

Application for health insurance for VDWS members

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

APPLICANT (as a Person):

Given name _____ Family name _____ Date of birth _____ Gender _____

Street _____ Post code/city (possible contact person during any absence) _____ Nationality _____

Place of employment (country, town, site), if known _____

School name, travel company, employer _____

Email _____

Fax number _____

Insurance cover required (please cross):

- Expat® Global **excluding** USA/Canada (monthly instalments)
 Expat® Global with USA/Canada (monthly instalments)
- Expat® Global **excluding** USA/Canada as family member (monthly instalments)
 Expat® Global with USA/Canada as family member (monthly instalments)

Application acceptance requires a direct debit request on a German bank account or a credit card (6% supplementary charge) for agreement/acceptance!

- German bank account no.: _____ Bank code: _____ Bank: _____
- VISA Credit card number _____ Expiry date of card _____
- Diners Club Credit card number _____ Expiry date of card _____
- EC/MC Credit card number _____ Expiry date of card _____

Account holder (given name and family name) if not the person insured _____

Signature of account holder, if not the person insured _____

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® Global tariff), and authorize the current insurance company or SüdwestRing Versicherungsmakler GmbH or the appropriate "employer" to book the payments from me as they become due, by direct debit from my bank account until cancelled. If the account named by me does not have the required cover, there is no obligation on the part of the relevant credit institute to meet the payment. Where a debit entry is made, bank charges and costs are to be borne by me.

In the case of non-payment caused by me, of the currently due premium and associated costs, I will be deregistered by the insurance company. As a result, insurance protection will cease.

I hereby permit the SüdwestRing Versicherungsmakler GmbH to act as an agent on my behalf and authorize it to take out the following insurances. In addition to taking out the insurance policies, this authorization applies to 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 premiums paid to them, to the insurance company, whereby no further costs will be incurred by me, apart from the premium payment. 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.

Confidentiality release: The person insured or their legally appointed representative authorizes the insurance company, to obtain all information considered necessary at any time from third parties and to release these from their duty to maintain confidentiality.

Start of insurance cover: 01. ____ . 20____

Date and signature of applicant

Information on medical insurance for VDWS members

Expatriate health insurance, including insurance coverage for temporary home-country visits

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

- 100% outpatient medically necessary treatment
- 100% medicine, bandages, medical supports
- 100% dental treatment without upper limits. Fillings e.g. Amalgam
- Tooth replacement with 80% and a max. of € 2.000,- within 2 years (within 3 years € 3.000,- and as of the 4th year at most € 4.000,-), waiting period 8 months! Not insured pre-existing and need for treatment during waiting period
- 100% inpatient treatment as privat patient in a 2-bed room
- Transport costs for the stationary treatment to the nearest hospital if it is medical necessary
- Sick person return transport from the foreign countries to the permanent residence country of the insurant (within a continent to € 5.000,-/between different continents to € 10.000,-)
- Hotline for health questions, medical support at admission to the hospital by preparations for the defrayal explanation, 24 hours accessibility on 7 days of the 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 are also insured
- **No health examination**
- **Waiting periods: Tooth replacement and delivery 8 months from the beginning of the insurance; no performance at existing illnesses or treatment need including consequences of pre-existing illnesses.**

Premium:

| Monthly payment incl. 5% instalment charge | Expat Global without USA/Kanada | Expat Global with USA/Kanada |
|--|---------------------------------|------------------------------|
| for members of VDWS | € 128,10 | € 362,25 |
| for familie members (e.g. wife/husband, children) | € 178,50 | € 530,25 |
| Deductible | € 0,00 | € 500,00 |
| additional fee for payment with creditcard (Visa, EC/MC, Diners Club): | + 6 % | + 6 % |

Registration and deregistration:

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

If employment ceases and a final return to the homeland (country of permanent residence) is made, the insurance cover ceases to exist.

You can deregister at any time at 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:

All costs must be paid by the persons insured. 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. for extensive hospital treatment or medically necessitated return transport to Germany you should get in touch with the BDAE, in order to clarify with the Association the payment of any costs.

Your contact for questions about the policy:

SüdwestRing
Versicherungsmakler GmbH
Abt-Hyller-Str. 4
88250 Weingarten, Germany
fon.: +49-751-56036-20
fax: +49-751-56036-320
mail: ibrenner@suedwestring.de

Queries about benefits/transportation:

BDAE Holding GmbH
fon.: +49-40-306874-61 Herr Bullerjahn
fax: +49-40-306874-90
mail: mbullerjahn@bdae.de

24 h emergency service line

fon: +49-40-306874-74

Submission of insurance claims to:

BDAE Holding GmbH
Kühnehöfe 3
22761 Hamburg, Germany