



EXPAT INFINITY



**Lifelong Eligibility
for Insurance
Coverage**



**Registration for
Prospective Ent-
itlement Possible**



**Previous Diseases
Insurable**



**3 Benefit Options
Available**



**Optional
Deductible**



**Age-Appropriate
Premiums**



**Country Zones for
Fair Premiums**



BDAE

Mit Sicherheit ins Ausland!



We thank you for your interest in the insurance products offered by BDAE, the expert for international health insurances and international assignments.

This document informs you about all benefits and features of this product. If you have any further questions, please contact our customer service:

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International Health Insurance

Information sheet on insurance products



Company: BDAE Expat GmbH
Product: EXPAT INFINITY BASIC

This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance coverage is exhaustively described in the Terms and Conditions. To be fully informed, please read all documents.

What is this type of insurance?

We offer insurance coverage for illnesses and accidents that occur during a stay abroad on the basis of a group insurance policy.



What is insured?

We provide insurance coverage for illnesses and accidents during your stay in the agreed zone area. Insured are for example:

- ✓ Inpatient medical treatment
- ✓ Pharmaceutical products, bandages and remedies
- ✓ Ambulance transport
- ✓ Repatriations (Return transport)
- ✓ Transfer in case of death

Prospective Entitlement

- ✓ By taking out an prospective entitlement, you acquire the right to revive the full insurance coverage of a product in the entitlement without a new health check.



What is not insured?

Not insured are, for example:

- ✗ Immunisation measures
- ✗ Damage or injuries caused by an active participation in strikes, war, warlike events, civil commotion
- ✗ a treatment or accommodation based on infirmity, a need for care or custody
- ✗ withdrawal treatments inclusive of withdrawal cures

Prospective Entitlement

- ✗ During the eligibility period, no claims for benefits can be asserted.



What is not insured?

Not insured are, for example:

- ✗ Outpatient medical treatment
- ✗ Health care at home and household assistance
- ✗ Inpatient accommodation of a parent accompanying minor children
- ✗ Dental treatment
- ✗ Preventive dental check-ups
- ✗ Tooth Replacement/Orthodontic Treatment
- ✗ Preventive medical check-ups
- ✗ General Check-ups
- ✗ Vaccination
- ✗ Pregnancy and delivery
- ✗ Infertility treatments
- ✗ Aids and appliances
- ✗ Visual aids and eyesight tests
- ✗ Eye lasering
- ✗ Psychotherapy
- ✗ Follow-Up liability
- ✗ Congenital medical conditions



Are there any restrictions on coverage?

- ! Maximum age at the start of insurance: maximum 75 years
- ! The maximum annual amount is 1,000,000 euros.
- ! Pharmaceutical products, bandages and remedies are insured within the framework of inpatient treatments.
- ! Medically necessary return transport within a continent is insured up to 5,000 euros and across continents up to 10,000 euros.
- ! There are some instances where coverage may be limited, for example:
- ! If you or an insured person have caused the insured event intentionally. In the event of gross negligence in bringing about the insured event, we may reduce the benefit.
- ! If you have applied for a product with a deductible, you will have to bear this yourself in the event of a claim.



Where am I covered?

- ✓ Insurance coverage shall exist in the in the respective agreed country zone (zone 1, 2, 3 or 4).
- ✓ Insurance coverage is provided in full for all the countries assigned to the selected zone, as well as in all the countries located in one of the underlying zones.
- ✓ For vacation or work-related stays in the USA and in countries of a higher-ranking zone, insurance coverage is provided for a maximum of 6 weeks (cumulative) per insurance year. Coverage is limited to acute treatment needs.
- ✓ For vacation or work-related stays in Germany, insurance coverage is provided for up to 6 months (cumulative) per insurance year.



What are my obligations?

- You must answer all questions in the application documents and about your health condition truthfully and completely.
- You must pay the insurance premium on time and in full.
- In the event of an insurance claim, you must provide us with complete and truthful information.
- You must keep the costs of the claim low (duty to mitigate claims).



When and how do I pay?

The premiums are due and payable upon receipt of the insurance confirmation, at the latest at the requested start of insurance. The premium is an annual contribution.

You can transfer the premiums or give authorization to have the premiums collected from your SEPA account. It is also possible to pay the premiums by credit card. Payment methods during the year are possible against a payment surcharge.



When does the coverage start and end?

Insurance coverage begins at the time (start of insurance) specified in the insurance confirmation, but not before payment of the premiums and not before expiry of the waiting period and not before the start of the stay in the agreed country of residence.

The insurance coverage of the individual insured person ends with the end of the insurance relationship. In addition, coverage also ends when the insured person de-registers from the group contract, when the insured person dies, when the condition for insurability ceases to exist, or ultimately when the group insurance contract is terminated.

Prospective entitlement

A prospective entitlement begins on the 1st of a month, but not before the fulfillment of conditional requirements and not before the conclusion of the contract and not before the payment of the prospective entitlement fee. The start date of the qualifying period can also be before the start of the stay abroad. If you wish to revive the insurance coverage, this must be announced at least one month before the start of the desired date.

The qualifying period is counted towards collectively agreed time limits and waiting periods.



How can I cancel the contract?

A termination of the insurance coverage for individual insured persons towards the policyholder shall be possible with one month notice to the end of the insurance year by the party entitled to be insured or the insured person.

Prospective entitlement

The prospective entitlement can be terminated at any time, even without reviving a tariff. It then ends at the end of the month following the termination.

Insurer:

Allianz Partners, Eurosquare 2, 7 rue Dora Maar, 93400 Saint-Ouen, France

Policy holder:

BDAE Expat GmbH, Kühnehöfe 3, 22761 Hamburg, Germany

Insured Person/Insured:

Persons who have been included in the group insurance contract and have received confirmation of this.

International Health Insurance

Information sheet on insurance products



Company: BDAE Expat GmbH
Product: EXPAT INFINITY CLASSIC

This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance coverage is exhaustively described in the Terms and Conditions. To be fully informed, please read all documents.

What is this type of insurance?

We offer insurance coverage for illnesses and accidents that occur during a stay abroad on the basis of a group insurance policy.



What is insured?

We provide insurance coverage for illnesses and accidents during your stay in the agreed zone area. Insured are for example:

- ✓ Outpatient medical treatment
- ✓ Inpatient medical treatment
- ✓ Pharmaceutical products, bandages and remedies
- ✓ Dental treatment
- ✓ One-time preventive dental check-ups
- ✓ Preventive medical check-ups for children
- ✓ Vaccinations for children
- ✓ Preventive medical check-ups for early detection of cancer
- ✓ Aids and appliances
- ✓ Visual aids and eyesight tests
- ✓ Ambulance transport
- ✓ Repatriations (Return transport)
- ✓ Transfer in case of death
- ✓ Follow-Up liability
- ✓ Congenital medical conditions

Prospective Entitlement

- ✓ By taking out an prospective entitlement, you acquire the right to revive the full insurance coverage of a product in the entitlement without a new health check.



What is not insured?

Not insured are, for example:

- ✗ Immunisation measures
- ✗ Damage or injuries caused by an active participation in strikes, war, warlike events, civil commotion
- ✗ a treatment or accommodation based on infirmity, a need for care or custody
- ✗ withdrawal treatments inclusive of withdrawal cures

Prospective Entitlement

- ✗ During the eligibility period, no claims for benefits can be asserted.



Are there any restrictions on coverage?

