

Application for German Private health insurance (residents only),

if you consider to get anonymous quotes, let us know in your email

this is a general application to apply a full cover for various German insurance companies,

via Bechstein Versicherungsmakler GmbH & Co. KG

Eichendorffstr. 12, 65187 Wiesbaden, Germany

for assistance, give us a call on phone +49-611-945892402 or send an email to mail@vmwi.net



Valid for the following companies:

alliance

Private Health Insurance Company

ARAG Krankenversicherungs-AG AXA

Krankenversicherung AG Barmenia

Krankenversicherung AG Bayerische

Beamtenkrankenkasse AG Continentale

DRV German Civil Servants'

Insurance Health Insurance

DKV German Health Insurance AG

GOTHAER Krankenversicherung AG

Hallesche Krankenversicherung a. G.

HanseMerkur Krankenversicherung AG

Inter Krankenversicherung AG

State Health Insurance Association

Munich Club

Health insurance a. G.

NUREMBERG

Health Insurance AG

R+V Health Insurance AG

SIGNAL IDUNA

Health insurance a. G.

Süddeutsche Krankenversicherung aG Union

Krankenversicherung AG uniVersa

Krankenversicherung a. G.

blau direkt GmbH & Co. KG durch Bechstein Versicherungsmakler GmbH & Co. KG

Agentur 001R6T Telefon: +49611-945892402 jb@vmwi.gmbh

Application for health insurance, daily sickness allowance insurance and long-term care insurance

Notes

The contracts to be concluded based on this application for health, long-term care, accident, and supplemental long-term care insurance are legally independent contracts. All information requested in the application must be answered carefully, completely, and accurately to the best of your knowledge. A breach of your pre-contractual duty of disclosure may entitle the chosen insurer (depending on the degree of fault) to withdraw from, terminate, or adjust the contract, which may result in the insurer being released from its obligation to provide benefits (even for claims that have already occurred). Please refer to the "Notification from the insurer pursuant to Section 19 Paragraph 5 of the German Insurance Contract Act (VVG) regarding the consequences of a breach of the pre-contractual duty of disclosure" on page 9 of this application.

Submitted in
Cooperation of **blau direkt GmbH & Co. KG durch Bechstein Versicherungsmakler GmbH & Co. KG
Agentur 001R6T Telefon: +49611-945892402 jb@vmwi.gmbh**

Applicant (VN)

Primary residence according to the residents' registration office (Note)

See page 8:
"Consent to the
Credit report"

Voluntary information:

Not to be answered
at BK/UKV and R+V

Salutation	<input type="checkbox"/> Mister	<input type="checkbox"/> Woman	<input type="checkbox"/> without salutation	title <input type="text"/>
full name	<input type="text"/>			
street and number	<input type="text"/>			
zip and city	<input type="text"/>			
birth date	<input type="text"/>			
nationality	<input type="checkbox"/> German	<input type="checkbox"/> other	<input type="checkbox"/> in Germany	since <input type="text"/>
Marital status	<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> married/registered civil partner	<input type="checkbox"/> widowed
phone	<input type="text"/>		e-mail <input type="text"/>	

Activity-status	<input type="checkbox"/> employed	<input type="checkbox"/> not employed	<input type="checkbox"/> freelance	since <input type="text"/>
	<input type="checkbox"/> Federal Civil Servant	<input type="checkbox"/> Official State	<input type="checkbox"/> independently the	
Number of items to be considered able-bodied persons	<input type="text"/>		subsidy rate outpatient <input type="text"/> %	subsidy rate stationary <input type="text"/> %
professional activities (currently performed activities)	<input type="text"/>			
Business address, Employer address	<input type="text"/>			
Industry	<input type="text"/>			
Entry in Commercial Register	<input type="checkbox"/> no	<input type="checkbox"/> yes, at	<input type="text"/>	
Business registration/ Permit	<input type="checkbox"/> no	<input type="checkbox"/> yes, at	<input type="text"/>	

To be insured Persons (VP)

R+V: Information according to the currently in the birth-registered-one gender; BK/UKV: at "diverse" The biological sex must also be considered. "Male/Female" be specified.

Questions about place of birth, country of birth and multiple birth are for the voluntary formation of the KVNR required - Note on page 10.

only BK, Nürberger, SIGNAL IDUNA and UKV

Person 1		<input type="checkbox"/> identical to applicant (VN)	Person 2	
Name first Name		<input type="text"/>		<input type="text"/>
birth date	<input type="text"/>	<input type="checkbox"/> masculine	<input type="checkbox"/> female	<input type="checkbox"/> diverse
Place of birth	<input type="text"/>	Country of birth <input type="text"/>		
multiples: Siblings who are born on the same day (twins, etc.)		<input type="checkbox"/> no	<input type="checkbox"/> Yes	Siblings who are born on the same day (twins, etc.) <input type="checkbox"/> no <input type="checkbox"/> Yes
nationality	<input type="checkbox"/> German	<input type="checkbox"/> other	<input type="checkbox"/> in Germany	since <input type="text"/>
Marital status	<input type="checkbox"/> single	<input type="checkbox"/> married/civil partner	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed
address (if different)	<input type="text"/>			
Business address (for employees, company address)	<input type="text"/>			
Occupation/Industry (currently performed activities)	<input type="text"/>			
<input type="checkbox"/> The employer certificate is hereby requested: self-employed, employed, freelance, not employed, employed in the public service		<input type="checkbox"/> Entitlement to medical care		
Self-employed/ freelance since <input type="text"/>		Number of employees subject to social security contributions <input type="text"/>		
Entry in Commercial Register		<input type="checkbox"/> no	<input type="checkbox"/> yes, at	<input type="text"/>
Business registration/ Permit		<input type="checkbox"/> no	<input type="checkbox"/> yes, at	<input type="text"/>
entitlement to benefits according to the guideline	<input type="checkbox"/> Federal	<input type="checkbox"/> country	since <input type="text"/>	outpatient <input type="text"/> %
Application for	<input type="checkbox"/> Student	<input type="checkbox"/> trainee	<input type="checkbox"/> Student	<input type="checkbox"/> Civil service trainee
Training rates	Duration of training/ of the studies from <input type="text"/> until <input type="text"/>			
Study abroad: Will be in the next 18 months for more than 6 months				
Are you planning a stay abroad? <input type="checkbox"/> no <input type="checkbox"/> Yes				
Cross-border commuter: Does the person qualify as a cross-border commuter? <input type="checkbox"/> no <input type="checkbox"/> Yes				
Insofar as the insured persons differ from the applicant: Are these persons (close) relatives of the applicant who are insurable according to the principles of the requested company? (see pages 9 and 10, definition of close relatives)				
Person 1		<input type="checkbox"/> no	<input type="checkbox"/> Yes	
Person 2		<input type="checkbox"/> no	<input type="checkbox"/> Yes	

insurer

Address and legal information form on page 12

Insurance start date <input type="text"/>	Company <input type="text"/>	Company <input type="text"/>
<input type="checkbox"/> New application <input type="checkbox"/> Amendment request (for amendment requests, enter the relevant insurance number under "Special Agreements" [page 6]).		

Tariffs and Posts

regarding the tariffs
AXA ActiveMe,
HanseMerkur AZP,
KVP and ottonova
Attachment to the application
Note (p. 13)

Rates and fees Person 1		Continued Person 1		Rates and fees Person 2			
Tariff name	Tariff contribution	Risk premium	SUM	Tariff name	Tariff contribution	Risk premium	SUM
<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €	<input type="text"/>	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €
Statutory surcharge on comprehensive health insurance plans <input type="text"/> €				Statutory surcharge on comprehensive health insurance plans <input type="text"/> €			
Long-term care insurance PVN PVB <input type="text"/> €				Long-term care insurance PVN PVB <input type="text"/> €			
Total monthly contribution for health insurance/private long-term care insurance <input type="text"/> 0,00 €				Total monthly contribution for health insurance/private long-term care insurance <input type="text"/> 0,00 €			

The following health questions are the agreed-upon and approved questions of the respective insurer whose coverage is being requested, and not questions from the agent or broker. Each question must be answered for all persons to be insured.

IMPORTANT NOTICE REGARDING THE PRE-CONTRACTUAL DISCLOSURE OBLIGATION:

In order to process your application, the insurer needs answers to all questions. Please answer them carefully, completely, and accurately to the best of your knowledge. You must also disclose any illnesses and conditions (within the periods requested) that have healed. A breach of the pre-contractual duty of disclosure may entitle the chosen insurer (depending on the degree of fault) to withdraw from, terminate, or adjust the contract, which may result in the insurer being released from its obligation to provide benefits (even for claims that have already occurred). Please refer to the separate explanations provided to you by the respective insurer regarding the pre-contractual duty of disclosure / information on the consequences of a breach of this duty (notification from the insurer pursuant to Section 19 Paragraph 5 of the German Insurance Contract Act (VVG) regarding the consequences of a breach of the pre-contractual duty of disclosure, page 9). If a question is answered with "yes," please provide detailed information, citing the corresponding personal number, in the section "Detailed information on questions 2 to 12."

The conclusion of the contract is not made dependent on the performance of genetic tests or analyses.

I will report any missing information to the insurance company in writing within 3 days of submitting the application.

