federal Law on Insurance Contracts) are excluded from the limitation of liability.

General information in accordance with Paragraph 15, Statutory Order for Insurance Broking and Consulting (Versicherungsvermittlungsverordnung)

from SüdwestRing Versicherungsmakler GmbH, Birkenstraße 8/1, 88285 Bodnegg/Rotheidlen, Germany
Tel: +49 (0)7520 20800-0, Email: info@suedwestring.de

The above named company is registered with the responsible authority and is recorded in the Register of Insurance Brokers (Vermittlerregister) as an insurance broker with a permit under **Section 34 d, Paragraph 1 of Germany's Trade, Commerce and Industry Regulation Act (Gewerbeordnung)** with the registration number D-44LH-GJCAQ-36

The responsible authority for authorisation is the Lake Constance-Upper Swabia Chamber of Commerce - IHK Bodensee-Oberschwaben, 88250 Weingarten, Germany. The entry in the Register of Insurance Brokers can be verified with the federal German Chamber of Commerce:

Deutscher Industrie- und Handelskammertag (DIHK) e.V. 11052 Berlin, Germany
www.vermittlerregister.info

Tel: +49 (0)180 6005850. National calls cost € 0.20 (landline charge), € 0.60 (maximum mobile charge).
Check with your telephone company for the cost of international calls.

As an insurance broker we offer you a consultancy service. Our remuneration - also known as the broker's fee or commission - is customarily paid by the insurance company for our consultancy, procurement and support services. The commission forms part of the insurance premium. Any variation to this must be explicitly agreed between us and the customer. Particularly in the procurement of so-called net products, as a general rule a separate remuneration agreement is arranged that binds the customer to paying the commission. Net products are products where the broker's fee is not included in the insurance premium. Our company does not receive any reimbursement in the form of other benefits or payments.

Our company/The insurance broker has no direct or indirect holding of more than 10% in voting rights or shares of an insurance company. No insurance company or parent enterprise of an insurance company has a direct or indirect holding of over 10% in voting rights or shares in the insurance broker/our company.

Information on mediation bodies under the terms of Section 214, Germany's Insurance Contract Act (section 214, VVG) and on participation in an alternative dispute resolution under Section 36, the German Consumer Dispute Resolution Act (Section 36, Verbraucherstreitbeilegungsgesetz)

The following mediation bodies can be contacted with regard to out-of-court dispute resolution. Under Section 17, paragraph 4 of the Statutory Order for Insurance Broking and Consulting (Section 17, paragraph 4, Versicherungsvermittlungsverordnung), we are obliged to take part in alternative dispute resolutions at the following consumer arbitration bodies:

Insurance Ombudsman (Versicherungsombudsman e.V.), Postfach 08 06 32, 10006 Berlin, Germany,
www.versicherungsombudsman.de



Consulting documentation

On-line dispute resolution under Article 14 Section 1 of the Regulation on On-line Dispute Resolution in consumer matters (ODR-VO)

The European Commission provides a platform for on-line dispute resolution (OS platform) that can be found under <https://webgate.ec.europa.eu/odr/main>. Consumers have the option to use this platform for out-of-court arbitration of their disputes relating to contractual obligations.

Professional rules of conduct:

Section 34d Trade, Commerce and Industry Regulation Act (Section 34d Gewerbeordnung), Sections 59-68 VVG, Versicherungsvermittlungsverordnung

The professional codes of conduct can be seen and contact made regarding these on the home page of www.gesetze-im-internet.de which is run by the Federal Ministry of Justice and juris GmbH.

Consulting documentation

Consultants: SüdwestRing Versicherungsmakler GmbH, Weingarten, Germany, Tel. no. +49 (0) 751 56036-60 (SWR for short). All information is non-binding and without guarantee. Current contract and tariff conditions apply.

Customer request/reason for consultation:

You have instructed us to conclude health insurance and have provided information about yourself and your circumstances. A more extensive needs analysis and consultation were not required and is available solely through a separate instruction and a separate consultation report. We are of course happy to assist if this is required.

Market investigation and recommendation:

Swiss Life Prévoyance et Santé, (Tarif EXPAT Business meets your request for a balanced price/performance ratio, taking into consideration the extensive range of insurance cover. The following enhancements for example are particularly worth noting:

- ambulant curative treatment
- medicine and bandages
- inpatient treatment as private patient in a 2-bed room

For the reasons given above we recommend insurance protection from the above-named insurance company. This is a special type of cover that SWR and BDAE has negotiated with the Swiss Life Prévoyance et Santé as a framework agreement for a large number of insured persons. Other insurance companies and types of cover are not taken into account in this class of insurance.