- ! Maximum age at the start of insurance: maximum 75 years
- ! Outpatient medical treatments are insured up to a maximum of 15,000 euros per insurance year.
- ! Vaccinations are covered only for children as part of general preventive care.
- ! Aids and appliances are insured up to 80%, maximum 1,000 euros per insurance year.
- ! Visual aids are insured up to a maximum of 50 euros per insurance year.
- ! Medically necessary return transport within a continent is insured up to 5,000 euros and across continents up to 10,000 euros.
- ! There are some instances where coverage may be limited, for example:
- ! If you or an insured person have caused the insured event intentionally. In the event of gross negligence in bringing about the insured event, we may reduce the benefit.
- ! If you have applied for a product with a deductible, you will have to bear this yourself in the event of a claim.



What is not insured?

Not insured are, for example:

- ✗ Health care at home and household assistance
- ✗ Inpatient accommodation of a parent accompanying minor children
- ✗ Tooth Replacement/Orthodontic Treatment
- ✗ General Check-ups
- ✗ Pregnancy and delivery
- ✗ Infertility treatments
- ✗ Eye lasering
- ✗ Psychotherapy



Where am I covered?

- ✓ Insurance coverage shall exist in the in the respective agreed country zone (zone 1, 2, 3 or 4).
- ✓ Insurance coverage is provided in full for all the countries assigned to the selected zone, as well as in all the countries located in one of the underlying zones.
- ✓ For vacation or work-related stays in the USA and in countries of a higher-ranking zone, insurance coverage is provided for a maximum of 6 weeks (cumulative) per insurance year. Coverage is limited to acute treatment needs.
- ✓ For vacation or work-related stays in Germany, insurance coverage is provided for up to 6 months (cumulative) per insurance year.



What are my obligations?

- You must answer all questions in the application documents and about your health condition truthfully and completely.
- You must pay the insurance premium on time and in full.
- In the event of an insurance claim, you must provide us with complete and truthful information.
- You must keep the costs of the claim low (duty to mitigate claims).



When and how do I pay?

The premiums are due and payable upon receipt of the insurance confirmation, at the latest at the requested start of insurance. The premium is an annual contribution.

You can transfer the premiums or give authorization to have the premiums collected from your SEPA account. It is also possible to pay the premiums by credit card. Payment methods during the year are possible against a payment surcharge.



When does the coverage start and end?

Insurance coverage begins at the time (start of insurance) specified in the insurance confirmation, but not before payment of the premiums and not before expiry of the waiting period, and not before the start of the stay in the agreed country of residence.

The insurance coverage of the individual insured person ends with the end of the insurance relationship. In addition, coverage also ends when the insured person de-registers from the group contract, when the insured person dies, when the condition for insurability ceases to exist, or ultimately when the group insurance contract is terminated.

Prospective entitlement

A prospective entitlement begins on the 1st of a month, but not before the fulfillment of conditional requirements and not before the conclusion of the contract and not before the payment of the prospective entitlement fee. The start date of the qualifying period can also be before the start of the stay abroad. If you wish to revive the insurance coverage, this must be announced at least one month before the start of the desired date.

The qualifying period is counted towards collectively agreed time limits and waiting periods.



How can I cancel the contract?

A termination of the insurance coverage for individual insured persons towards the policyholder shall be possible with one month notice to the end of the insurance year by the Party Entitled to be Insured or the Insured Person.

Prospective entitlement

The prospective entitlement can be terminated at any time, even without reviving a tariff. It then ends at the end of the month following the termination.

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

Policy holder:
BDAE Expat GmbH, Kühnehöfe 3, 22761 Hamburg, Germany

Insured Person/Insured:
Persons who have been included in the group insurance contract and have received confirmation of this.

International Health Insurance

Information sheet on insurance products



Company: BDAE Expat GmbH
Product: EXPAT INFINITY PREMIUM

This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance coverage is exhaustively described in the Terms and Conditions. To be fully informed, please read all documents.

What is this type of insurance?

We offer insurance coverage for illnesses and accidents that occur during a stay abroad on the basis of a group insurance policy.



What is insured?

We provide insurance coverage for illnesses and accidents during your stay in the agreed zone area. Insured are for example:

- ✓ Outpatient medical treatment
- ✓ Inpatient medical treatment
- ✓ Health care at home and household assistance
- ✓ Inpatient accommodation of a parent accompanying minor children
- ✓ Pharmaceutical products, bandages and remedies
- ✓ Dental treatment
- ✓ Dental check-up twice a year
- ✓ Tooth Replacement/Orthodontic Treatment
- ✓ Preventive medical check-ups for children
- ✓ Preventive medical check-ups for early detection of cancer
- ✓ General Check-ups
- ✓ Vaccinations
- ✓ Pregnancy and delivery
- ✓ Infertility treatments
- ✓ Aids and appliances
- ✓ Visual aids and eyesight tests
- ✓ Eye lasering
- ✓ Psychotherapy
- ✓ Ambulance transport
- ✓ Repatriations (Return transport)
- ✓ Transfer in case of death
- ✓ Follow-Up liability
- ✓ Congenital medical conditions

Prospective Entitlement

- ✓ By taking out an prospective entitlement, you acquire the right to revive the full insurance coverage of a product in the entitlement without a new health check.



What is not insured?

Not insured are, for example:

- ✗ Immunisation measures
- ✗ Damage or injuries caused by an active participation in strikes, war, warlike events, civil commotion
- ✗ a treatment or accommodation based on infirmity, a need for care or custody
- ✗ withdrawal treatments inclusive of withdrawal cures

Prospective Entitlement

- ✗ During the eligibility period, no claims for benefits can be asserted.



Are there any restrictions on coverage?

- ! Maximum age at the start of insurance: maximum 75 years
- ! Medically reasonable return transport within a continent is insured up to 5,000 euros and across continents up to 10,000 euros.
- ! There are some instances where coverage may be limited, for example:
- ! If you or an insured person have caused the insured event intentionally. In the event of gross negligence in bringing about the insured event, we may reduce the benefit.
- ! If you have applied for a product with a deductible, you will have to bear this yourself in the event of a claim.
- ! You will not receive any insurance benefits within the waiting periods. The waiting periods only apply to certain benefits.
- ! Some of the insured benefits are limited. Please refer to the product-specific insurance terms and conditions for the exact maximum amounts.



Where am I covered?

- ✓ Insurance coverage shall exist in the in the respective agreed country zone (zone 1, 2, 3 or 4).
- ✓ Insurance coverage is provided in full for all the countries assigned to the selected zone, as well as in all the countries located in one of the underlying zones.
- ✓ For vacation or work-related stays in the USA and in countries of a higher-ranking zone, insurance coverage is provided for a maximum of 6 weeks (cumulative) per insurance year. Coverage is limited to acute treatment needs.
- ✓ For vacation or work-related stays in Germany, insurance coverage is provided for up to 6 months (cumulative) per insurance year.



What are my obligations?

- You must answer all questions in the application documents and about your health condition truthfully and completely.
- You must pay the insurance premium on time and in full.
- In the event of an insurance claim, you must provide us with complete and truthful information.
- You must keep the costs of the claim low (duty to mitigate claims).



When and how do I pay?

The premiums are due and payable upon receipt of the insurance confirmation, at the latest at the requested start of insurance. The premium is an annual contribution.

You can transfer the premiums or give authorization to have the premiums collected from your SEPA account. It is also possible to pay the premiums by credit card. Payment methods during the year are possible against a payment surcharge.



When does the coverage start and end?

Insurance coverage begins at the time (start of insurance) specified in the insurance confirmation, but not before payment of the premiums and not before expiry of the waiting period, and not before the start of the stay in the agreed country of residence.

The insurance coverage of the individual insured person ends with the end of the insurance relationship. In addition, coverage also ends when the insured person de-registers from the group contract, when the insured person dies, when the condition for insurability ceases to exist, or ultimately when the group insurance contract is terminated.