	Person 1		Person 2	
	cm	kg	cm	kg
1. Height and weight				
2. Have you had any illnesses, chronic conditions, complaints, consequences of accidents, body implants, prostheses, limitations of an organic, physical or mental nature (even if they have not been treated) or need for care in the last 3 years or do you currently have any? (R+V also includes diseases of the brain or nervous system in the last 10 years; DKV has applied for or intended to apply for benefits from private/social long-term care insurance?)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
3. In the last 3 years, have you had any outpatient examinations, consultations, operations, medical check-ups and follow-up examinations (also due to pre-existing conditions) or treatments by doctors or other healthcare providers, or are any such examinations or treatments recommended or planned? (for outpatient surgeries at Allianz, DKV, HanseMerkur, R+V, SDK and SIGNAL IDUNA for the last 5 years)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
4. Have you had any inpatient examinations, operations, treatments, or spa or rehabilitation measures in a hospital, military hospital, sanatorium, or other medical facility in the last 5 years, or is such a measure recommended or planned? (For AXA's ActiveMe tariff, the last 6 years; for ottonova, the last 10 years)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
5. Have you had any psychological, psychotherapeutic or psychiatric treatments (therapies/talk therapies), examinations, or consultations in the last 5 years? (at Gothaer: due to illness; at Continentale, R+V and SIGNAL IDUNA: incl. trial sessions) Have such treatments (including addiction treatments) been recommended or carried out instead, or are such treatments planned? (For AXA tariff ActiveMe, the last 8 years; for ARAG, Barmeria, BK, Hallesche, INTER, Nürnberg, ottonova, R+V, SDK, SIGNAL IDUNA, UKV and uniVersa, the last 10 years)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
6. Is there a visual impairment? If "yes", how many diopters (left/right)? (not required for Allianz, HanseMerkur, LKH, ottonova and R+V)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
7. Is there a history of sterility, infertility, or have any consultations or examinations been carried out in the last 5 years due to an unfulfilled desire to have children? (For ARAG, Barmeria, Continentale, INTER, ottonova, R+V and SIGNAL IDUNA: no time limit; for Allianz (outpatient), for Hallesche: the last 3 years; for SDK: the last 10 years; not required for DKV and Hanse-Merkur)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
8. Do you have a recognized disability? If "yes," please attach a copy of the official recognition notice stating the consequences of the injury. Note: This also includes a) recognized reductions in earning capacity (including in children), b) work-related injuries, c) occupational diseases, d) war or military service injuries, e) need for care, f) or other consequences of injury, g) (only with ARAG, BK, Gothaer, INTER and UKV) Do you currently receive a pension or retirement benefit for health reasons, including private or statutory long-term care pensions? Why? h) (only with ARAG, DKV and R+V) Or has an application for recognition of such an impairment been submitted, is intended to be submitted, or has such an application been rejected?	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
9.1 Have you been prescribed or regularly taken any medications/sedatives in the last 3 years? If "yes", which ones and for what diagnosis? (For ARAG and R+V, the last 12 months; for AXA/DBV, the last 10 years if longer than 6 weeks; for HanseMerkur, unlimited time; for ottonova, at least two consecutive weeks)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
9.2 Have you regularly used drugs or consumed alcohol almost daily in the last 3 years? (not required for INTER; for Allianz the last 5 years; for AXA/DBV, BK/UKV, R+V, SDK and uniVersa the last 10 years; for HanseMerkur, LKH and ottonova unlimited time)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
9.3 Is there, or has there ever been, a dependency? If "yes", what kind? (Not answerable for Gothaer, HanseMerkur and INTER; for Allianz the last 5 years; for Nürnberg, R+V, SIGNAL IDUNA, SDK and uniVersa the last 10 years; for LKH and ottonova unlimited time)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
10. Has an HIV infection (AIDS) ever been diagnosed, or is a test result still pending? (For R+V, the last 10 years; only for Allianz and Continentale: Is a medically recommended HIV test?)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
11. Have you been treated, advised, or examined for a malignant cancer or tumor? (Only to be answered for the last 5 years for BK, Münchener Verein and UKV; for ottonova and R+V (also benign tumors) the last 10 years)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
12.1 How many teeth - excluding missing wisdom teeth and complete gap closure - are missing and have not yet been replaced? (Gap closure does not apply to Münchener Verein, ottonova and uniVersa; to BK and UKV also to teeth that are not yet permanently/only temporarily replaced; to HanseMerkur, INTER and SIGNAL IDUNA: no baby teeth; to Gothaer also no baby teeth in the mixed dentition)	<input type="checkbox"/> no	Number	<input type="checkbox"/> no	Number
12.2 Are any dental, orthodontic or periodontal procedures currently taking place or have they taken place in the last 3 years, or are any such procedures recommended or planned for the future? (at LKH in the last 5 years) Does the patient have periodontal disease (periodontitis) or misaligned teeth (including jaw anomalies)? Is a bite splint being worn? (not required for AXA and Hallesche) Are chalky teeth present? (only to be answered at DKV + R+V)	<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes
12.3 How many teeth were replaced or crowned? (To be answered for Allianz, Hallesche, Münchener Verein and Nürnberg; for Gothaer MediVita-Z and SIGNAL IDUNA older than 5 years, for Continentale and SIGNAL IDUNA including prosthetically restored teeth; for BK and UKV older than 6 years; for Continentale older than 10 years and only for persons older than 18 years; for ARAG and DKV only removable dentures, for DKV also full/partial dentures; for BK, INTER and UKV also removable dentures as well as inlays/onlays, for INTER and LKH also also partially crowned teeth; for SIGNAL IDUNA, for dentures younger than 5 years, the name and address of the treating dentist must be provided)	replaces	overcrowded	replaces	overcrowded
12.4 When was the dental prosthesis or crown fitted (month/year)? (not required at Allianz and Hallesche; at Continentale only for persons over 18 years of age)				
12.5 When did the last dental examination take place? Which dentist can provide this information? (To be answered only for Munich club; the findings of the examination must also be provided)				

Health status – detailed information on questions 2 to 12

If any of the questions were answered with "yes," please provide detailed information below. For preventive medical examinations, please specify the findings. If the space provided is insufficient to answer the above questions, please provide the answers on a separate, signed sheet, indicating the sequential number of the respective question (this sheet will become part of the application), and refer to this sheet in the application.

Person question No. Description of the illness (diagnoses or type of symptoms, medications, dosage, side effects, type of treatments, duration of incapacity for work, duration of treatment, surgery yes/no, treatment- and symptom-free since, treating physician, inpatient care, etc.)

1 2

1 2

1 2

Clicking on the icon on the right leads to...
Additional sheet
Detailed questions

The space provided is insufficient to answer questions 2-12; additional sheets for further information are enclosed with this application. These additional sheets must be signed by both the applicant (VN) and (if different) the person to be insured (from the age of 16) and will become part of the application.

Number:

Risk premiums

With the following Risk surcharge (RZ) I am agreed	<input type="checkbox"/> 1 <input type="checkbox"/> 2	RZ for person	RZ on tariff	<input type="text"/>	RZ in % <input type="text"/>	RZ in € <input type="text"/>
			RZ due to diagnosis	<input type="text"/>		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	RZ for person	<input type="text"/>	RZ in % <input type="text"/>	RZ in € <input type="text"/>
			RZ due to diagnosis	<input type="text"/>		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	RZ for person	<input type="text"/>	RZ in % <input type="text"/>	RZ in € <input type="text"/>
			RZ due to diagnosis	<input type="text"/>		

Family doctor and dentist

(For tariffs with free choice of doctor, specifying a family doctor is not required. necessary.)

Person 1		Person 2	
Family doctor	<input type="checkbox"/> None <input type="checkbox"/> General practitioner <input type="checkbox"/> Internist <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> General practitioner <input type="checkbox"/> Internist <input type="checkbox"/> Other	
How long have you been a patient there?	<input type="text"/>	How long have you been a patient there?	<input type="text"/>
Name, address and specialization	<input type="text"/>	Do you have a dentist/orthodontist?	<input type="checkbox"/> Yes <input type="checkbox"/> no
dentist	<input type="checkbox"/> Yes <input type="checkbox"/> no	Do you have a dentist/orthodontist?	<input type="checkbox"/> Yes <input type="checkbox"/> no
Name and address	<input type="text"/>		

Sick days money and income

Amount of average monthly income from professional activity over the last 12 months (e.g. dependent or self-employed work, commercial enterprise, agriculture and forestry)

Duration of continued salary payment (days/weeks)

Are you, as the managing partner of a GmbH, OHG, etc., involved in at least 50% of the share capital?

The desired daily allowance (possibly together with other existing or applied-for claims against statutory or private daily sickness allowance insurers) does not exceed the net income to be insured for the last 12 months and the chosen waiting period is not shorter than the duration of the entitlement to continued payment of wages in case of illness.

Waiting time waiver

The standard waiting periods apply unless otherwise requested below and confirmed by the insurer.

I request that my previous insurance coverage with the statutory health insurance or private health insurance be credited towards the waiting periods, in accordance with the terms and conditions. I will submit proof of my previous health insurance coverage later.

By undergoing a medical or dental examination, the costs of which I will bear, I hereby apply, solely for health insurance purposes and to the extent permitted by the policy terms, for the waiver of the general and, where applicable, special waiting periods. This application will be deemed to be for the conclusion of an insurance policy with the applicable waiting periods if the examination results are not submitted on a form provided by the insurer within 14 days (BK, Hallesche and UKV: not within 21 days; Continentale and Gothaer: not within 28 days; uniVersa: not within 1 month) received by the insurer after the application was submitted.

Person 1		Person 2	
gross €	<input type="text"/>	net €	<input type="text"/>
days	<input type="text"/>	weeks	<input type="text"/>
<input type="checkbox"/> no	<input type="checkbox"/> Yes	<input type="checkbox"/> no	<input type="checkbox"/> Yes

Person 1 Yes no

Person 2 Yes no

Person 1 Yes no

Person 2 Yes no

The applicant is obligated to answer the questions completely and truthfully, as the information is required by the previous insurer for the transfer of age-related reserves in health insurance and to supplement or verify the information provided by the applicant or the insured. Regarding the verification and supplementation of the information, an exchange of data with the previous insurer may be necessary for the purpose of risk assessment.

Have you had private or statutory health insurance, private or statutory long-term care insurance, long-term care insurance, a daily sickness allowance, or a daily sickness allowance within the last 5 years? Have you applied for, been rejected for, or suspended any such insurance due to outstanding contributions within the last 5 years? (DKV, Gothaer, and IKH do not have a 5-year limit). The proof of prior insurance will be submitted by the policyholder/applicant at a later date.

I agree that the requested insurer may, if necessary, inquire with my previous health insurer regarding my information before accepting the application or during the course of the active business relationship, and I release the insurer from its duty of confidentiality for this purpose.

Statutory health insurance/ Private health insurance	insurer or cash register	Consists since	Ends for the	Applied for at	Rejected at	Contract resting posed since	Quit from	Existence of the- time contribution- Residues?	If a sickness test continues to exist in parallel, Hospital, spa, and nursing care daily allowance? If "yes": Amount and grace period
VP 1 <input type="checkbox"/> Statutory health insurance <input type="checkbox"/> Private health insurance							<input type="checkbox"/> UN <input type="checkbox"/> VR	<input type="checkbox"/> no <input type="checkbox"/> Yes	<input type="checkbox"/> no <input type="checkbox"/> Yes, kind
VP 2 <input type="checkbox"/> Statutory health insurance <input type="checkbox"/> Private health insurance							<input type="checkbox"/> UN <input type="checkbox"/> VR	<input type="checkbox"/> no <input type="checkbox"/> Yes	<input type="checkbox"/> no <input type="checkbox"/> Yes, kind

UN Please also indicate, if the policyholder and the insured person are not the same, whether the policyholder currently has outstanding premiums with a health insurer.

A transfer value certificate when switching from one private health insurance company to another.

no Yes

I have added I will submit later

**Information on
Care obligation
insurance**

New business conditions according to § 110 para. 3 SGB XI; **Existing stock conditions** pursuant to Section 110, paragraphs 1 and 2 of the German Social Code, Book XI (SGB XI); The following apply to the calculation of contributions: **New business conditions** (=new) or

Existing stock conditions (=old) Does the regular monthly income exceed the limit for family insurance?:

Person 1

old new
 Yes no

Person 2

old new
 Yes no

In marriage paaren: I request that the total contribution for the married couple be limited to 150% of the maximum contribution to the statutory long-term care insurance for the following spouse:

Name first Name en in society: Long-term care insurance as a waiting period insurance. The contract there does not exist

In children: I am applying for exemption from contributions to my private long-term care insurance for Person 1 Person 2 and confirm that the requirements according to The requirements of Section 25 of the German Social Code, Book XI (details on page 9) are met. The parent named below has private long-term care insurance (not as a waiting period policy).

Name first Name at since

At the same time, I confirm that the total monthly income of the above-mentioned spouse, civil partner, or child not regularly exceeding the limit for the Family insurance. I confirm the accuracy of all information provided and undertake to submit corresponding documentation upon request from the insurer. I will inform the insurer immediately of any changes. I will pay any outstanding premiums for periods during which I was not entitled to a premium reduction in my long-term care insurance. Proof of other long-term care insurance coverage will follow.

1 Total income (definition see final declaration) is the sum of income as defined by income tax law (§ 2 para. 1 EStG).

2 1/7 of the monthly reference amount according to § 18 SGB IV – please inquire about the current amount (in 2025: EUR 535) or in the case of marginal employment according to §§ 8 para. 1

Paragraphs 1 and 8a of the German Social Code, Book IV (SGB IV) do not exceed 556 EUR.

