

 **Application for health insurance for VDWS members**

Please send by **fax: +49-(0)751-56036-320** or by **e-mail: ibrenner@suedwestring.de** or by **mail** to SüdwestRing Versicherungsmakler GmbH, Postfach 1141, D-88240 Weingarten, Germany

APPLICANT (as a 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 _____

Insurance cover required (please mark with a cross):

- Expat Business **excluding** USA/Canada (monthly payment) as a family member
 Expat Business **with** USA/Canada (monthly payment) as a family member

Application acceptance requires a debit order for a German bank account or a credit card (6% supplementary charge)!

German bank account no.(IBAN): _____ Bank code no (BIC-Swift): _____
 Bank name: _____

VISA Credit card number _____ Expiry date of card _____ CVC _____

Diners Club Credit card number _____ Expiry date of card _____ CVC _____

EC/MC Credit card number _____ Expiry date of card _____ CVC _____
(CVC-PIN – the last three numbers on the back of the credit card)

Account holder (first name and family name) if differing from the insured person _____

Signature of account holder if differing from the insured person _____

Insurer: AGA (Allianz Global Assistance) International S. A., Niederlassung Deutschland, Bahnhofstraße 16,
 D-85609 Aschheim bei München

Insurant: BDAE Expat GmbH

I apply for private medical insurance for abroad as described below and in accordance with the terms and conditions for limited health insurance and sickness daily allowance cover of the Expat series for long-term journeys, part I and part II respectively (Expat Business tariff). Until cancelled I authorize the insurant (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.

I hereby permit the SüdwestRing Versicherungsmakler GmbH to act as an agent on my behalf and authorize it to contract the following insurances. The authorization is also valid for any changes, cancellation and transfer of cover for these insurance contracts under exemption from the limitations set out in paragraph 181 of the BGB (Federal Law).

SüdwestRing Versicherungsmakler GmbH will forward the received premiums to the insurance company. Apart from the premium payments no further costs will occur for me.

This agent's contract is valid for one year and is automatically extended each time for a further year if it is not cancelled in writing 3 months before its expiry date. It expires automatically with cessation of the insurance.

Do you have any other health insurance?

No

Yes Insurer: _____ Police No.: _____

Start of insurance cover: 01. ____ . 20____

Date and signature of applicant

LEGAL INSTRUCTION AS PER § 19 ABS. 5 SATZ 1 VVG
LEGAL INSTRUCTION BY
AGA INTERNATIONAL S.A. (INSURER)

NOTIFICATION AS PER § 19 ABS. 5 VVG REGARDING THE CONSEQUENCES OF BREACHING THE DUTY OF DISCLOSURE

In order for the Insurer to comprehensively evaluate an insurance application all questions asked in the application forms must be answered truthfully and completely. Any information that the Applicant may consider to bear no significance must also be provided. Any information the Applicant does not wish to provide to an insurance broker is to be reported to the Insurer directly without delay and in writing. Kindly be advised that insurance cover may be withdrawn or cancelled in case false, incomplete or misleading information is provided to the Insurer. Please find below further details regarding the consequences of breaching the duty of disclosure.

WHAT ARE THE DETAILS OF THE PRE-CONTRACTUAL DUTY OF DISCLOSURE?

At the time of submitting the insurance application the Applicant shall disclose all information relevant to the risk requested by the Insurer in writing. All questions must be answered truthfully and completely. All circumstances which may affect the evaluation of the application and the decision of the Insurer are considered being of relevance to the risk. Upon submission of the application the Applicant is also obliged to provide any additional information requested by the Insurer prior to the policy approval.

WHAT ARE THE CONSEQUENCES OF BREACHING THE PRE-CONTRACTUAL DUTY OF DISCLOSURE?

1. RESCINDMENT OF CONTRACT AND WITHDRAWAL OF COVER

The Insurer is entitled to rescind the contract should the Applicant or an insured member suppress, misrepresent or misstate any material fact, unless proof of absence of willful intent or gross negligence is provided. In case of gross negligence, the Insurer is not entitled to rescind the contract if the policy would have been issued despite the knowledge of the full circumstances, even if contract alterations by the Insurer would have been applicable. Insurance cover is withdrawn in the event of contract rescindment. Should the Insurer rescind the contract after a claim has been submitted the Insurer is still obliged to reimbursement, if the Insured Person proves that the reasons for the claim have no connection with the reasons for contract rescindment. The reimbursement obligation ceases, however, in case of willful intent. The Insurer is entitled to retain the insurance premium in case of contract rescindment up to the effective date of the rescindment.

2. CANCELLATION

Should any breach of the pre-contractual duty of disclosure not have occurred due to willful intent or gross negligence the Insurer is entitled to cancel the policy with a notice period of one month. The right of policy cancellation by the Insurer shall not be applicable if the policy would have been issued despite the knowledge of the full circumstances, even if contract alterations by the Insurer would have been applicable.

3. CHANGE OF CONTRACT

Should the Insurer not be entitled to cancel or rescind the existing contract, because cover would have been offered despite the full knowledge of the circumstances, albeit under different conditions, the circumstances shall become part of the contract retroactively upon request by the Insurer, provided the Insured Person has suppressed, misrepresented or misstated any material fact out of negligence. In case the premium after the change of contract is more than 10% higher than before or cover for the respective benefit ceases then the Insured Person shall be entitled to cancel the contract with immediate effect within one month after receiving the notification by the Insurer. The Insurer will inform the Applicant about this right in the change of contract notification.