Prospective entitlement

A prospective entitlement begins on the 1st of a month, but not before the fulfillment of conditional requirements and not before the conclusion of the contract and not before the payment of the prospective entitlement fee. The start date of the qualifying period can also be before the start of the stay abroad. If you wish to revive the insurance coverage, this must be announced at least one month before the start of the desired date.

The qualifying period is counted towards collectively agreed time limits and waiting periods.



How can I cancel the contract?

A termination of the insurance coverage for individual insured persons towards the policyholder shall be possible with one month notice to the end of the insurance year by the Party Entitled to be Insured or the Insured Person.

Prospective entitlement

The prospective entitlement can be terminated at any time, even without reviving a tariff. It then ends at the end of the month following the termination.

Insurer:

Allianz Partners, Eurosquare 2, 7 rue Dora Maar, 93400 Saint-Ouen, France

Policy holder:

BDAE Expat GmbH, Kühnehöfe 3, 22761 Hamburg, Germany

Insured Person/Insured:

Persons who have been included in the group insurance contract and have received confirmation of this.

INSURANCE TERMS AND CONDITIONS

for International Health Insurance Policies (Insurance Terms and Conditions Part II – Allianz Partners AWP Health & Life)

Description of Insurance Benefits

Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
	Maximum annual amount	1.000.000 Euro	unlimited	unlimited
A1	Outpatient Medical Treatment	No coverage	100% of the invoice amount charged for a medically necessary outpatient treatment as private patient, medically prescribed radiotherapy, light therapy and other physical treatments within the framework of the applicable official fee schedule for the respective professional group, but in no case more than 15,000 Euro per insurance year.	100% of the invoice amount charged for a medically necessary outpatient treatment as private patient, medically prescribed radiotherapy, light therapy and other physical treatments within the framework of the applicable official fee schedule for the respective professional group.
A2	Inpatient Medical Treatment	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation. In a foreign country as private patient in a double bedroom, in Germany in the general care class (in this respect, please note the Insurance Terms and Conditions Part I, Art. 5, paragraph 8).</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2b, medically necessary follow-up treatments shall be covered.</p>	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation. In a foreign country as private patient in a double bedroom, in Germany in the general care class (in this respect, please note the Insurance Terms and Conditions Part I, Art. 5, paragraph 8).</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2b, medically necessary follow-up treatments shall be covered.</p>	<p>a) 100% of a medically necessary treatment in a hospital and treatment-related accommodation as private patient in a single room of the simplest form, if possible.</p> <p>b) 100% for medically necessary surgical interventions, radiotherapy, light therapies and diagnostics.</p> <p>c) As a replacement for or for reducing a medically necessary inpatient stay in a hospital, an amount of no more than 100 Euro per day shall be paid per insurance year for a period of up to 90 days for health care at home and household assistance, always provided that the Insurer or its authorised representative has given its prior written benefit promise. Health care at home and household assistance must take place in addition to the medical treatment and must in any case be carried out by a professional nurse. Health care at home and household assistance may not be used in case of a permanent need for care.</p> <p>d) 100% of the costs for the accommodation of a parent as accompanying person if insured minor children undergo an inpatient treatment.</p> <p>e) In derogation from the Insurance Terms and Conditions Part I, Art. 6 paragraph 2b, medically necessary follow-up treatments shall be covered.</p>
A3	Pharmaceutical Products, Bandages and Remedies	Within the framework of inpatient treatments (see A2).	100% , if medically prescribed and necessary.	100% , if medically prescribed and necessary.
A4	Dental Treatment	No coverage	<p>a) 100% of the invoice amount charged for a medically necessary outpatient dental treatment. Inlays and onlays shall be excluded from coverage.</p> <p>b) Per year of the contractual term, a non-recurring preventive medical check-up shall also be covered to 100% of the invoice amount.</p> <p>c) Costs for preventive treatments (professional teeth cleaning and fluoridation) shall not be reimbursed.</p>	<p>a) 100% of the invoice amount charged for a medically necessary outpatient dental treatment. Inlays and onlays shall exclusively be covered as dental replacement treatment.</p> <p>b) Per year of the contractual term, a preventive medical check-up shall also be covered twice to 100% of the invoice amount.</p> <p>c) 100% of the invoice amount for preventive treatments (professional teeth cleaning and fluoridation), but no more than 150 Euro per year of the contractual term.</p>

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A5	Tooth Replacement/ Orthodontic Treatment	No coverage	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2q, insurance claims occurring after expiry of the qualifying period of 8 months shall be covered as follows:</p> <ul style="list-style-type: none"> • 90% of the invoice amount charged for a medically necessary denture and • medically necessary orthodontic treatments up to the age of 18 years, • but in no event more than a maximum amount of 3,000 Euro in the first two insurance years, • up to a maximum amount of 5,000 Euro in the first three insurance years, • up to a maximum amount of 4,000 Euro per insurance year starting from the fourth insurance year. <p>Dentures becoming necessary due to accidents shall be covered during the contract term within the maximum limits without qualifying period. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.</p>
A6	Preventive Medical Check-ups	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2f and i, insurance coverage shall exist for</p> <ol style="list-style-type: none"> a) outpatient preventive medical examinations for children, inclusive of all vaccinations according to statutory programmes introduced in Germany. b) outpatient preventive medical examinations for adults for early detection of cancer according to statutory programmes introduced in Germany. 	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2f and i, insurance coverage shall exist for</p> <ol style="list-style-type: none"> a) outpatient preventive medical examinations for children, inclusive of all vaccinations according to statutory programmes introduced in Germany. Travel vaccinations for children up to 250 Euro per insurance year, inclusive of vaccines and prophylactic measures shall be covered. b) Vaccinations, inclusive of travel vaccinations as from the 18th year of age up to 600 Euro per insurance year, inclusive of vaccines and prophylactic measures. c) outpatient preventive medical check-ups for adults for early detection of cancer according to statutory programmes introduced in Germany. d) the following preventive medical check-ups: general medical check-ups, ECG, stress-ECG, cholesterol and blood glucose levels, urine test, but not more than 300 Euro per insurance year and Insured Person and always provided that the results of the check-up are submitted together with the invoice.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A7	Benefits in Connection with Pregnancies and Deliveries	No coverage	No coverage	<p>Insurance coverage shall exist for</p> <ul style="list-style-type: none"> a) medical treatments, including pregnancy examinations and treatments, always provided that the Insured Person was not pregnant at the start of the insurance relationship, as well as treatments due to miscarriage; b) medically necessary treatments during pregnancy due to acute conditions and treatments due to miscarriage as well as medically necessary terminations of pregnancy and childbirths until the end of the 36th week of pregnancy (premature birth), even if the insured person was already pregnant at the start of the insurance relationship, provided that the treatment was not yet necessary at that time; c) Childbirths after the expiration of the agreed waiting period; d) accommodation for inpatient deliveries in a family room in the simplest form in each case. 100% of the costs for the accommodation of the spouse/life-partner, if the latter is insured under the same contract, but in no case more than 200 Euro per day.
A8	Infertility Treatments	No coverage	No coverage	<p>In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2h, insurance coverage shall, after prior examination and written benefit promise by the Insurer or its authorised representative and after expiry of a qualifying period of 24 months per insured couple, exist for infertility treatments, inclusive of artificial insemination up to 60% of the complete treatment costs, but in no case more than 6,000 Euro, calculated over the whole period of life. A couple shall be defined as spouses or life-partners verifiably living in a common household. For an assumption of costs, the following prerequisites must be fulfilled:</p> <ul style="list-style-type: none"> • the treatments performed must be carried out within the framework of the statutory requirements applicable in Germany (inter alia Embryo Protection Law (EschG) and Act on Preimplantation Diagnostics (PräimpG)); • at the time of the start of the treatment, women must be younger than 40 and men younger than 50 years old; • infertility must exist due to a natural, organically related condition and can only be overcome by means of assisted reproduction; • both the woman and the man must have been insured under the same contract for no less than 24 months.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A9	Aids and Appliances	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, coverage shall include medically necessary and prescribed aids and appliances in a simple form and their repair costs up to 80% of the invoice amount, but in no case more than an aggregate amount of 1,000 Euro per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, coverage shall include medically necessary and prescribed aids and appliances in a simple form and their repair costs up to 80% of the invoice amount, but in no case more than an aggregate amount of 2,000 Euro per insurance year. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis.
A10	Visual Aids inclusive of Eyesight Tests	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, visual aids shall be covered up to 50 Euro per Insured Person and insurance year. Eyesight tests shall be covered up to 100% .	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2g, insurance coverage for visual aids shall exist after a qualifying period of 12 months. After expiry of this qualifying period, up to 600 Euro shall be paid per Insured Person in intervals of three insurance years. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Eyesight tests shall be covered up to 100% .
A11	Eye Lasering	No coverage	No coverage	After prior review and written benefit promise on the part of the Insurer or its authorised representative as well as after expiry of a qualifying period of 12 month, eye lasering as well as all examinations and treatments related thereto prior to and after lasering shall be covered up to a total amount of 2,500 Euro per eye and per contract term.
A12	Psychotherapy	No coverage	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2e, a) outpatient psychotherapeutic treatments up to 80% of the invoice amount in each case, but in no case more than an aggregate amount of 2,000 Euro per insurance year shall be covered. In the event of registrations/de-registrations during the year, the indicated amounts shall be calculated on a pro rata basis. Claims belonging to a certain insurance year must not be carried forward to the following insurance years. b) inpatient psychotherapeutic treatments up to 30 days per contract term shall be covered. Exclusions from coverage according to the Insurance Terms and Conditions Part I, Art. 6, paragraph 2l and n shall remain unaffected. In derogation from the Insurance Terms and Conditions Part I, Art. 5, paragraph 6, psychotherapeutic treatments by alternative practitioners shall not be reimbursed.