3 Also a life partner according to § 1 of the Life Partnership Act.

**Data transfer
communications to
the financial
hears**

Only relevant for
Sick and
Care obligation
insurance

Data transfers to the tax authorities: Pursuant to Section 10 Paragraph 2b of the German Income Tax Act (EStG), the insurance company is obligated to transmit the amount of tax-deductible health and long-term care insurance contributions paid and reimbursed in the calendar year, as well as the first and last name, date of birth, address, and tax identification number of the taxpayer, to the Central Allowance Office for Retirement Savings. If the policyholder and the insured person are not the same, the policyholder's date of birth and tax identification number must also be transmitted. If you are unable to provide the insurer with your tax identification number(s), the insurer will obtain them directly from the Federal Central Tax Office (BZSt) and use them for the respective reports.

Starting in the 2026 calendar year, insurers are required to transmit the contributions for comprehensive health and long-term care insurance to the Federal Central Tax Office (BZSt) by November 20th of the preceding year, in accordance with Section 39 Paragraph 4a of the Income Tax Act (EStG). This transmission is necessary to obtain a tax-free employer subsidy under Section 257 Paragraph 2 of the German Social Code, Book V (SGB V) or Section 61 Paragraph 2 of the German Social Code, Book XI (SGB XI), and to calculate wage tax for the employer under Section 10 Paragraph 1 Number 3 of the Income Tax Act (EStG). The transmission must include the contract or insurance data and be submitted annually as so-called Electronic Wage Tax Deduction Features (ELStAM). This enables the granting of a tax-free employer subsidy and/or the consideration of the pension contributions in the wage tax deduction procedure. The transmission also includes the contract data, the date of birth of the policyholder and the insured person, and their tax identification numbers. **You have the right to object to this data transfer, in whole or in part, with effect for the future, pursuant to Section 39 Paragraph 4a of the German Income Tax Act (EStG). An objection can be declared informally to the insurance company.** If you object to the automated data transfer from your insurance company to the Federal Central Tax Office (BZSt), your contribution data will not be transmitted electronically to the tax authorities. In this case, you must claim your paid contributions to private comprehensive health and long-term care insurance yourself as part of your income tax return. The consequences are: Comprehensive health and long-term care insurance contributions can no longer be considered as deductible expenses in your payroll. Employees may no longer receive any employer subsidy, or at least not a tax-free one.

**Special
Agreements**

Are special agreements desired? The application is only valid if the special agreements are reached.

created and handed out not created, as the applicant waived consultation and its documentation by separate written declaration.

Confirmation of receipt: I have a copy of the application, the general insurance terms and conditions for the requested tariffs (sample and tariff terms and conditions) as well as the contract information (information sheet on insurance products; *at AXA, HanseMerkur: "Information sheet on insurance products per tariff and only at HanseMerkur: "Individual information about your health insurance for each person to be insured"; at Gothaer: "Customer information according to the information obligations regulation VVG-Info V"*) and further information pursuant to Section 7 Paragraphs 1 and 2 of the German Insurance Contract Act (VVG), the information sheet of the Federal Financial Supervisory Authority (BaFin), the "Notification from the insurer pursuant to Section 19 Paragraph 5 of the German Insurance Contract Act (VVG) on the consequences of a breach of the pre-contractual duty of disclosure", the data protection notices/information on the rights of data subjects (*for Hallesche: "information on the implementation of the EU General Data Protection Regulation"*), I have received the cancellation policy for my requested insurance (unless it is already included with the insurance certificate, see page 10 for details) as well as the list of service providers and recipients of the requested insurer.

(*at HanseMerkur: Printed item number/tariff and status, at R+V: terms and conditions booklet and status*)

I acknowledge receipt of the aforementioned documents with the signature below.

7, den 21.11.2025

place, date

Signature(s) of the applicant, or the legal representative in the case of minors

**Explanations
and notes**

Explanations regarding the start of insurance coverage: If the insurance/tariff start date I have requested is before the deadline for withdrawing my contractual declaration (see Right of Withdrawal), I agree that the insurance coverage will commence in accordance with the terms and conditions before the end of the withdrawal period, but not before the expiry of any applicable waiting periods. The insurance relationship is governed by German law. Field service representatives are not authorized to charge fees.

Final statement:

The information provided in the application and the questions posed were answered in writing, truthfully, and completely to the best of my knowledge. A breach of the pre-contractual duty of disclosure may entitle the insurer (depending on the degree of fault) to withdraw from, terminate, or adjust the contract, which may, under certain circumstances, lead to the insurer being released from its obligation to provide benefits (even for claims that have already occurred).

This application consists of pages 1 to 14, including the SEPA direct debit mandate for recurring payments. Before you sign this application, please read the following: **"Notification from the insurer pursuant to Section 19 Paragraph 5 of the German Insurance Contract Act (VVG) regarding the consequences of a breach of the pre-contractual duty of disclosure"** (Page 9), the important definitions and information (pages 9 and 10), and the cancellation policy for your requested insurance with the selected company, or the information on how to obtain the cancellation policy (page 10), which you have provided. By signing, you make these declarations part of this application. Furthermore, you agree that the insurance coverage may be terminated before the end of the cancellation period.

- however, not before the contractually agreed date - begins.

Explanation and information on data processing G:

Consent to the collection and use of health data and declaration of release from confidentiality obligations.

With my signature below, I consent to the following consent provisions, or I make the declarations on the reverse side regarding the following matters.

1. Collection, storage and use of the health data you provide by the insurer;
2. Requesting health data from third parties; 2.1 Requesting health data from third parties for risk assessment and verification of eligibility for benefits; 2.2 Declaration in the event of death; 3. Disclosure of your health data and other data protected by confidentiality to entities outside the insurer; 3.1 Disclosure of data for medical assessment; 3.2 Transfer of tasks to other entities (companies or individuals); 3.3 Disclosure of data to reinsurers; 3.4 Disclosure of data to independent insurance agents; 4. Storage and use of your health data if the contract is not concluded.

Further information on the above-mentioned grounds for consent can be found on pages 7 and 8.

Further explanations regarding data processing

Furthermore, I consent to the "Consent to the credit report" as well as to the "Additional consent to the collection and use of health data and other data protected under Section 203 of the German Criminal Code concerning the intermediary/service provider" as well as "Consent to data processing for the use of the applications of the telematics infrastructure (TI) and release from confidentiality obligations for the procurement of the pension insurance and health insurance number" (see page 10). (Does not apply to AXA).

I hereby confirm in writing that I have read and understood the declarations printed on the following pages and signed by me. By signing below, I make these declarations part of the application.

Signature(s) Application

7, den 21.11.2025

place, date

Signature(s) of the applicant

Signature(s) of the person(s) to be insured From the age of 16 onwards, signature of the legal representative is required for minors.

Information provided by the application intermediary

First and last name, signature

Signature(s) Data protection

7, den 21.11.2025

place, date

Signature(s) of the applicant

Signature(s) of the person(s) to be insured From the age of 16 onwards, signature of the legal representative is required for minors.

Legal status of the application intermediary

Your intermediary is an independent insurance broker with the necessary official authorization. To simplify their work, they utilize the services of insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, or MAXPOOL Maklerkooperation GmbH. Your intermediary is solely responsible for the advisory and brokerage services provided to you.

**blau direkt GmbH & Co. KG durch Bechstein Versicherungsmakler GmbH & Co. KG
Agentur 001R6T Telefon: +49611-945892402 jb@vmwi.gmbh**

**mediates
through**

insuro Maklerservice GmbH
Bonner Str. 271
50968 Cologne

phone (0221) 430 966-0

e-mail info@insuro.de

fax (0221) 430 966-22

Internet www.insuro.de

Managing Director: Jan Dinner;

Registered Office: Cologne; Commercial

Register: Cologne District Court HRB

76589;

Registered in the intermediary register of the Cologne Chamber of Industry and Commerce under registration number D-JHQW-EKCM-66

blau direkt GmbH
Kaninchenborn 31
23560 Lübeck

phone (0451) 87 20 11 51

e-mail info@blaudirekt.de

fax (0451) 87 20 12 51

Internet www.blaudirekt.de

Management: Dr. Kai-Uwe Laag, Hannes

Heilenkötter, Heiko Koldob

Registered office: Lübeck; Commercial

register: Lübeck District Court HRA 3826;

Entry in the intermediary register

Registered with the Lübeck Chamber of Industry and Commerce under

registration number D-VSBU-3SPV4-96

WIFO GmbH

Gewerbering 15

76287 Rheinstetten

phone (07242) 930-0

e-mail info@wifo.com

fax (07242) 930-100

Internet www.wifo.com

Management: Sven Burkart Registered

office: Rheinstetten Commercial register:

Mannheim District Court HRB 105386;

Entry in the intermediary register

Registered with the Karlsruhe Chamber of Industry and Commerce under

registration number D-ULSH-YIZLZ-61

MAXPOOL Maklerkooperation GmbH

Friedrich-Ebert-Damm 143 22047

Hamburg

phone (040) 29 99 40-0

e-mail info@maxpool.de

fax

Internet www.maxpool.de

Management: Oliver Drewes, Kevin

Jürgens, Andreas Zak

Registered office: Hamburg; Commercial

register: Hamburg District Court HRB 68382;

Entry in the intermediary register

Registered with the Hamburg Chamber of Commerce under

registration number D-0WQj-TSSPY-19

Explanation G and information on data processing G

Consent to the collection and use of health data and declarations of release from confidentiality obligations

The printed declarations of consent and release from confidentiality obligations were prepared on the basis of the agreement between the German Insurance Association (GDV) and the data protection supervisory authorities.

The provisions of the Insurance Contract Act, the Federal Data Protection Act, the General Data Protection Regulation (GDPR), and other data protection regulations do not provide a sufficient legal basis for the collection, processing, and use of health data by insurance companies. In order to collect and use your health data for this application and the contract, the insurer listed on page 12, which is the contracting party, requires your consent under data protection law. Furthermore, the insurer requires your waivers of confidentiality to be able to collect your health data from entities bound by confidentiality, such as physicians. The insurer also requires your waivers of confidentiality to be able to forward your health data or other data protected under Section 203 of the German Criminal Code (StGB), such as the fact that a contract exists with you, your customer number, or other identifying data, to other entities, such as assistance, logistics, and IT service providers, telephone customer service providers, central data management, and claims or complaint management departments.

You are free to withhold your consent/release from confidentiality or to revoke it at any time with future effect by contacting the respective insurer at the addresses listed on page 12. However, the insurers point out that without processing health data, concluding or executing the insurance contract will generally not be possible.

The statements concern the handling of your health data and other data protected under Section 203 of the German Criminal Code.

- by the requested insurer (and the companies belonging to the group) itself (under 1.)

- in connection with the inquiry with third parties (under 2.)
- when passing on information to entities outside the insurer (under 3.)
- if the contract does not come into effect (see 4.).

These declarations also apply to co-insured persons whom you legally represent (such as your children), insofar as they do not understand the scope of this consent and therefore cannot make their own declarations.

1. Collection, storage and use of the health data you provide by the insurer

I agree, that the insurer collects, stores and uses the health data I have provided in this application and in the future, insofar as this is necessary for the review of the application and for the establishment, execution or termination of the insurance contract.

2. Requesting health data from third parties

2.1. Requesting health data from third parties for risk assessment and verification of the obligation to provide benefits.