Information regarding sectors not covered:

- pre-existing condition(s)

We would also draw your attention to the exclusions under the insurance terms and conditions.

Your decision:

After reading and taking note of the description of services and possible amounts insured as well as the inclusions and exclusions you have followed our recommendation and instructed us to arrange the named insurance coverage.

Advice and legal authority:

Restricted choice of insurance company and service

Please note that in this particular instance there is a restricted choice of insurance company and products. The insurance company and product offered are the only ones included in our proposal. As a basic principle, the terms and conditions of the provider in question apply on conclusion of the agreement! Insurance protection first commences on acceptance of the application by the insurance company.

Obligation to cooperate

Please contact us if there are changes in your risk profile, if you require additional insurance protection or if the existing insurance protection needs to be changed. Furthermore we recommend that to avoid endangering your insurance protection, statutory and contractual obligations and regulations are observed. Commissioning us does not release you from informing yourself about the contents of the insurance and reading the terms and conditions.



Privacy policy

Declaration of consent and information on data processing and making contact

In order to act as your broker we need to record your data, store this and pass it on to a third party. We do this for example when we determine your degree of risk and give this information to various insurance companies, in order to obtain suitable offers for you. To do this we also use so-called brokering services.

It is also often necessary to request information from third parties. Primarily this is from insurance companies, but information for example from doctors, accountants, lawyers or credit agencies may be necessary.

Within the framework of your authorisation we will also consent in your name to the respective data protection regulations of third parties. Medical data will only be collected where this is essential for the procurement of life, health or accident insurance (personal insurance), or for example in processing benefits or claims. You can provide each of these consents individually and **cancel them in future at any time**. Please note that if applicable we could then no longer act on your behalf.

For further information please see our data protection policy on our website www.suedwestring.de. Our company data protection officer can be contacted at datenschutzbeauftragter@suedwestring.de

Consent to the collection of and request for data

You authorise us to collect data including medical data* from you and to request this from third parties. Where we are going to request medical data from doctors we will inform you in advance. Within the framework of the broker authorisation from you we can give consent to third parties in your name, for example to an insurance company that prior to signing an agreement needs to enquire about creditworthiness or check with a previous insurer.

Consent to storage of personal data

You authorise the storage and processing to the necessary extent of data collected and requested, and authorised third parties to likewise store and process.

Consent to disclosure of personal data

You authorise us to provide third parties such of your personal data as may be necessary as part of our broking activities, including medical data*. Third parties here include for example insurance companies, brokering services, associations, administrative authorities, supervisors, workshops, appraisers or other service suppliers. Upon request we will be happy to provide you with information as to exactly which of our business partners we have supplied your personal data. In the case of an operational handover or portfolio disposal we will notify you about the legal successor and allow you a period of four weeks in which to raise an objection. If the period lapses without an objection, you consent to the transfer of your personal data to maintain the consultancy service. You also agree to our supplying your personal data to your spouse/ partner*, child*/children*, parents* and co-insured persons* upon their request.

Right to limit the processing and if applicable deletion of stored data

To enable us to fulfil the brokerage contract made with you, it is essential for us to store your personal data to the extent described. If you make use of your right to require the deletion of your data or insist on limits to processing, the brokerage agreement routinely finishes.

Consent to contact and advertising

It is impossible to separate customer information and advertising. When for example we want to advise you about the better protection offered by a new insurance tariff, this is regarded as advertising. Therefore we need your agreement, so that we can carry out our job.



Signatures

1. Consent to contact and advertising

I/We agree to you contacting me/us by telephone, electronically (e.g. email, fax, SMS, Messenger) or in writing (e.g. by letter).

In addition I/we agree to SWR sending me/us all documents and correspondence in electronic form.

X	
customer name	Date, signature (including those of persons insured and premium payer)

* Authorisation of the sentences indicated by a star is not essential and can be struck out. Under these circumstances a single consent is required in each case

2. Signature for data processing

X	
Date, signature of insured person/ applicant for insurance	

3. Signature for consulting documentation and transaction of insurance contract

X	
Date, signature of insured person/ applicant for insurance	