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Benefits		EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
A13	Ambulance Transport/ Return Transport/ Transfer	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In case of a medically necessary return transport to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. To the extent that it is possible from a medical point of view, the most cost-effective means of transportation must be selected. A return transport is deemed to be required from a medical point of view if a sufficient medical care in the host country cannot be guaranteed. A certificate of the treating physician in the foreign country according to which the return transport is necessary from a medical point of view must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In case of a medically necessary return transport to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. To the extent that it is possible from a medical point of view, the most cost-effective means of transportation must be selected. A return transport is deemed to be required from a medical point of view if a sufficient medical care in the host country cannot be guaranteed. A certificate of the treating physician in the foreign country according to which the return transport is necessary from a medical point of view must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>	<p>a) 100% for patient transports to the nearest reachable suitable hospital for inpatient treatments and, in the event of primary care after an accident, to the nearest reachable physician and back.</p> <p>b) In derogation from the Insurance Terms and Conditions Part I, Art. 5, paragraph 12, the Insurer shall reimburse in case of a medically reasonable return transport to the permanent place of residence of the Insured Person:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>In the event that a licensed air ambulance must be used for a return transport, said maximum limits shall not apply. For the return transport, the most cost-effective means of transportation must be chosen, if possible from a medical point of view. A return transport shall be regarded as medically reasonable in the event that a sufficient medical treatment is not guaranteed in the host country or if the prospects of a successful treatment are greater in case of a treatment at the permanent place of residence. Upon request, a medical certificate of the treating physician in the foreign country must be submitted.</p> <p>c) For a transfer to the permanent place of residence of the Insured Person, the Insurer shall reimburse:</p> <ul style="list-style-type: none"> • up to 5,000 Euro in case of transports on one continent; • up to 10,000 Euro in case of trans-continental transports. <p>For the transfer, the most cost-effective means of transportation must be chosen.</p>
A14	Follow-Up Liability	No coverage	In the event that a person cannot be returned to his or her home country until the end of the insured long-term travel because the person is unfit for transportation and the disease is due to a necessary and unplannable medical treatment, the Insurer shall reimburse the costs for the medical treatment until the day when the person becomes fit for transportation, but in no event for more than 30 days after termination of the insurance coverage.	In the event that a person cannot be returned to his or her home country until the end of the insured long-term travel because the person is unfit for transportation and the disease is due to a necessary and unplannable medical treatment, the Insurer shall reimburse the costs for the medical treatment until the day when the person becomes fit for transportation, but in no event for more than 30 days after termination of the insurance coverage.
A15	Congenital Medical Conditions	No coverage	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2r and with due consideration to C12, treatments due to congenital medical conditions shall be covered.	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2r and with due consideration to C12, treatments due to congenital medical conditions shall be covered.
A16	Other Benefits	No coverage	The maximum amounts indicated under A1, A9 and A10 shall be doubled if insurance coverage has been applied for zone 4, irrespective of the place where the treatment actually took place.	The maximum amounts indicated under A2, A5, A6, A8, A9, A10, A11 and A12 shall be doubled if insurance coverage has been applied for zone 4, irrespective of the place where the treatment actually took place.