To assess the risks to be insured, it may be necessary to request information from entities that hold your health data. Furthermore, to verify eligibility for benefits, the insurer may need to review information about your health that you have provided to substantiate claims, or that is contained in submitted documents (e.g., invoices, prescriptions, expert opinions) or communications, for example, from a doctor or other healthcare professional.

This review will only be carried out to the extent necessary. The insurer requires your consent for this, including a release from confidentiality obligations for itself and for these bodies, should health data or other information protected under Section 203 of the German Criminal Code need to be disclosed as part of these inquiries.

You can provide these declarations here (1) or later on a case-by-case basis (2). You can change your decision at any time. Please choose one of the two options below:

(Different selection options for VP1 and VP2; for Allianz, AXA/DBV, Continentale, DKV, Gothaer, Hallesche, iINTER, IKH, ottonova and SIGNAL iDUNA only option 2 (individual case) is possible; for all other insurers, checking VP1 applies to the entire contract)

Option 1:

VP1 VP2 I agree, that the insurer – insofar as it is necessary for risk assessment or for the review of claims – collects my health data from doctors, caregivers and employees of hospitals, other medical facilities, nursing homes, personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities and uses it for these purposes.

I release the aforementioned persons and employees of the aforementioned institutions from their duty of confidentiality insofar as my lawfully stored health data from examinations, consultations, treatments, as well as insurance applications and contracts from a period of up to ten years prior to the application are transmitted to the insurer.

Furthermore, I agree that, in this context, my health data may be passed on by the insurer to these bodies as necessary, and I also release the persons working for the insurer from their duty of confidentiality in this respect.

Before any data collection according to the preceding paragraphs, I will be informed by whom and for what purpose the data is to be collected, and I will be advised that I can object and provide the necessary documents myself.

Option 2:

VP1 VP2 I wish, that the insurer informs me in each individual case which persons or institutions require information and for what purpose. I will then decide in each case whether I

- consent to the collection and use of my health data by the insurer, release the aforementioned persons or institutions and their employees from their duty of confidentiality, and consent to the transmission of my health data to the insurer.
- or provide the required documents myself.

I am aware that this may lead to a delay in processing the application or in verifying eligibility for benefits.

Insofar as the foregoing declarations relate to the information I provided when applying for insurance, they apply for a period of five years in accident insurance and for a period of three years in private health and long-term care insurance after the conclusion of the contract. If, after the conclusion of the contract, the insurer has concrete indications that intentionally false or incomplete information was provided in the application and that this influenced the risk assessment, the declarations apply for up to ten years after the conclusion of the contract.

2.2. Declarations in the event of your death (Does not apply to Allianz, Continentale, DKV, Gothaer, ottonova and SIGNAL iDUNA)

To determine eligibility for benefits, it may be necessary to review your health information even after your death. A review may also be required if, up to ten years after the policy was taken out, the insurer has concrete evidence that incorrect or incomplete information was provided during the application process, thereby influencing the risk assessment. For this, too, the insurer requires your consent and a release from confidentiality. Please choose one of the two options below:

(For all other insurers, selecting option VP1 applies to the entire contract; for Hallesche and Nürnberger, only option 1 is selectable; for AXA/DBV, iINTER, and IKH, only option 2 is selectable)

Option 1:

VP1 VP2 In the event of my death I agree consent to the collection of my health data by third parties for the purpose of benefit assessment or a necessary re-examination of the application as described in the first checkbox (see above 2.1. - Option 1)

Option 2:

VP1 VP2 Insofar as health data must be collected for the purpose of verifying the obligation to provide benefits or for a necessary renewed review of the application after my death, the power to decide on consents and declarations of release from confidentiality obligations passes to my heirs or – if these are determined differently – to the beneficiaries of the contract.

3. Disclosure of your health data and other data protected under Section 203 of the German Criminal Code to entities outside the insurer

The insurer contractually obligates the following entities to comply with the regulations on data protection and data security.

3.1 Data transfer for medical assessment

To assess the risks to be insured and to verify eligibility for benefits, it may be necessary to involve medical experts. For this, the insurer requires your consent and a release from confidentiality obligations if your health data and other data protected under Section 203 of the German Criminal Code (StGB) are transmitted in this context. You will be informed about each data transfer.

I agree, I agree that the insurer may transmit my health data to medical experts to the extent necessary for risk assessment or the review of benefit entitlements, and that my health data will be used appropriately by these experts and the results will be transmitted back to the insurer. With regard to my health data and other data protected under Section 203 of the German Criminal Code (StGB), I release the persons working for the insurer and the medical experts from their duty of confidentiality.

3.2 Transfer of tasks to other bodies (companies or individuals)

Certain tasks, such as risk assessment, claims processing, or telephone customer service, which may involve the collection, processing, or use of your health data, are not carried out by the insurer itself. In these cases, the insurer has delegated these tasks to other companies within the insurance group or to another entity outside the insurance group. If your data, protected under Section 203 of the German Criminal Code (StGB), is disclosed in this context, the insurer requires your release from confidentiality obligations for the insurer and, where necessary, for the other entities.

The insurer maintains a continuously updated list of the entities and categories of entities that, by agreement, collect, process, or use health data on behalf of the insurer. You can find the tasks assigned to each entity in this list. The currently valid list is provided to the customer upon application. An up-to-date list can also be viewed or requested online from the respective insurer (contact details and website address can be found on page 12). The insurer requires your consent to share your health data with and use it by the entities listed.

I agree, that the insurer may transmit my health data to the entities listed above and that the health data may be collected, processed, and used there for the stated purposes to the same extent as the insurer is permitted to do. Where necessary, I release the employees of the insurer and other entities commissioned by the insurer from their duty of confidentiality with regard to the disclosure of health data and other data protected under Section 203 of the German Criminal Code (StGB).

3.3 Data transfer to reinsurance companies (Does not apply to Allianz, Barmeria and HanseMerkur)

To safeguard your claims, the insurer may engage reinsurers who assume all or part of the risk. In some cases, these reinsurers use other reinsurers, to whom they also transfer your data. To allow the reinsurer to form its own assessment of the risk or the insured event, the insurer may submit your insurance application or claim to the reinsurer. This is particularly common when the sum insured is especially high or when the risk is difficult to classify.

Furthermore, it is possible that the reinsurance company supports the insurer in risk or benefit assessment as well as in the evaluation of procedural processes due to its special expertise.

If reinsurance companies have taken over the coverage of the risk, they can check whether the insurer has correctly assessed the risk or a claim.

Furthermore, data about your existing contracts and applications will be shared with reinsurers to the extent necessary so that they can assess whether and to what extent they can participate in the risk. Data about your existing contracts may also be shared with reinsurers for the purpose of processing premium payments and claims.

For the purposes mentioned above, data that is anonymized or pseudonymized wherever possible, but also includes personal health information, will be used. Your personal data will only be used by the reinsurers for the aforementioned purposes. You will be informed by the insurer about the transfer of your health data to reinsurers.

I agree, that my health data – where necessary – may be transmitted to reinsurance companies and used there for the aforementioned purposes. Where necessary, I release the persons working for the insurer from their duty of confidentiality with regard to the health data and other data protected under Section 203 of the German Criminal Code.

3.4 Data transfer to independent insurance intermediaries

The insurer generally does not disclose any information about your health to independent insurance agents. However, in the following cases, data that allows conclusions to be drawn about your health or information protected under Section 203 of the German Criminal Code (StGB) concerning your contract may become known to insurance agents.

Your assigned advisors may – if necessary – obtain information for contract-related advisory purposes about whether and, if applicable, under what conditions (e.g., involvement of experts, acceptance with risk premiums for increased risks, exclusions for certain risks or waiting periods) your contract can be accepted.

The intermediary who brokered your contract will be informed that the contract has been concluded and what its terms are. They will also learn whether risk premiums or exclusions for specific risks have been agreed upon.

When you change intermediaries, your contract data, including information about existing risk surcharges and exclusions, may be transferred to the new intermediary. You will be informed about this planned data transfer and your right to object if your intermediary changes.

I agree, that the insurer may transmit my health data protected by confidentiality and other data protected under Section 203 of the German Criminal Code (StGB) to the independent insurance intermediaries responsible for me in the above-mentioned cases – insofar as necessary – and that this data may be collected, stored and used there for advisory purposes.

4. Storage and use of your health data if the contract is not concluded

If the contract with you is not concluded, the insurer will store your health data collected during the risk assessment in case you apply for insurance coverage again. The insurer also stores your data to be able to respond to potential inquiries from other insurers. Your data will be stored by the insurer and in the notification and information system until the end of the third calendar year following the year of application.

I agree, that the insurer will store and use my health data – if the contract is not concluded – for a period of three years from the end of the calendar year in which the application was submitted, for the purposes mentioned above.

Further important explanations and information on data processing

Information on the use of your data

To assess the risk to be insured before concluding the insurance contract, and to execute the contractual relationship, particularly in the event of a claim, the insurer requires your personal data. The collection, processing, and use of this data are generally regulated by law. The German insurance industry has committed itself in its Code of Conduct not only to strictly complying with the data protection provisions of the German Insurance Contract Act (VVG), the European General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), and all other applicable laws, but also to taking further measures to promote data protection. You can read the Code of Conduct in its current version on the company's website (address on page 12).

Upon request, the insurer will also send you a printed copy of these lists or the code of conduct. Please contact the insurer at the postal or email address provided on page 12.

Detailed information about the processing of your personal data and your rights under the European General Data Protection Regulation (GDPR) can be found in the information sheet "Data Protection Notice/Information on the "Data subject rights" (Allianz, AXA/DBV and SDK."Information on the use of your data"; BK/UKV and R+V."Information sheet on data processing; Gothaer."Data protection information sheet; Hallesche."Information on the implementation of the EU General Data Protection Regulation (GDPR); Continentale, HanseMerkur, LKH."Privacy policy").

Consent to the credit report (Applies to all insurers (except AXA/DBV); for Allianz, ARAG, Barmeria, BK/UKV, Continentale, DKV, Gothaer, Hallesche, HanseMerkur, INTER, IKH, Nürnberg, uniVersa: only when applying for a private comprehensive health insurance policy or supplementary insurance with an option to convert to comprehensive health insurance; for DKV also applies to daily sickness allowance insurance)

I give my consent, which I can revoke at any time, that the insurer obtains and processes information about my payment behavior and my ability to pay (creditworthiness data) from credit agencies (such as Infoscore, Creditreform, Schufa) for the purpose of deciding on the establishment and execution of a contractual relationship.

(The following paragraph applies only to AXA/DBV):

Furthermore, I agree to that the results transmitted as part of the credit check concerning me may be re-evaluated during the first three years of the term of this contract for the purpose of reviewing and improving the acceptance guidelines.

(The following paragraph applies only to DKV):

Furthermore, I agree to that the results transmitted as part of the credit check concerning me may be re-evaluated during the first three years of the term of this contract for the purpose of reviewing and improving the acceptance guidelines.

(The following paragraph does not apply to ARAG, Barmeria, SIGNAL/IDUNA and BK/UKV):

Furthermore, I hereby give my consent, which I may revoke at any time, that the respective insurer, in the context of asserting claims, will also transmit my personal data, including my data protected under Section 203 of the German Criminal Code (StGB), but excluding health data, to credit agencies and obtain and process my creditworthiness data there, even after the termination of the contractual relationship.