4. EXECUTION OF THE RIGHTS OF THE INSURER (§ 21 VVG)

The Insurer is entitled to assert his rights of rescindment, cancellation or change of contract in writing within a period of one month. The term begins on the date on which the Insurer obtains knowledge of the breach of duty of disclosure on which they claim and constitute their entitlement to recede, cancel or change the contract. Assertion of these rights shall be accompanied by a notification declaring the reasons for the Insurer as to why the contract is rescinded, canceled or changed. Further reasons may be added within the notification period. The right to rescind, cancel or change the contract ceases if the Insurer had been aware of the circumstances or the breach of duty of disclosure. The right to rescind, cancel or change the contract ceases three years after conclusion of the contract. This shall not apply to claims dated to within the period of three years after conclusion of the contract. The period shall be extended to ten years if the breach of duty of disclosure has occurred out of willful or malicious intent.

5. WILLFUL DECEIT (§ 22 VVG)

The right of the Insurer to contest the validity of the contract remains unaffected.

6. REPRESENTATIVE PERSON (§ 20 VVG)

In case of a third party representing the Insured Person at the time of application and conclusion of the contract any possible willful or malicious intent of both, the Representative and the Insured Person, are to be considered regarding any actions involving breach of the duty of disclosure, rescindment, cancellation and the change of contract. The Insured Person shall only be entitled to claim absence of willful intent or gross negligence when neither is to be imposed on the Insured Person nor its Representative.

ADDITIONAL DECLARATION:

The insurance contract applied for is governed by German law, and is to be interpreted exclusively consistent with German law and usage of terminology. This includes, without limitation, the legal concepts and terms contained in the contract, the English translations of which may not be identical with the original German terms in their respective legal understanding. In case of discrepancy between the German version of this contract and the English version, the German version prevails.

Place, date:

Signature:
(applicant)



Information on medical insurance for VDWS members

Extract from the policy coverage for health insurance for abroad in accordance with the General Insurance Conditions:

- 100% ambulant curative treatment
- 100% medicine and bandages
- 100% dental treatment without maximum limits (excluding inlays, onlays), preventive medical checkup.
- 80 % dental prosthesis up to a maximum amount of € 2.000 within 2 years (€ 3.000 within 3 years and not exceeding € 4.000 as of the 4th year each insurance year) - waiting period 8 months!
- Dental prosthesis after accidents within the maximum amounts without waiting period
- 100% curative treatment as private patient in a 2-bed room
- Transport costs for stationary treatment to the nearest appropriate hospital
- Sick person return transport from abroad (within one continent up to € 5.000, between different continents up to € 10.000, in several cases without limitation)
- Hotline for health questions, medical support at admission to the hospital by preparation of request for direct billing, 24 hours accessibility 7 days a week
- Temporary home country stays are insured in the relevant home country for the duration of the long term travel period, always provided that the home country is included in the selection of the pertinent geographic premium coverage (conditions of insurance part II number 15).
- No runtime limit, maximum until the completion of the 65th year of life
- Vacation or occupational stays in the USA/Canada up to 42 days each insurance year without residence are also insured
- Psychotherapy according to health plan
- Adjuvant (80 % of the charges up to a max. amount of € 2.000, glasses € 50 p. a.)
- Extended liability period
- **No health examination**
- **Waiting periods: dental prosthesis and childbirth 8 months from the beginning of the insurance; no performance at existing illnesses or treatment needs including consequences of pre-existing illnesses.**

Monthly payment incl. 5% additional charges for rates	Expat Business without USA/Kanada*	Expat Business with USA/Kanada*
For members of VDWS	€ 134,40	€ 362,25
For family members (e.g. wife/husband, children)	€ 178,50	€ 530,25
Own contribution per insurance year	€ 0,00	€ 500,00
Additional fee for payment with credit card (Visa, EC/MC, Diners Club):	+ 6 %	+ 6 %

*vacation or occupational stays in the USA/Canada up to 42 days each insurance year are insured.

Registration and deregistration:

Insurance cover exists from the start date requested, at the earliest from the date of departure and receipt at BDAE.

If employment ceases and a final return to the homeland (country of permanent residence) is made, the insurance cover ceases to exist. The cancellation has to be demanded in writing.

You can deregister at any time by the end of a month (deregistration period of notice 4 weeks).

Please send a written notice to the company SüdwestRing with regard to subsequent insurance coverage.

Claim process:

Invoices must be settled in advance by the insured person. The original invoices are then sent to the BDAE together with the name of the person insured and the account (in Germany), into which the refund should be made. In an emergency, e.g. hospital treatment or medically necessitated return transport please contact the BDAE in order to clarify the settlement of any charges with the association.



Your contact for questions regarding the policy:

SüdwestRing
Versicherungsmakler GmbH
Abt-Hyller-Straße 4
D-88250 Weingarten, Germany
phone.: +49-(0)751-56036-20
fax: +49-(0)751-56036-320
e-mail: ibrenner@suedwestring.de

Questions regarding benefits and transportation:

phone.: +49-(0)40-306874-61 Mr Bullerjahn
fax: +49-(0)40-306874-90
e-mail: mbullerjahn@bdae.de

24 h emergency service hotline

phone: +49-40-306874-74

Submission of insurance claims to:

BDAE Holding GmbH
Kühnehöfe 3
D-22761 Hamburg, Germany