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Contractual Fundamentals

C1	Insurer	Allianz Partners, Eurosquare 2, 7 rue Dora Maar, 93400 Saint-Ouen, France		
C2	Policyholder	BDAE Expat GmbH		
C3	Parties Entitled to be Insured	Natural persons		
C4	Insurable Persons	Natural persons having their permanent place of residence outside the home country as well as their family members, always provided that eligibility for insurance according to the Insurance Terms and Conditions Part I, Art. 1 exists. The home country shall be deemed to be the state of the insured Person's nationality or the state where the insured Person used to have his or her centre of life prior to the stay abroad. Spouses/life-partners and children living in a common household shall be regarded as family members. Family members holding the nationality of the host country can be co-insured. The maximum age for being eligible for insurance shall be 75 years.		
C5	Contractual Fundamentals	Insurance Terms and Conditions for International Health Insurance Policies - Insurance Terms and Conditions Parts I and II (EXPAT INFINITY).		
C6	Scope of Application	<p>Insurance coverage shall exist in the host country agreed upon in each case. For this purpose, a country zone (zone 1, 2, 3 or 4) depending upon the planned host country and the countries where the Insured Person wants to claim the benefits he or she is entitled to (= country of treatment) must be selected per Insured Person. Thus, insurance coverage shall to the full extent exist for all countries assigned to the selected zone as well as in all countries belonging to a zone ranking thereafter. It shall be the responsibility of the Person Entitled to be Insured or the Insured Person to check whether the insurance fulfils the legal or local requirements applicable in the country of the usual abode or place of residence. Permanent stays in the countries and regions marked as non-insurable in the table „Country zones“ and in Germany are not insurable.</p> <p>a) With respect to holiday- or work-related stays in the non-insurable countries according to the table „Country zones“ and in countries of a higher ranking, insurance coverage shall (in the aggregate) exist for a maximum period of six weeks per insurance year. Insurance coverage shall, however, be limited to an acutely occurring need for treatment. If the need for treatment of a disease was already known prior to the entry, coverage shall be excluded. Treatments becoming necessary after expiry of these six weeks shall not be covered. Upon request, evidence of the start and end of a stay must be submitted.</p> <p>b) With respect to holiday- or work-related stays in Germany insurance coverage shall (in the aggregate) exist for a period of up to six months per insurance year and, in case of short-term insurance periods, on a pro rata basis. The Insurer shall be given notice of the stay prior to entry. Upon request, evidence of the start and end of a stay must be submitted.</p> <p>In case of a permanent transfer of the permanent residence to the home country, insurance coverage may be maintained if and when this insurance comes up to the statutory and local provisions of the country of residence or home country. The respective examination shall be the responsibility of the Persons Entitled to be Insured or the Insured Person. If the permanent residence is transferred to the non-insurable countries according to the table „Country Zones“ or to Germany, the insurance must be terminated. The insurance contract may be terminated by the Insurer or its authorised representative if legal framework conditions concerning insurance coverage in a country undergo changes to the extent that this insurance coverage infringes national statutory provisions.</p>		
C7	Start of Insurance Coverage	At the time indicated in the confirmation of cover by taking due account of the Insurance Terms and Conditions Part I, Art. 4.		
C8	Insurance Year	From 1 October of each year until 30 September of the following year.		
C9	Term of the Insurance Relationship	Within the framework of the group insurance contract, the term shall be unlimited.		
C10	Termination of the Insurance Relationship	A termination of the insurance coverage for individual Insured Persons towards the Policyholder shall be possible with one month notice to the end of the insurance year by the Party Entitled to be Insured or the Insured Person. The insurance contract may be terminated by the Insurer or its authorised representative if legal framework conditions concerning insurance coverage in a country undergo changes to the extent that this insurance coverage infringes national statutory provisions.		
C11	Information on the State of Health	For assessing the state of health at the time of contract execution, a health questionnaire shall be filled in completely and accurately for each Person to be Insured. According to the Insurance Terms and Conditions Part I, Art. 4, paragraph 2, this shall not apply to newborn children. If a Person to be Insured is 60 years old or older, a medical certificate shall additionally be submitted at one's own expense. The Insurer or its authorised representative reserves the right to perform a risk analysis and shall decide upon the acceptance of the application. Depending on the outcome of the health check-up, the Insurer or its authorised representative reserves the right to incorporate additional provisions in the insurance terms or to charge a corresponding risk markup.		
C12	Additional Provisions regarding Exclusions of Benefits	In derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2a and r, illnesses and physical complaints existing and known at the time of the start of the insurance coverage shall be covered if they have been included in the coverage by the Insurer or its authorised representative against a corresponding risk markup and were known at the time of the application. Newborn children co-insured according to the Insurance Terms and Conditions Part I, Art. 4, paragraph 2 within a term of two months after birth shall, in derogation from the Insurance Terms and Conditions Part I, Art. 6, paragraph 2a, be covered without any limitation.		
C13	Qualifying Period	EXPAT INFINITY BASIC	EXPAT INFINITY CLASSIC	EXPAT INFINITY PREMIUM
		No qualifying period	No qualifying period	8 months for childbirth, dental prostheses and orthodontic measures. 12 months for visual aids, visual tests and eye lasering. 24 months for infertility treatments.

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C14	Prospective Entitlement	<ul style="list-style-type: none"> a) During the contract term, insurance coverage can be changed to become a prospective entitlement. b) In derogation from the Insurance Terms and Conditions Part I, Special Terms and Conditions for a Prospective Entitlement, Art. 4, it shall not be necessary to render new information on the state of health or to submit a medical certificate when applying for a prospective entitlement. c) In the event that the insurance contract has been concluded inclusive of risk markups, they will also be due for payment during the period of eligibility for the prospective entitlement. d) As an additional prerequisite for a prospective entitlement, as applicable apart from the preconditions according to the Insurance Terms and Conditions Part I, Special Terms and Conditions for a Prospective Entitlement, Art. 3, that a prior prospective entitlement, if any, granted for this product must have been terminated no later than 12 months before. e) A prospective entitlement shall be subject to the Insurance Terms and Conditions Part I, Special Terms and Conditions for a Prospective Entitlement.
C15	Miscellaneous	<ul style="list-style-type: none"> a) A subsequent change within the options “Basic”, “Classic” and “Premium” shall be possible as of the end of the insurance year. Notice of this intention must be given to the Insurer or its authorised representative by the Persons Entitled to be Insured or the Insured Person with two months’ notice. In the event of a change to another option, complete and correct information on the state of health must be rendered by the Persons to be Insured again or, in case of persons aged 60 years and above, an up-to-date medical certificate must be submitted. The Insurer or its authorised representatives reserve the right to perform a risk analysis and shall decide upon the acceptance of the application. Apart from that, the Insurer or its authorised representatives reserve the right to incorporate additional provisions in the insurance terms or to charge a corresponding risk markup. b) Ageing reserves shall not be made. c) The conclusion of a prospective entitlement in the statutory or private health insurance is recommended.

Monthly Premium

The insurance premium shall be an annual premium indicated in equal monthly instalments. It shall in each case be due and payable in advance until the end of the insurance year. The amount applicable in each case can be derived from the attached insurance premium table forming part of the Insurance Terms and Conditions. The amount of the insurance premium shall depend upon the desired product variant (Basic, Classic or Premium), the desired country zone (zone 1, 2, 3 or 4), the age of the Person to be Insured as well as the desired deductible (0 Euro, 250 Euro, 500 Euro or 1,000 Euro). In addition, the insurance premium may depend upon the state of health of the Person to be Insured at the time of the application. In such cases, the Insurer or, as the case may be, its authorised representative may, on a percentage basis, add a risk markup to the applicable monthly premium.

If an Insured Person reaches another age group, the premium shall be increased with effect from the month in which the Insured Person reaches the respective age of the next age group. The Person Entitled to be Insured or the Insured Person shall be given notice of the attainment of the next age group no later than one month prior to the date when the premium increase becomes effective.

Deductible

The options that can be selected with respect to the amount of the deductible shall be 0 Euro, 250 Euro, 500 Euro and 1,000 Euro per Insured Person and insurance year. The sections A5, A6, A9 and A10 shall be excluded from the deductible. In case of short-term insurances, the deductible shall become applicable on a pro rata basis. A change to another amount within the options available for the deductible may be applied for with effect from the end of an insurance year by observing a notice period of two months. The Insurer or its authorised representative reserves the right to check any change beforehand.

The Reason why the International Health Insurance Expat Infinity Provides for Country and Price Zones

Due to the fact that, on an international level, costs for medical treatments vary from country to country and the average claims ratio of a group of insured persons increases with age, the Expat Infinity product provides for four country zones and insurance premium rates split by age groups. This allows us to offer our customers the utmost level of fairness with respect to the amount of insurance premiums according to their living conditions.

Important Information on Country Zones and Insurance Coverage in Case of a Change of the Host Country

Each country has been allocated to a zone 1, 2, 3 or 4. Zone 1 is the most favourable and zone 4 the most expensive region for treatments.

Example: If you plan to stay in Singapore, your insurance premium shall be calculated on the basis of zone 4. As this is the highest possible category with respect to the insurance premium category, you may have yourself also treated without any problems in all countries belonging to the other zones. As person paying insurance premiums of zone 4, you shall furthermore automatically also be covered in all other countries of zone 4 (e.g. United Kingdom, Switzerland or Brazil).

For persons insured in country zones of a lower category, a particularity shall apply. In cases of emergency, you shall also be covered in countries belonging to a higher category for a period of no more than six weeks per insurance year.

Example: Your host country is France (zone 2). But at the time when you fall ill, you actually stay in Portugal (zone 3) and must go to a hospital there. In this case, insurance coverage shall exist for a term of no more than six weeks as from the date of entry into such country.

During your stay abroad, you change the country zone, for instance, from Spain (zone 3) to Brazil (zone 4)? This is no problem. Prior to entering the new host country, you simply have to give us notice of your change of the country zone and we will then adjust your monthly insurance premium.