Which insurer uses which credit agency can be found in the company information on page 12. Credit agencies may also provide the insurer with a probability score calculated from their database using scientifically recognized mathematical-statistical methods, including georeferenced data (scoring method). (Does not apply to Barmeria and uniVersa) For identification purposes, the full name, address (primary residence as registered with the authorities), and date of birth will be used. In the event of false information, the insurer reserves the right to withdraw from or contest the contract.

Regardless of the above, the insurer is authorized to transmit personal data concerning a claim to credit agencies (e.g. Schufa Holding AG) if the owed payment has not been made despite being due and the transmission is necessary to protect the legitimate interests of the insurer or a third party. (Does not apply to Hallesche and SIGNAL/IDUNA).

For the aforementioned purposes, I release I hereby voluntarily and revocably release the employees of the insurer and other commissioned bodies from their duty of confidentiality with regard to the disclosure of my data protected by confidentiality to the credit agency.

The following consent applies only when applying to AXA/DBV and Hallesche:

I agree, I agree that my personal data may be used for the first five years, in accordance with the principles of data minimization and data avoidance, to optimize creditworthiness criteria and to review and improve underwriting guidelines by the insurer transmitting information about my general payment history to a credit agency (e.g., SCHUFA). Where necessary, I release the persons working for the respective insurer from their duty of confidentiality with regard to data protected under Section 203 of the German Criminal Code (StGB).

The insurer expressly points out that this consent to the transfer of data to credit agencies is not required for the conclusion and execution of the insurance contract. Regarding the voluntary nature and the right to revoke the declarations of consent at any time, please refer to the explanations at the beginning of this section.

The following paragraph applies only when applying to Continentale and LKH:

In connection with your application, a credit report will be obtained to assess the risk of payment default. If you do not give your consent to this at the time of application, the conclusion of the contract will generally not be possible.

I hereby give my consent, which I may revoke at any time, I consent to my personal data (surname, first name, date of birth, street, house number, postal code and city) being used during the application process to conduct credit checks with SCHUFA and Infoscore Consumer Data GmbH. For this purpose, I hereby release Continentale Krankenversicherung a. G. from its duty of confidentiality regarding data protected under Section 203 of the German Criminal Code (StGB), a release that I may revoke at any time.

For the credit check, the insurer requires the applicant's full name and address details of their primary residence as registered with the authorities. In the event of false information, the insurer reserves the right to withdraw from or contest the contract.

Additional data protection consent for the transfer and use of your personal data, including health data and data protected under Section 203 of the German Criminal Code (StGB), to the intermediary and KV Werk GmbH.

Consent to the intermediary (independent insurance broker)

Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, and MAXPOOL Maklerservice GmbH work with independent insurance brokers who arrange contracts and assist with application processing, support, and administration of insurance policies. In some cases, communication between the insurer responsible for your contract and the broker takes place directly through the broker. Your consent and release from confidentiality obligations are required so that the insurer may also transmit information about you, particularly information about your health (e.g., acceptance of risk surcharges, exclusions of certain risks) and other data protected under Section 203 of the German Criminal Code (StGB), to your broker.

I hereby give my consent, which I may revoke at any time, that the insurer provides information about me personally, in particular information about the existence of the insurance relationship, my health and/or services provided (does not apply to IKH and SIGNAL/IDUNA) I hereby authorize the transfer of my personal data not only to Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, or MAXPOOL Maklerkooperation GmbH, but also to my assigned advisor, and that this advisor may process the data if necessary for contract-related advisory purposes. In this respect, I release the persons working for the insurer from their duty of confidentiality towards my advisor.

Furthermore, I hereby give my consent, which I may revoke at any time, that my responsible advisor may transmit my personal data, including health data, to the insurer and that the data may be processed by the insurer, insofar as this is necessary for the establishment, execution and termination of my insurance contract.

Consent to KV Werk GmbH

Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, and MAXPOOL Maklerkooperation GmbH are supported by KV Werk GmbH in the preparation of offers, processing of applications, and administration of insurance contracts. For this purpose, KV Werk GmbH requires information for the aforementioned purposes. This includes your personal data and other data protected under Section 203 of the German Criminal Code (StGB), insofar as this is necessary for fulfilling the aforementioned purposes. Your consent and a release from confidentiality obligations are required for the transfer of this data from Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, and MAXPOOL Maklerkooperation GmbH, from the insurer, and from your assigned advisor to KV Werk GmbH.

I hereby give my consent, which I may revoke at any time, that the insurer, Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, or MAXPOOL Maklerkooperation GmbH, and my responsible advisor, collect information about me, in particular information about the existence of the insurance relationship, my health, and/or services rendered. (does not apply to SIGNAL/IDUNA) I hereby consent to the transfer of my data to KV Werk GmbH and to its processing if necessary for the aforementioned purposes. In this respect, I release the persons working for the insurer, Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, MAXPOOL Maklerkooperation GmbH, and my assigned advisor from their duty of confidentiality towards KV Werk GmbH.

Furthermore, I hereby give my consent, which I may revoke at any time, that KV Werk GmbH may transmit my personal data, including health data, to the insurer, Insuro Maklerservice GmbH, blau direkt GmbH, WIFO GmbH, MAXPOOL Maklerkooperation GmbH, and my advisor, and that the data may be processed by them, insofar as this is necessary for the establishment, execution, and termination of my insurance contract.

Notice regarding the right to object to the use of data for advertising, market and opinion research purposes.

Your personal data may be used for advertising the insurer's own insurance products and other products of the insurer's companies and its cooperation partners, as well as for the insurer's market and opinion research, without your explicit consent. You can object to this at any time without any specific form. For example, you can object by letter, email, or telephone. Your objection should be addressed to the insurer.

Final declaration of the applicant and the person to be insured for private health, long-term care and accident insurance

Basis of the insurance contract

The basis of the insurance contract is the application, the general terms and conditions of insurance, the insurance certificate to be issued, the information sheet on insurance products, the Insurance Contract Act (VVG) and the legal provisions of the Federal Republic of Germany.

In health and long-term care insurance, the general terms and conditions of insurance usually consist of model terms and conditions, tariff conditions and tariff and information sheets.

The general terms and conditions of insurance, the applicable tariff regulations for the requested tariffs, the contract information, and information sheets for insurance products must be provided to me in full by my agent well in advance of my declaration of intent to enter into the contract. I understand that the insurance contract only becomes effective upon receipt of the insurance policy or when the insurer declares acceptance in writing. This does not affect my right of withdrawal.

Notification from the insurer pursuant to Section 19 Paragraph 5 of the German Insurance Contract Act (VVG) regarding the consequences of a breach of the pre-contractual duty of disclosure.

Dear Customer,

In order for us, as the insurer (hereinafter referred to as the insurer), to properly process your insurance application, it is necessary that you answer the questions agreed upon with the respective insurer in this application truthfully and completely. You must also disclose circumstances to which you attach no or only minor importance.

Please note that providing incorrect or incomplete information may jeopardize your insurance coverage. Further details regarding the consequences of failing to disclose information can be found below.

What pre-contractual disclosure obligations exist?

Until you submit your contractual declaration, you are obligated to truthfully and completely disclose all material circumstances known to you that the insurer has inquired about in writing. If the insurer inquires about material circumstances after you submit your contractual declaration but before accepting the contract, you are also obligated to disclose these circumstances in writing.

What consequences can arise if a pre-contractual disclosure obligation is violated?

1. Withdrawal and loss of insurance coverage

If you violate your pre-contractual duty of disclosure, the insurer may withdraw from the contract. This does not apply if you can prove that there was neither intent nor gross negligence.

In cases of gross negligence in breaching the duty of disclosure, the insurer has no right to rescind the contract if it would have concluded the contract even with knowledge of the undisclosed circumstances, albeit under different conditions. In the event of rescission, there is no insurance coverage. If the insurer declares rescission after the occurrence of the insured event, it remains obligated to provide coverage if you can prove that the undisclosed or incorrectly disclosed circumstance was a material fact.

- neither for the occurrence nor the determination of the insured event
- was not (partly) responsible for determining or the extent of the insurer's obligation to provide benefits. However, the obligation to provide benefits is waived if you have fraudulently violated your duty of disclosure.

In the event of a cancellation, the insurer is entitled to the portion of the premium that corresponds to the contract period that had elapsed up to the effective date of the cancellation notice.

2. Termination

If the insurer cannot withdraw from the contract because you have only negligently violated the pre-contractual duty of disclosure, the insurer can terminate the contract with one month's notice.

The insurer's right to terminate the contract is excluded if the insurer would have concluded the contract even if aware of the undisclosed circumstances, albeit under different conditions.

Furthermore, the right to terminate a health insurance policy that fulfills the requirements of Section 193 Paragraph 3 Sentence 1 of the German Insurance Contract Act (VVG) is excluded for the companies Allianz, ARAG, BK, Continentale, DKV, MV, R+V, SDK, and UKV. Health insurance within the meaning of Section 193 Paragraph 3 VVG includes all policies that provide at least reimbursement for outpatient and inpatient medical treatment, provided that these policies do not supplement the coverage provided by statutory health insurance.

3. Contract amendment

If the insurer cannot withdraw from or terminate the contract because they would have concluded it even with knowledge of the undisclosed risk factors, albeit under different conditions, the other conditions become part of the contract at the insurer's request. This also applies if the contract is a health insurance policy that fulfills an obligation under Section 193 Paragraph 3 Sentence 1 of the German Insurance Contract Act (VVG). If you negligently breached the duty of disclosure, the other conditions become part of the contract retroactively. Furthermore, if an exclusion of coverage becomes necessary, there is retroactively no insurance coverage for the insured events covered by the exclusion, i.e., also for insured events that have already occurred. You can also lose your insurance coverage in this respect. If you breached the duty of disclosure without fault, the insurer is not entitled to amend the contract.

If the premium increases by more than 10% due to the contract amendment, or if the insurer excludes coverage for the undisclosed circumstance, you may terminate the contract without notice within one month of receiving notification of the contract amendment. The insurer will inform you of this right in the notification.

4. Exercise of the insurer's rights

The insurer may only assert its rights to rescind, terminate, or amend the contract in writing within one month. This period begins when the insurer becomes aware of the breach of the duty of disclosure that gives rise to the right it is asserting. When exercising its rights, the insurer must state the circumstances on which it bases its declaration. It may subsequently provide further circumstances to substantiate its claims, provided that the time limit stipulated in the first sentence has not yet expired for these additional circumstances.

The insurer cannot invoke the rights of rescission, termination, or contract amendment if it was aware of the undisclosed risk or the inaccuracy of the disclosure. The rights of rescission, termination, and contract amendment expire three years after the contract was concluded. This does not apply to insured events that occurred before the expiration of this period. The period is ten years if you intentionally or fraudulently violated your duty of disclosure.

5. Representation by another person

If you are represented by another person when concluding the contract, the knowledge and intent of your representative, as well as your own knowledge and intent, must be taken into account with regard to the duty of disclosure, withdrawal, termination, contract amendment, and the limitation period for exercising the insurer's rights. You can only invoke the fact that the duty of disclosure was not breached intentionally or through gross negligence if neither your representative nor you are guilty of intent or gross negligence. Objections can be raised, for example, by letter, email, or telephone. They must be addressed to the insurer.

Important notes and explanations

Side agreements

Special agreements only apply if they are documented in the respective insurance policy.

Co-insurance of children

Children of a person insured under private long-term care insurance are insured free of charge if they

I) are not subject to compulsory insurance under Section 20 Paragraph 1 Numbers 1 to 8 or 11 or Section 20 Paragraph 3 of the German Social Code Book XI (SGB XI).

II) are not exempt from compulsory insurance pursuant to Section 22 of the German Social Code, Book XI (SGB XI).

III) have no entitlement to family insurance in the social long-term care insurance pursuant to Section 25 of the German Social Code, Book XI (SGB XI).

IV) are not self-employed as their main occupation and

V) no total monthly income have, which exceeds 1/7 of the monthly reference amount according to § 18 SGB IV (2025: EUR 535) or, in the case of marginal employment according to § 8 para.

1 no. 1 SGB IV, § 8a SGB IV, the marginal employment threshold (2025: EUR 556). In the case of severance payments, compensation, or similar benefits (dismissal payments) paid as non-recurring payments due to the termination of an employment relationship, the last monthly wage earned is taken into account for the months following payment up to the month in which the amount of the dismissal payment would have been reached if the wages had continued to be paid; in the case of pensions, the payment amount is taken into account without the portion attributable to pension points for child-rearing periods; the income of a child from an agricultural enterprise in which they are a co-entrepreneur, without being considered an agricultural entrepreneur within the meaning of the Second Act on Farmers' Health Insurance, is disregarded.

Under these conditions, children are entitled to free tuition.

a) until reaching the age of 18

b) until they reach the age of 23, if they are not employed

c) until they reach the age of 25, if they are in school or vocational training or are performing a voluntary social year or a voluntary ecological year within the meaning of the Youth Voluntary Service Act or Federal Voluntary Service; if the school or vocational training is interrupted or delayed by the child fulfilling a statutory service obligation, the exemption from contributions also applies for a period corresponding to the duration of this service beyond the age of 25; this also applies in the case of an interruption for a maximum of twelve months due to voluntary military service pursuant to Section 58b of the Soldiers Act, voluntary service under the Federal Voluntary Service Act, the Youth Voluntary Service Act or a comparable recognized voluntary service or due to activity as a development worker within the meaning of Section 1 Paragraph 1 of the Development Workers Act

d) without age limit if they are unable to support themselves due to physical, mental or psychological disability (Section 2 Paragraph 1 of the Ninth Book - SGB IX): The prerequisite is that the disability existed at a time when the child was insured according to letter a), b) or c).

Relevant documentation - such as school certificates, university certificates, employment certificates, etc. - may need to be submitted.

Explanations on the calculation of total income

Total income is defined as the sum of all income as defined by income tax law (§ 2 para. 1 EStG). This includes, in particular, salaries and wages (also income from marginal employment (minijob), rental income, capital gains, income from self-employment or from business operations).

The following amounts are not to be deducted: the age relief allowance, special expenses, extra expenses, the child allowance, the household allowance and other amounts that are deductible from income under tax law.

Deductible expenses include advertising costs - except in the case of flat-rate taxed wages - and, for capital gains, the savings allowance. For pensions, the payment amount is considered without the portion attributable to pension points for child-rearing periods. One-off payments, such as interest payments, must be distributed across all months of the year. For self-employment, the profit is the determining factor. Income does not include, for example, maternity allowance, parental allowance, child benefit, unemployment benefit, social assistance, citizen's allowance, student loans (BAföG), housing benefit, and subsidies for health and long-term care insurance.

This income limit may change annually. Please ask your advisor.

Contribution limits in long-term care insurance for spouses

In the case of spouses: A limitation of the total contribution payable by both to 150% of the maximum contributions to the social long-term care insurance can be applied under the following conditions:

- both spouses are privately insured for long-term care and

- at least for one spouse: A private long-term care insurance policy has been in continuous operation since January 1, 1995.

- the total monthly income of one spouse does not exceed 1/7 of the monthly reference amount according to § 18 SGB IV (2025: EUR 535), or in the case of marginal employment according to § 8 para. 1 no. 1 SGB IV, § 8a SGB IV does not exceed the marginal employment threshold (2025: EUR 556).

The same applies to registered civil partnerships and registered civil partners according to the LPartG (Civil Partnership Act).

Definition of close relatives within the meaning of Section 7 of the Nursing Care Leave Act or relatives within the meaning of Section 15 of the Tax Code and relatives who are insurable according to the principles of the respective company:

(The following note does not apply to Barmeria, HanseMerkur and SIGNAL IDUNA)

Please note that the application will only be accepted by the participating insurers if the insured person is an insurable dependent according to the definition below and any specific regulations of the insurers. *(At BK/UKV and AXA/DBV, only dependents according to a), c) or j) are insurable; at ARAG, Continentale, Gothaer, Münchener Verein, Nürnberger and R+V, only "permanent" dependents are insurable).*

So-called "permanent" relatives are:

- a) the spouse or registered partner pursuant to the Registered Partnership Act (LPartG);⁴⁵
- b) Relatives and in-laws in the direct line (e.g. parents, grandparents, grandchildren, great-grandparents, great-grandchildren);⁴⁵
- c) Children (including adopted children and even after the adoption has been terminated);⁴⁵
- d) **Siblings;**⁴
- e) Siblings of the parents (aunts and uncles);⁴
- f) Children of siblings (nieces and nephews);⁴
- g) Spouses or registered partners pursuant to the Registered Partnership Act (LPartG) of siblings as well as siblings of spouses or registered partners pursuant to the Registered Partnership Act (LPartG) (sisters-in-law and brothers-in-law);⁴⁵
- h) other persons related in a direct line to the spouse or civil partner pursuant to the Civil Partnership Act (LPartG), e.g. parents-in-law, daughters-in-law, sons-in-law, stepparents and stepchildren (= (adoptive) children of the spouse or civil partner pursuant to the Civil Partnership Act (LPartG)). *(Does not apply to Continentale).*⁴⁵

So-called "non-permanent" relatives are

- i) fiancée;
- j) Partners in a marriage-like or civil partnership-like relationship;
- k) Foster parents and foster children (including those of the spouse/civil partner);⁴⁵
- l) even if the kinship or affinity relationship was terminated by adoption is;⁴⁵
- m) even if the relationship is based on a marriage or civil partnership according to the Civil Partnership Act (LPartG) no longer exists;⁴⁵
- n) even if the household no longer exists, provided that the persons continue how parents and child are connected.

Please note: Insurance policies that establish claims for individuals who are not (close) relatives are generally subject to insurance tax. After signing the contract, this means you must immediately inform the insurer if the person is no longer a relative. You could then be liable for insurance tax in addition to the contractually owed premium.

Further information

Cancelling an existing insurance policy to take out a policy with another company, including private health insurance companies, is generally undesirable and inadvisable for the policyholder. All personal designations used are gender-neutral.

Right of withdrawal

Cancellation policy before application

(The following applies to Barmeria, BK/UKV, Hallesche, HanseMerkur, iINTER, Nürnberger, R+V, SDK, SIGNAL IDUNA and uniVersa)

You can withdraw your application. Information about your right of withdrawal and its consequences will be provided with the application documents and/or at the latest with the insurance policy.

Cancellation policy upon receipt of the insurance certificate

(The following applies to Allianz, ARAG, AXA/DBV, Barmeria, Continentale, DKV, Gothaer, HanseMerkur, LKH and Münchener Verein)

You can cancel your application after receiving the insurance policy. Information about your right of cancellation and the legal consequences of cancellation will be included with the insurance policy.

Health insurance number / KVNR

(Health insurance number/KVNR does not apply to AXA/DBV).

Consent to data processing for the use of applications of the telematics infrastructure (TI) and release from confidentiality obligations

The Telematics Infrastructure (TI) connects all stakeholders in the healthcare system and ensures the secure exchange of information. It is a closed network to which only registered users (individuals or institutions) have access. The TI offers insured individuals and healthcare providers various applications, such as the electronic patient record. For some applications, your insurer decides whether they are offered to policyholders. For you as a privately insured individual, the use of these applications is voluntary. You retain sole control over your data within the TI applications.

Obtaining the pension insurance number (RVNR) and health insurance number (KVNR)

Access to the telematics infrastructure (TI) requires a cardless digital identity as defined in Section 291 of the German Social Code, Book V (SGB V). This digital identity serves as your personal key to the TI applications. Your health insurance provider needs your health insurance number (KVNR) to provide you with a digital identity and the associated TI applications. A health insurance number is also required under the Implant Registry Act for reporting implant-related procedures (e.g., breast implants, heart valves, hip replacements, etc.).

If you don't yet have a health insurance number (KVNR), your insurer will have one generated for you. The KVNR is also assigned individually and uniquely to privately insured individuals by the legally mandated KVNR Trust Center according to Section 290 of the German Social Code, Book V (SGB V), based on the pension insurance number (RVNR). Further information about the process for generating a KVNR by the Trust Center can be found at [link to KVNR process]. www.itsg.de/produkte/vst-krankenversicherungsnummer If you already have a health insurance number (KVNR), it must be verified with the KVNR Trust Center to avoid duplicate assignments. For the KVNR to be assigned or verified, your insurer must inform the Trust Center of your insurance coverage and provide your pension insurance number (RVNR).

If a pension number (RVNR) has not yet been assigned or communicated, your insurer will have it generated for you by the German Pension Insurance or request it from the German Pension Insurance.

insurance. For this purpose, it is necessary that your insurer informs the German Pension Insurance of the existence of the insurance relationship and transmits the following personal data to the German Pension Insurance: surname, if applicable maiden name, first name, if applicable title, date of birth, gender, place of birth, country of birth, if applicable nationality, place of residence, street, house number, if applicable indicator for multiple births, if applicable pension insurance number.

The preceding explanations enable the matching and assignment of the KVNR (Health Insurance Number) and the RVNR (Health Insurance Provider Number) and do not include further data processing, e.g., the use of the KVNR for the specific use of the TI (Telematics Infrastructure) applications. This requires a separate legal basis, about which information will be provided separately at the relevant point.

Voluntariness and right of withdrawal

You are free to withhold all or part of your consent/waivers of confidentiality, or to revoke them at any time by submitting a corresponding declaration to the insurer, with effect for the future. However, if the declaration is not submitted at all, or if individual consents/waivers of confidentiality are deleted or revoked, this may result in the digital identity and the applications of the Telematics Infrastructure (TI) not being, no longer being, or only being partially usable. If the insurer receives a revocation and the pension insurance number (RVNR) has not yet been applied for and transmitted, the health insurance number (KVNR) cannot be applied for. If the KVNR has not yet been generated, a revocation - insofar as it is still possible - will lead to the termination of the process. If the KVNR has already been generated, it will be used to fulfill the obligation for KVNR clearing according to the provisions of the directive pursuant to Section 290 Paragraph 2 Sentence 1 of the German Social Code, Book V (SGB V), as well as for obligations under the Implant Registry Act (IRegG). If you do not yet have a KVNR in the case of an unplanned or time-critical implantation, this may lead to delays.

Declaration for represented persons

These declarations apply to persons you legally represent (e.g., your children), insofar as they do not understand the scope of this consent and therefore cannot make their own declarations.

Consent to data processing

I hereby consent to the processing of my personal data – in particular my pension insurance number – insofar as this is necessary for the allocation or verification of my health insurance number. I release the persons working for the insurer and the persons working at the health insurance number trust center from their duty of confidentiality to this extent.