You plan to stay in several countries belonging to different country zones? You are recommended to select the country zone of the country of the highest category from the very beginning. Example: During your world trip, you plan to travel to Vietnam (zone 2), to the Philippines (zone 1) and to the United Arab Emirates (zone 3) as well as to Australia (zone 3)? The best choice would be to select zone 3 from the very start. Then, you will in any case also enjoy insurance coverage in the countries belonging to the highest zone (for instance in Singapore during a transit stop).

How to calculate your monthly insurance premium

Armenia	①
Belgium	②
Spain	③
United Kingdom	④



Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10				
11 - 20				
21 - 25				
26 - 30				
31 - 35				
36 - 40			104 €	
41 - 45				

Step 1:

First of all, you should identify your planned host country in the country zone list and note the zone number (1, 2, 3 or 4).

Step 2:

Select the correct insurance premium table of your Expat Infinity (Basis, Classic or Premium) on the basis of the deductible desired by you.

Step 3:

Look at the insurance premium table in order to find the monthly insurance premium amount for your age group (e.g. 36-40) and the country zone (e.g. zone 3).

Example: Your host country is Spain (zone 3) and you have decided to choose the Basic variant of Expat Infinity and an annual deductible of 250 Euro; furthermore, you belong to the age group of persons between 36 and 40. In this case, your monthly insurance premium shall be 104 Euro. But please note that, upon application, we will carry out a medical checkup and, depending on the state of health, may charge risk markups. Such markups shall be determined on a percentage basis and charged on the base premium of 104 Euro.

Country Zones

The following table gives information on the country zone of your host country, as applicable for calculating your insurance premium

Abkhazia	①	Croatia	②	Ivory Coast	①
Afghanistan	①	Cuba	①	Jamaica	①
Åland Islands	②	Curaçao	②	Japan	③
Albania	①	Cyprus	②	Jersey	④
Algeria	①	Czech Republic	②	Jordan	①
American Samoa	<i>not insurable</i>	Denmark	②	Kazakhstan	②
Andorra	②	Djibouti	②	Kenya	①
Angola	②	Dominica	①	Kiribati	①
Anguilla	②	Dominican Republic	②	Kosovo	①
Antarctica	②	East Timor	①	Kuwait	②
Antigua and Barbuda	①	Ecuador	②	Kyrgyzstan	①
Argentina	②	Egypt	①	Laos	①
Armenia	①	El Salvador	①	Latvia	②
Aruba	②	Equatorial Guinea	①	Lebanon	②
Australia	③	Eritrea	①	Lesotho	①
Austria	③	Estonia	①	Liberia	①
Azerbaijan	②	Ethiopia	①	Libya	①
Bahamas	④	Falkland Islands	④	Liechtenstein	②
Bahrain	②	Faroe Islands	②	Lithuania	①
Bangladesh	①	Fiji	①	Luxembourg	②
Barbados	②	Finland	②	Macau	③
Belarus	②	France	②	Madagascar	①
Belgium	②	French Guyana	②	Malawi	①
Belize	①	French Polynesia	③	Malaysia	②
Benin	①	French Southern and Antarctic Territories	<i>not insurable</i>	Maldives	①
Bermuda	①	Gabon	①	Mali	①
Bhutan	①	Gambia	①	Malta	①
Bolivia	②	Georgia	②	Marshall Islands	①
Bonaire, Saint Eustatius and Saba	②	Germany	<i>limited insurable</i>	Martinique	②
Bosnia and Herzegovina	②	Ghana	①	Mauritania	①
Botswana	①	Gibraltar	④	Mauritius	①
Bouvet Island	<i>not insurable</i>	Greece	③	Mayotte	①
Brazil	④	Greenland	③	Mexico	③
British Indian Ocean Territory	<i>not insurable</i>	Grenada	①	Micronesia	①
Brunei Darussalam	①	Guadeloupe	②	Moldova	①
Bulgaria	②	Guam	<i>not insurable</i>	Monaco	③
Burkina-Faso	①	Guatemala	②	Mongolia	①
Burundi	①	Guernsey	④	Montenegro	①
Cambodia	①	Guinea	①	Montserrat	④
Cameroon	①	Guinea-Bissau	①	Morocco	①
Canada	③	Guyana	①	Mozambique	②
Cape Verde	①	Haiti	①	Myanmar	①
Cayman Islands	②	Heard and McDonald Islands	<i>not insurable</i>	Namibia	①
Central African Republic	①	Honduras	①	Nauru	①
Chad	①	Hong Kong	③	Nepal	①
Chile	②	Hungary	②	Netherlands	②
China	③	Iceland	②	Netherlands Antilles	②
Christmas Island	③	India	①	New Caledonia	②
Coconut Islands	③	Indonesia	①	New Zealand	③
Colombia	②	Iran	①	Nicaragua	①
Comoros	①	Iraq	①	Niger	①
Congo (Democratic Republic)	①	Ireland	③	Nigeria	②
Congo (Republic)	①	Isle of Man	④	Niue	①
Cook Islands	①	Israel	③	Norfolk Island	②
Costa Rica	②	Italy	③	North Korea	①

North Macedonia	①	Switzerland	④
Northern Mariana Islands	<i>not insurable</i>	Syria	①
Norway	②	Taiwan	③
Oman	②	Tajikistan	①
Pakistan	①	Tanzania	①
Palau	①	Thailand	③
Palestine	①	Togo	①
Panama	②	Tokelau Islands	③
Papua New Guinea	①	Tonga	①
Paraguay	①	Trinidad and Tobago	①
Peru	②	Tunisia	①
Philippines	①	Turkey	③
Pitcairn Islands	③	Turkmenistan	①
Poland	①	Turks and Caicos Islands	④
Portugal	③	Tuvalu	①
Puerto Rico	<i>not insurable</i>	Uganda	①
Qatar	③	Ukraine	②
Reunion	③	United Arab Emirates	③
Romania	①	United Kingdom	④
Russia	③	United States Minor Outlying Islands	<i>not insurable</i>
Rwanda	①	Uruguay	②
Saint Barthelemy	④	USA	<i>not insurable</i>
Saint Helena	④	Uzbekistan	①
Saint Kitts and Nevis	①	Vanuatu	③
Saint Lucia	①	Vatican City	①
Saint Martin	④	Venezuela	②
Saint Pierre and Miquelon	③	Vietnam	②
Saint Vincent and the Grenadines	①	Virgin Islands (UK)	④
Samoa	①	Virgin Islands (USA)	<i>not insurable</i>
San Marino	①	Wallis and Futuna	②
Sao Tome and Principe	①	Western Sahara	①
Saudi Arabia	②	Yemen	①
Senegal	①	Zambia	①
Serbia	①	Zimbabwe	①
Seychelles	①		
Sierra Leone	①		
Singapore	④		
Sint Maarten	②		
Slovakia	②		
Slovenia	①		
Solomon Islands	①		
Somalia	①		
South Africa	②		
South Georgia and the South Sandwich Islands	<i>not insurable</i>		
South Korea	①		
South Ossetia	①		
South Sudan	①		
Spain	③		
Sri Lanka	①		
Sudan	①		
Suriname	①		
Svalbard and Jan Mayen	②		
Swaziland	①		
Sweden	②		

Premium Table

EXPAT INFINITY BASIC

The following tables give - on the basis of the desired deductible, your age and the country zone of your host country - information on the monthly premium for **Expat Infinity Basic**. Please note that, depending on the outcome of your medical checkup, risk markups may be charged. If you have any questions, we would be happy to help you by phone under +49-40-30 68 74-0.

No deductible

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	70 €	79 €	96 €	150 €
11 - 20	70 €	79 €	96 €	150 €
21 - 25	76 €	85 €	102 €	149 €
26 - 30	86 €	95 €	115 €	168 €
31 - 35	96 €	106 €	127 €	187 €
36 - 40	102 €	112 €	135 €	198 €
41 - 45	112 €	123 €	147 €	217 €
46 - 50	120 €	131 €	158 €	233 €
51 - 55	132 €	144 €	173 €	257 €
56 - 60	147 €	160 €	191 €	285 €
61 - 65	173 €	187 €	223 €	335 €
66 - 70	198 €	220 €	263 €	395 €
71 - 75	246 €	272 €	330 €	495 €
76 - 80	300 €	330 €	400 €	600 €
81 - 85	375 €	412 €	500 €	750 €
>85	460 €	520 €	630 €	945 €

Deductible 250 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	39 €	48 €	65 €	119 €
11 - 20	39 €	48 €	65 €	119 €
21 - 25	45 €	54 €	71 €	118 €
26 - 30	55 €	64 €	84 €	137 €
31 - 35	65 €	75 €	96 €	156 €
36 - 40	71 €	81 €	104 €	167 €
41 - 45	81 €	92 €	116 €	186 €
46 - 50	89 €	100 €	127 €	202 €
51 - 55	101 €	113 €	142 €	226 €
56 - 60	116 €	129 €	160 €	254 €
61 - 65	142 €	156 €	192 €	304 €
66 - 70	167 €	189 €	232 €	364 €
71 - 75	215 €	241 €	299 €	464 €
76 - 80	269 €	299 €	369 €	569 €
81 - 85	344 €	381 €	469 €	719 €
>85	429 €	489 €	599 €	914 €

Deductible 500 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	not applicable	not applicable	not applicable	100 €
11 - 20	not applicable	not applicable	not applicable	100 €
21 - 25	not applicable	not applicable	not applicable	99 €
26 - 30	not applicable	not applicable	not applicable	118 €
31 - 35	not applicable	not applicable	not applicable	137 €
36 - 40	not applicable	not applicable	not applicable	148 €
41 - 45	not applicable	not applicable	not applicable	167 €
46 - 50	not applicable	not applicable	not applicable	183 €
51 - 55	not applicable	not applicable	not applicable	207 €
56 - 60	not applicable	not applicable	not applicable	235 €
61 - 65	not applicable	137 €	173 €	285 €
66 - 70	148 €	170 €	213 €	345 €
71 - 75	196 €	222 €	280 €	445 €
76 - 80	250 €	280 €	350 €	550 €
81 - 85	325 €	362 €	450 €	700 €
>85	410 €	470 €	580 €	895 €

Deductible 1.000 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	not applicable	not applicable	not applicable	not applicable
11 - 20	not applicable	not applicable	not applicable	not applicable
21 - 25	not applicable	not applicable	not applicable	not applicable
26 - 30	not applicable	not applicable	not applicable	not applicable
31 - 35	not applicable	not applicable	not applicable	not applicable
36 - 40	not applicable	not applicable	not applicable	not applicable
41 - 45	not applicable	not applicable	not applicable	not applicable
46 - 50	not applicable	not applicable	not applicable	not applicable
51 - 55	not applicable	not applicable	not applicable	not applicable
56 - 60	not applicable	not applicable	not applicable	not applicable
61 - 65	not applicable	not applicable	not applicable	248 €
66 - 70	not applicable	not applicable	not applicable	308 €
71 - 75	not applicable	not applicable	not applicable	408 €
76 - 80	not applicable	not applicable	not applicable	513 €
81 - 85	not applicable	not applicable	not applicable	663 €
>85	not applicable	not applicable	not applicable	858 €

Premium Table

EXPAT INFINITY CLASSIC

The following tables give - on the basis of the desired deductible, your age and the country zone of your host country - information on the monthly premium for **Expat Infinity Classic**. Please note that, depending on the outcome of your medical checkup, risk markups may be charged. If you have any questions, we would be happy to help you by phone under +49-40-30 68 74-0.

No deductible

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	99 €	102 €	123 €	185 €
11 - 20	99 €	102 €	123 €	185 €
21 - 25	109 €	115 €	134 €	191 €
26 - 30	125 €	131 €	153 €	220 €
31 - 35	140 €	148 €	173 €	249 €
36 - 40	149 €	157 €	184 €	267 €
41 - 45	164 €	174 €	204 €	296 €
46 - 50	177 €	187 €	219 €	319 €
51 - 55	195 €	206 €	243 €	355 €
56 - 60	218 €	230 €	270 €	392 €
61 - 65	262 €	280 €	330 €	480 €
66 - 70	311 €	340 €	400 €	580 €
71 - 75	372 €	415 €	487 €	705 €
76 - 80	447 €	500 €	600 €	870 €
81 - 85	545 €	610 €	740 €	1.090 €
>85	720 €	805 €	975 €	1.440 €

Deductible 250 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	73 €	76 €	97 €	154 €
11 - 20	73 €	76 €	97 €	154 €
21 - 25	83 €	89 €	108 €	160 €
26 - 30	99 €	105 €	127 €	189 €
31 - 35	114 €	122 €	147 €	218 €
36 - 40	123 €	131 €	158 €	236 €
41 - 45	138 €	148 €	178 €	265 €
46 - 50	151 €	161 €	193 €	288 €
51 - 55	169 €	180 €	217 €	324 €
56 - 60	192 €	204 €	244 €	361 €
61 - 65	236 €	254 €	304 €	449 €
66 - 70	285 €	314 €	374 €	549 €
71 - 75	346 €	388 €	461 €	674 €
76 - 80	421 €	474 €	574 €	839 €
81 - 85	519 €	584 €	714 €	1.059 €
>85	694 €	779 €	949 €	1.409 €

Deductible 500 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	56 €	59 €	80 €	135 €
11 - 20	56 €	59 €	80 €	135 €
21 - 25	66 €	72 €	91 €	141 €
26 - 30	82 €	88 €	110 €	170 €
31 - 35	97 €	105 €	130 €	199 €
36 - 40	106 €	114 €	141 €	217 €
41 - 45	121 €	131 €	161 €	246 €
46 - 50	134 €	144 €	176 €	269 €
51 - 55	152 €	163 €	200 €	305 €
56 - 60	175 €	187 €	227 €	342 €
61 - 65	219 €	237 €	287 €	430 €
66 - 70	268 €	297 €	357 €	530 €
71 - 75	329 €	372 €	444 €	655 €
76 - 80	404 €	457 €	557 €	820 €
81 - 85	502 €	567 €	697 €	1.040 €
>85	677 €	762 €	932 €	1.390 €

Deductible 1.000 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	not applicable	not applicable	not applicable	98 €
11 - 20	not applicable	not applicable	not applicable	98 €
21 - 25	not applicable	not applicable	not applicable	104 €
26 - 30	not applicable	not applicable	not applicable	133 €
31 - 35	not applicable	not applicable	not applicable	162 €
36 - 40	not applicable	not applicable	not applicable	180 €
41 - 45	not applicable	not applicable	not applicable	209 €
46 - 50	not applicable	not applicable	not applicable	232 €
51 - 55	not applicable	not applicable	not applicable	268 €
56 - 60	not applicable	not applicable	not applicable	305 €
61 - 65	not applicable	not applicable	not applicable	393 €
66 - 70	not applicable	not applicable	not applicable	493 €
71 - 75	not applicable	not applicable	not applicable	618 €
76 - 80	not applicable	not applicable	not applicable	783 €
81 - 85	not applicable	not applicable	not applicable	1.003 €
>85	not applicable	not applicable	not applicable	1.353 €

Premium Table

EXPAT INFINITY PREMIUM

The following tables give - on the basis of the desired deductible, your age and the country zone of your host country - information on the monthly premium for **Expat Infinity Premium**. Please note that, depending on the outcome of your medical checkup, risk markups may be charged. If you have any questions, we would be happy to help you by phone under +49-40-30 68 74-0.