In addition, I consent to the processing of my personal data insofar as this is necessary for the assignment or retrieval of my pension insurance number by the German Pension Insurance. I release the persons working for the insurer and the persons working for the German Pension Insurance from their duty of confidentiality to this extent.

(The following applies only to R+V)

Further information: Note on the conclusion of the contract

In order for the contract to be concluded, the prospective policyholder must first submit an application. According to the legal provision of Section 147 Paragraph 2 of the German Civil Code (BGB), you, as the prospective policyholder, are bound by your application until a response can be expected under normal circumstances.

If the insurer accepts the application, it will issue the insurance policy or a declaration of acceptance. The insurance contract is concluded upon receipt of the insurance policy or the declaration of acceptance.

If the insurer cannot accept the application in its original form, you will either receive an insurance policy with the indicated deviations or an offer for potential insurance coverage under modified terms. If the insurer sends you an insurance policy with deviations, these deviations are considered approved unless you object within one month of receiving the policy. In the case of an offer, the contract is concluded upon your acceptance of the offer.

Your right of withdrawal remains unaffected.

SEPA Direct Debit Mandate for Recurring Payments

SEPA Direct Debit
written mandate

regarding the application of

21.11.2025

I authorize the ticked payees, payments (For Allianz, this applies (especially to interest rates and fees) to collect the payments for the aforementioned insurance contracts from my account by direct debit on the due date (For AXA: If desired, this mandate can be used for other contracts of the payer within the AXA group.). At the same time I point out my bank to, to honor the direct debits drawn on my account by the payee.

I can request a refund of the debited amount within eight weeks – starting from the date the account was debited. The terms and conditions agreed upon with my bank apply.

I agree that the direct debit will be taken from me no later than five (Three at BK and UKV, one at Continentale and SIGNAL IDUNA) the calendar day(s) before the first move-in date will be announced, specifying the further due dates.

If the premiums are withdrawn from my account for the insurance contract of a third party, I agree that the aforementioned message will only be sent to the third party.

The mandate reference number will be provided to you by the respective insurance company. Insurance benefits will be transferred to this account, provided the policyholder is also the account holder.

Insurance recipient (VN)

Important: The information requested below must be completed in full, even if the details of name, address and date of birth have already been provided in the application.

Policyholder (PN)

Name first Name
(or company)

Account holder

Name first Name
(or company)

birth date

Street,
House number

ZIP / City

The account holder is also the policyholder or applicant. The account holder is not the policyholder or applicant. As a different premium payer, I, as the account holder, confirm that I have received the insurer's data protection information.

Bank details

Financial institution

IBAN

BIC

(not required for financial institutions with country code DE)

Payment method

Payment method (At Allianz and R+V, only monthly payments are possible)

monthly quarterly semi-annually yearly

Payment recipient

Please tick the appropriate company:

Payee and creditor identification number

- Allianz Private Health Insurance AG
DE40ZZZ00000063851
- ARAG Health Insurance AG
DE70ZZZ00000009476
- AXA Health Insurance AG
DE23ZZZ00000066097
- Barmeria Health Insurance AG
DE38ZZZ00002227957
- Bavarian Civil Servants' Health Insurance Fund
AG DE50BK00000156985
- Continentale Krankenversicherung a. G.
DE95ZZZ00000053646
- DKV German Health Insurance AG
DE95ZZZ00000012130
- Gothaer Health Insurance AG
DE52ZZZ00000070522
- Hallesche Krankenversicherung a. G.
DE89ZZZ00000031444
- HanseMerkur Health Insurance AG
DE74ZZZ00000066149
- INTER Krankenversicherung AG
DE84ZZZ00001899172
- State Health Insurance Association (LKH)
DE73ZZZ00000371814
- Munich Association Health Insurance a. G.
DE76ZZZ00000035752
- NUERMBERG Health Insurance AG
DE14ZZZ00000057335
- ottonova Krankenversicherung AG
DE23ZZZ00002016282
- R+V Health Insurance AG
DE1500800000136566
- SIGNAL IDUNA Health Insurance a. G.
DE81ZZZ00000103174
- Süddeutsche Krankenversicherung aG
DE62SDK00000062000
- Union Krankenversicherung AG
DE69UKV00000157419
- univera Lebensversicherung a. G. on
behalf of and for the account of
univera Krankenversicherung a. G.
DE16ZZZ00000102598

Signature Account holder

For new applications/registrations: This SEPA direct debit mandate is valid from the moment the signature is submitted.

If an insurance contract already exists: This SEPA direct debit mandate is valid from the start date:

(Unless a different start date is entered, the SEPA direct debit mandate is valid from the time the signature is submitted)

7, den 21.11.2025

place, date

Signature of account holder

Responsible ombudsman or supervisory authority

Ombudsman for Private Health and Long-Term Care Insurance, P.O. Box 06 02 22, 10052 Berlin; www.pkv-ombudsmann.de
Insurance Ombudsman Association, P.O. Box 08 06 32, 10006 Berlin; www.versicherungsombudsmann.de
Federal Financial Supervisory Authority (BaFin), Insurance Division, Graurheindorfer Straße 108, 53117 Bonn; www.bafin.de

Addresses of the credit reporting agencies of

Creditsafe Deutschland GmbH, Schreiberhauerstr. 30, 10317 Berlin
Creditreform Köln v. Padberg KG, Gustav-Heinemann-Ufer 68, 50963 Cologne
Infoscore Consumer Data GmbH, Rheinstr. 99, 76532 Baden-Baden
SCHUFA Holding AG, Kormoranweg 5, 65201 Wiesbaden
Association of Creditreform Clubs, Hellersbergstr. 12, 41460 Neuss

Address and legal form of the insurance companies

Allianz Private Health Insurance AG

Königinstraße 28, 80802 Munich; Email: krankenversicherung@allianz.de ; Board of Directors: Dr. Jan Esser (Chairman), Dr. Klaus Berge, Anke Idstein, Tina Riedl, Dr. Thomas Wiesemann; Chairman of the Supervisory Board: Dr. Klaus-Peter Röhler; Munich Local Court, HRB 2212; VAT ID No.: DE 811239569; www.allianz.de/datenschutz
Credit bureau used: SCHUFA

ARAG Health Insurance AG

Hollerithstraße 11, 81829 Munich; Fax: +49 89 41 24 95 25; Email: service@arag.de ; Management Board: Dr. Matthias Effinger, Dr. Jan Moritz Freyland, Dr. Felicitas Hoppe, Dr. Roland Schäfer; Chairman of the Supervisory Board: Dr. Dr. h.c. Paul-Otto Faßbender; Munich Local Court, HRB 69751; VAT ID No.: DE 811322452; www.arag.de/datenschutzerklärung
Use of credit agency: Infoscore

AXA Health Insurance AG

Colonia-Allee 10-20, 51067 Cologne; Fax: +49 221 / 14 84 19 14; Email: service@axa.de ; Management Board: Dr. Thilo Schumacher, Irina Buchmann, Dr. Achim Dahlbokum, Dr. Karsten Dietrich, Daniela-Carina Pohl, Kayum Guerrero; Chairman of the Supervisory Board: Antimo Perretta; Cologne Local Court, HRB 1012; VAT ID No.: DE 122786679; Insurance Tax No.: 810/V90810030208; Creditor ID No.: DE23ZZ00000066097; www.axa.de
Credit bureau used: SCHUFA

Barmenia Health Insurance AG

Barmenia-Allee 1, 42094 Wuppertal; Fax: +49 202 / 4 38 28 46; Email: info@barmenia.de ; Management Board: Christian Ritz (Chairman), Thomas Bischof, Dr. Sylvia Eichelberg, Harald Epple, Dr. Andreas Eurich, Frank Lamsfuss, Oliver Schoeller, Alina vom Bruck; Chairman of the Supervisory Board: Dr. h.c. Josef Beutelmann; Wuppertal Local Court, HRB 28475; VAT ID No.: DE 318683048; www.datenschutz.barmenia.de
Credit bureau usage: Infoscore

Bavarian Civil Servants' Health Insurance Fund AG (BK)

Maximilianstrasse 53, 81537 Munich; Email: service@vkb.de ; Management Board: Klaus G. Leyh (Chairman), Martin Fleischer, Mareike Steinmann-Baptist, Frank-Andreas Werner; Chairwoman of the Supervisory Board: Isabella Martorell Naßl; Munich Local Court, HRB 111650; VAT ID No.: DE 245885569; www.vkb.de/web/html/pl/ihre_vkb/unternehmen/konzern/dienstleister
Credit bureau usage: Infoscore

Continentale Krankenversicherung a. G.

Continentale-Allee 1, 44269 Dortmund; Fax: +49 231 / 9 19 32 55; Email: info@continentale.de ; Management Board: Dr. Gerhard Schmitz (Deputy Chairman), Dr. Marcus Kremer, Markus Lauer, Dr. Thomas Niemöller, Alf N. Schlegel, Jürgen Wörner; Chairman of the Supervisory Board: Rolf Bauer; Dortmund Local Court, HRB 2271; VAT ID No.: DE 124906368; www.continentale.de/dienstleisterliste
Credit agency used: Infoscore, SCHUFA

DBV German Civil Servants' Insurance Health Insurance

Branch office of AXA Krankenversicherung AG; Abraham-Lincoln-Park 5, 65189 Wiesbaden, Postal address: 65172 Wiesbaden; Fax: +49 611 / 3 63 65 65; Email: info@dbv.de ; Management Board: Dr. Thilo Schumacher (Chairman), Irina Buchmann, Dr. Karsten Dietrich, Beate Heinisch, Kai Kuklinski, Sirka Laudon, Stephanie Peterson, Dr. Marc Daniel Zimmermann; Chairman of the Supervisory Board: Antimo Perretta; Cologne Local Court, HRB 1012; VAT ID No.: DE 122786679; www.dbv.de; Credit reference agencies used: SCHUFA, Creditreform Cologne

DKV German Health Insurance AG

Aachener Str. 300, 50933 Cologne; further postal address: Stresemannstr. 111, 10963 Berlin; Management Board: Frauke Fieg (Chairwoman), Nina Henschel, Christoph Klawunn, Heiko Stüber; Chairman of the Supervisory Board: Dr. Oliver Willmes; Cologne Local Court, HRB 570; VAT ID No.: DE 123489120; www.ergo.de/de/service/service/rechtliche_hinweise
Credit bureau used: Infoscore, SCHUFA

Gothaer Health Insurance AG

Arnoldiplatz 1, 50969 Cologne; Postal address: 50598 Cologne; Fax: +49 221 / 30 81 03; Email: info@gothaer.de ; Management Board: Christian Ritz (Chairman), Thomas Bischof, Dr. Sylvia Eichelberg, Harald Ingo Epple, Dr. Andreas Eurich, Frank Lamsfuss, Oliver Schoeller, Alina vom Bruck; Chairman of the Supervisory Board: Dr. h.c. Josef Beutelmann; Cologne Local Court, HRB 35505; VAT ID No.: DE122786611; www.gothaer.de/datenschutz
Credit bureau used: SCHUFA

Hallesche Krankenversicherung a. G.

Löffelstr. 34-38, 70597 Stuttgart; Fax: +49 711 / 6 60 33 33; Email: service@hallesche.de ; Management Board: Christoph Bohn (Chairman), Dr. Jürgen Bierbaum (Deputy Chairman), Frank Kettner, Dr. Jochen Kriegmeier, Wiltrud Pekarek, Martin Rohm, Udo Wilcsek; Chairman of the Supervisory Board: Dr. Walter Botermann; Stuttgart Local Court, HRB 2686; VAT ID No.: DE 147802285; www.hallesche.de/dienstleisterliste
Use of credit agency: SCHUFA

HanseMerkur Health Insurance AG

Siegfried-Wedells-Platz 1, 20354 Hamburg; Fax: +49 40 41 19 32 57; Email: info@hansemerkur.de ; Management Board: Eberhard Sautter (Chairman), Eric Bussert, Holger Ehses, Johannes Ganser, Raik Mildner; Chairman of the Supervisory Board: Dr. Andreas Gent; Hamburg Local Court, HRB 101967; VAT ID No.: DE259608010; www.hansemerkur.de/datenschutz/information
Use of credit agency: SCHUFA

INTER Krankenversicherung AG

Erzbergerstraße 9-15, 68165 Mannheim; Fax: +49 621 / 42 79 44; Email: info@inter.de ; Management Board: Roberto Svenda (Chairman), Dr. Günther Blaich, Dr. Sven Koryciorz; Chairman of the Supervisory Board: Peter Thomas; Mannheim Local Court, HRB 723887; VAT ID No.: DE 167724895; Credit agency used: Infoscore

State Health Insurance Association (LKH)

Uelzener Str. 120, 21335 Lüneburg; Email: info@lkh.de ; Board of Directors: Dr. Matthias Brake (Chairman), Pavel Berkovitch, Jan-Peter Diercks, Gisela Lenk; Chairman of the Supervisory Board: Dr. Wolfgang Walz; Creditor ID: DE73ZZZ00000371814; Lüneburg Local Court, HRB 29; VAT ID No.: DE 116086122; www.lkh.de/datenschutz
Credit bureau usage: Infoscore

Munich Association Health Insurance a. G.

Pettenkoferstraße 19, 80336 Munich; Fax: +49 89 51 52 15 01; Email: info@muenchenerverein.de ; Board of Directors: Dr. Rainer Reitzler (Chairman), Peter Bauer, Sebastian Hartmann, Karsten Kronberg, Christian Mohrdieck; Chairman of the Supervisory Board: Franz Xaver Peteranderl; Munich Local Court, HRB 764; VAT ID No.: DE 129273592; www.muenchener-verein.de
Credit reporting agency: Infoscore

Nuremberg Health Insurance AG

Ostendstraße 100, 90334 Nuremberg; Fax: +49 911 5313206; Email: info@nuernberger.de ; Management Board: Christian Barton, Andreas Lauth, Dr. Jobst Leikeb; Chairwoman of the Supervisory Board: Katja Briones-Schulz; Nuremberg Local Court, HRB 10668; VAT ID No.: DE 81 14 61 880; www.nuernberger.de/datenschutz
Credit agency used: Infoscore, Association of Creditreform Clubs

ottonova Krankenversicherung AG

Ottostrasse 4, 80333 Munich; Fax: +49 89 26 20 98 130; Email: antrag@ottonova.de ; Management Board: Dr. Bernhard Brühl (Chairman), Martin Betzwieser, Christopher Koker; Chairman of the Supervisory Board: Karl-Heinz Naumann; Munich Local Court, HRB 227378; VAT ID No.: DE 307947610; www.ottonova.de/Dienstleisterliste.pdf
Credit bureau used: SCHUFA

R+V Health Insurance AG

Raiffeisenplatz 1, 65189 Wiesbaden; Fax: +49 611 / 5 33 56 84; Email: gesundheit@ruv.de ; Board of Directors: Claudia Andersch (Chairwoman), Stefan Huhn, Dr. Mathias Ising; Chairman of the Supervisory Board: Director General Dr. Norbert Rollinger; Wiesbaden Local Court, HRB 7094; VAT ID No.: DE 114106943; www.bdsg.ruv.de
Credit bureau usage: Infoscore

SIGNAL IDUNA Health Insurance a. G.

Joseph-Scherer-Straße 3, 44139 Dortmund; Fax: +49 231 / 1 35 46 38; Email: info@signaliduna.de ; Management Board: Torsten Uhlig (Chairman), Martin Berger, Dr. Stefan Lemke, Alexandra Markovic-Sobau, Johannes Rath, Daniela Rode, Fabian Schneider, Clemens Vatter; Chairman of the Supervisory Board: Reinhold Schulte; Dortmund Local Court, HRB 2405; VAT ID No.: DE 124906350; www.signaliduna.de/dienstleister
Credit agency used: Infoscore, Creditsafe

South German Health Insurance Company (a. G.)

Raiffeisenplatz 11, 70736 Fellbach, Fax: +49 711 7372 7240; Email: sdk@sdk.de ; Board of Directors: Dr. Ulrich Mitzlaff (Chairman of the Board), Olaf Engemann, Ralf Oestreich; Chairman of the Supervisory Board: Prof. Dr. Urban Bacher; Stuttgart Local Court, HRB 263277; VAT ID No.: DE147802210; www.sdk.de

Credit bureau usage: Infoscore

Union Krankenversicherung AG (UKV)

Peter-Zimmer-Straße 2, 66123 Saarbrücken; Email: service@ukv.de ; Board of Directors: Klaus G. Leyh (Chairman), Martin Fleischer, Mareike Steinmann-Baptist, Frank-Andreas Werner; Chairman of the Supervisory Board: Andreas Kolb; Commercial Register Saarbrücken, HRB 7184; VAT ID No.: DE 138118055; www.ukv.de/content/ueber_uns/datenschutz
Credit bureau usage: Infoscore

uniVersa Krankenversicherung a. G.

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Credit bureau usage: Infoscore

Only at
ottanova

For ottanova
binding by the UN
to answer

mobile phone	
Email Person 1:	
Email Person 2:	
Number of Employees**	<small>A separate email address must be provided for each adult. Only required when concluding tariff KTS 42</small>

Consent and release from confidentiality obligations for digital data exchange:

1. Transfer of tasks to other positions (especially assistants)

Ottanova does not perform certain tasks itself, such as risk assessment, claims processing, or customer support via telephone, chat, or other digital communication channels, which may involve the collection, processing, or use of your health data. Instead, these tasks are outsourced to another company within the Ottanova Group or to another entity (especially to so-called assistance providers). If your data, protected under Section 203 of the German Criminal Code (StGB), is disclosed in this context, Ottanova requires your release from confidentiality obligations for itself and, where necessary, for the other entities.

Ottanova also employs assistants for customer service. These assistants provide medical assistance services, such as the health hotline, online chats, doctor appointment services, and other services. The assistants and their respective tasks are listed in the service provider list below.

Ottanova provides a central communication platform for the digital exchange of data between the policyholder and Ottanova and/or other parties (especially assistance providers) via the app. Data transmission to assistance providers can therefore also take the form of sharing data stored in the app (see next paragraph).

Ottanova maintains a continuously updated list of the entities and categories of entities that, by agreement, collect, process, or use health data for ottanova, specifying the tasks assigned to them. The currently valid list is provided to the customer upon application. An up-to-date list can also be found online at [website address] www.ottanova.de. You can view this information or request it from ottanova Customer Support, Ottostr. 4, 80333 Munich, service hotline +49 89 12140712, (support@ottanova.de). Ottanova requires your consent to share your health data with and use it by the entities listed.

I agree, I agree that ottanova may transmit my health data to the entities listed above and that these entities may collect, process, and use my health data for the stated purposes to the same extent as ottanova is permitted to do. To this extent and for these purposes, the entities listed may also receive health data stored in the app. Where necessary, I release the employees of the ottanova group of companies and other entities from their duty of confidentiality with regard to the disclosure of health data and other data protected under Section 203 of the German Criminal Code (StGB).

Digital communication: The policyholder expressly consents to digital communication with the insurer, subject to registration in the customer portals. All declarations from the insurer will generally be made digitally via the ottanova customer portals. The customer has no right to electronic delivery of all documents.

2. Data transmission and storage via the app as a central communication platform

As a digital private health insurer, ottanova offers certain services via its app. These services (hereinafter referred to as "app services") include, in particular:

- the 24/7 concierge service (central contact point for questions about health and ottanova insurance),
- medical advice (by telephone, video consultation or online chat),
- personalized preventive care reminders,
- Researching doctors and scheduling appointments,
- the storage of important health- or insurance-related events (e.g. doctor visits) and related documents in the so-called "timeline",
- the document transmission function to ottanova (e.g. submitting scanned invoices or medical letters).

Ottanova does not provide some of the aforementioned services itself. Where other entities (in particular external assistance or IT service providers) participate in the provision of services via the app on behalf of Ottanova, this is indicated in the list mentioned in section 1. The use of the app services by the policyholder requires the collection and processing of health data and other data protected under Section 203 of the German Criminal Code, namely:

- Conversation content from chat histories with medical professionals (e.g., nurses) or doctors,
- Notes and conversation summaries from medical professionals (e.g., nurses) or doctors,
- Results from medical research (e.g., doctor search),
- Health- or insurance-related events (e.g., doctor visits, referrals to specialists, appointment scheduling) and related digital documents (e.g., medical letters),
- Health data in documents uploaded by the policyholder (e.g. scanned invoices)

The data is stored on ottanova's servers.

I agree, that the entities listed in the service provider list that are involved in providing the app services are permitted to transmit the health data described above, generated in the course of their respective service provision, to ottanova and to store this data in the app for the purpose of providing the app services. I release the employees of these entities from their duty of confidentiality with regard to this transfer of health data and other data protected under Section 203 of the German Criminal Code (StGB). The transfer of data stored in the app by ottanova to other entities and access to this data by other entities is governed by Section 1.

Only at AXA
TarifActiveMe

For AXA's ActiveMe tariff, this is
mandatory for the policyholder.
to answer

mobile phone (German number)	
e-mail	
ID for our portals	<input type="checkbox"/> Identity card (German) <input type="checkbox"/> Passport (German) <input type="checkbox"/> Other (for ID number of foreign customers)
ID number Exhibitors authority	Valid until (Day/Month/Year)

Digital communication: The policyholder expressly consents to digital communication with the insurer, provided they are registered in the customer portals. All declarations from the insurer will generally be made digitally via the AXA customer portals. However, declarations from the insurer that require written form are excluded from digital communication. The customer has no right to electronic delivery of all documents. We will also use your email address to communicate with you.

Only at
HanseMerkur
Tariffs AZP and KVP

Signature(s)

I am opting for the lump-sum reimbursement for unused healthcare services as

Deferral of contributions guaranteed premium refund

The supplementary sheet must be signed by all persons aged 16 and over who provide further details.

7 , den 21.11.2025

place, date

Signature(s) of the applicant

Detailed information on questions 2 to 12 - supplementary sheet

Details to the

Questions 2 to 12

If any of the questions were answered with "yes," please provide detailed information below. For preventive medical examinations, please specify the findings. If the space provided is insufficient to answer the questions below, please provide your answers on a separate, signed sheet, indicating the relevant application number (this sheet will become part of the application), and refer to it in the application.

Person question No. Description of the illness (diagnoses or type of symptoms, medications, dosage, side effects, type of treatments, duration of incapacity for work, duration of treatment, surgery yes/no, treatment- and symptom-free since, treating physician, inpatient care, etc.)

1 2

1 2

1 2

1 2

1 2

1 2

1 2

Signature(s)

The supplementary sheet must be signed by all persons aged 16 and over who provide further details.

7 , den 21.11.2025

place, date

Signature(s)