If you take out the premium option and co-insure your children in this option, you will receive a discount of 5% on the monthly premium of your second insured child. From the third insured child, you will receive a discount of 7% on the monthly premium of the third child. The date of enrollment is used to determine the order of the first, second, third child and others. If all children are enrolled at the same time, the determination will be based on age (descending). If a child reaches the age of majority, the discount will cease to apply as of the month in which the child turns 18. Enrollments and disenrollments during the year will affect all discounted fees and will be considered during the year.

No deductible

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	152 €	162 €	191 €	286 €
11 - 20	152 €	162 €	191 €	286 €
21 - 25	168 €	177 €	206 €	293 €
26 - 30	192 €	202 €	236 €	338 €
31 - 35	215 €	227 €	266 €	383 €
36 - 40	229 €	258 €	302 €	435 €
41 - 45	253 €	290 €	340 €	490 €
46 - 50	272 €	314 €	368 €	530 €
51 - 55	300 €	345 €	405 €	585 €
56 - 60	350 €	405 €	475 €	685 €
61 - 65	410 €	475 €	555 €	800 €
66 - 70	480 €	555 €	650 €	935 €
71 - 75	560 €	650 €	760 €	1.090 €
76 - 80	700 €	815 €	950 €	1.360 €
81 - 85	840 €	980 €	1.140 €	1.630 €
>85	1.050 €	1.230 €	1.440 €	2.000 €

Deductible 250 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	117 €	127 €	156 €	251 €
11 - 20	117 €	127 €	156 €	251 €
21 - 25	133 €	142 €	171 €	258 €
26 - 30	157 €	167 €	201 €	303 €
31 - 35	180 €	192 €	230 €	348 €
36 - 40	194 €	223 €	267 €	369 €
41 - 45	218 €	255 €	305 €	429 €
46 - 50	237 €	279 €	333 €	470 €
51 - 55	265 €	310 €	370 €	529 €
56 - 60	315 €	370 €	440 €	650 €
61 - 65	375 €	440 €	520 €	765 €
66 - 70	445 €	520 €	615 €	900 €
71 - 75	525 €	615 €	725 €	1.055 €
76 - 80	665 €	780 €	915 €	1.325 €
81 - 85	805 €	945 €	1.105 €	1.595 €
>85	1.015 €	1.195 €	1.405 €	1.965 €

Deductible 500 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	90 €	100 €	129 €	224 €
11 - 20	90 €	100 €	129 €	224 €
21 - 25	106 €	115 €	144 €	231 €
26 - 30	130 €	140 €	174 €	276 €
31 - 35	153 €	165 €	204 €	321 €
36 - 40	167 €	196 €	240 €	373 €
41 - 45	191 €	228 €	278 €	428 €
46 - 50	210 €	252 €	306 €	468 €
51 - 55	238 €	283 €	343 €	523 €
56 - 60	288 €	343 €	413 €	623 €
61 - 65	348 €	413 €	493 €	738 €
66 - 70	418 €	493 €	588 €	873 €
71 - 75	498 €	588 €	698 €	1.028 €
76 - 80	638 €	753 €	888 €	1.298 €
81 - 85	778 €	918 €	1.078 €	1.568 €
>85	988 €	1.168 €	1.378 €	1.938 €

Deductible 1.000 €

Age	Zone ①	Zone ②	Zone ③	Zone ④
0 - 10	75 €	85 €	94 €	189 €
11 - 20	75 €	85 €	94 €	189 €
21 - 25	71 €	80 €	109 €	196 €
26 - 30	95 €	105 €	139 €	241 €
31 - 35	118 €	130 €	169 €	286 €
36 - 40	132 €	161 €	205 €	338 €
41 - 45	156 €	193 €	243 €	393 €
46 - 50	175 €	217 €	271 €	433 €
51 - 55	203 €	248 €	308 €	488 €
56 - 60	253 €	308 €	378 €	588 €
61 - 65	313 €	378 €	458 €	703 €
66 - 70	383 €	458 €	553 €	838 €
71 - 75	463 €	553 €	663 €	993 €
76 - 80	603 €	718 €	853 €	1.263 €
81 - 85	743 €	883 €	1.043 €	1.533 €
>85	953 €	1.133 €	1.343 €	1.903 €

Premium Tables

PREMIUMS FOR PROSPECTIVE ENTITLEMENTS

The following table shows your age-based monthly premium for a **prospective entitlement**. Please note that, depending on the outcome of your medical checkup, risk markups may be charged. If you have any questions, we would be happy to help you by phone under +49-40-30 68 74-0.

Age	Premium for Prospective Entitlement
0 - 10	24 €
11 - 20	24 €
21 - 25	26 €
26 - 30	30 €
31 - 35	35 €
36 - 40	39 €
41 - 45	44 €
46 - 50	48 €
51 - 55	54 €
56 - 60	63 €
61 - 65	73 €
66 - 70	86 €
71 - 75	104 €
76 - 80	130 €
81 - 85	160 €
>85	206 €

INSURANCE TERMS AND CONDITIONS

for International Health Insurance Policies (Insurance Terms and Conditions Part I – Allianz Partners AWP Health & Life)

Art. 1 Insurable Persons and Eligibility for Insurance

Unless otherwise provided for, the following shall apply:

1. The application for inclusion of Insured Persons in the group insurance contract may be filed by Parties Entitled to be Insured only. Parties Entitled to be Insured shall be natural persons, as defined in the respective underlying insurance terms.
2. Persons eligible for insurance shall be natural persons.
3. Not eligible for insurance and despite of insurance premium payments not insured shall be
 - a) persons in need of permanent care. A person in need of permanent care shall be a person who needs the assistance of others for the majority of activities of daily life.
 - b) persons whose participation in community life is permanently excluded. For classification purposes, the mental condition and the objective circumstances of life of the respective person are to be taken into account.
4. Coverage in Germany shall not exist for Insured Persons whose centre of life is not only temporarily in the Federal Republic of Germany.
5. Natural persons holding a fixed-term residence document for the Federal Republic of Germany and whose total period of coverage by all health insurance contracts concluded during their stay exceeds a period of 5 years at the time of applying for admission to the group insurance contract shall not be eligible for insurance.

Art. 2 Conclusion and Termination of the Insurance Contract

1. The group insurance contract shall be concluded between the Policyholder and the Insurer for a term of one year. The group insurance contract shall be extended by one year unless terminated at least three months prior to the end of the respective term.
2. The Policyholder shall be obliged to give the Persons Entitled to be Insured and the Insured Persons a notice in textual form of the termination of the group insurance contract two months prior to the date of effectiveness of the termination.
3. The statutory provisions on the extraordinary right to terminate shall remain unaffected.
4. Upon termination of the insurance contract, and so far as the carrier offers according tariffs, the covered persons shall be informed by the carrier about the possibilities to continue their coverage as an individual insurance.
5. In the event that the Party Entitled to be Insured and the Insured Person are not identical, a termination will become effective only if the Insured Person affected by the termination has acquired knowledge of the termination letter and the Policyholder submits a corresponding evidence in this respect with the Insurer when causing the de-registration from the group insurance contract. In that case, the Insured Person concerned shall have the right to continue the insurance contract by indicating a future Party Entitled to be Insured. The declaration to this effect must be made within two months after receipt of the letter of termination.
6. If a sanction, prohibition, or restriction is imposed under resolutions of the United Nations, under trade or economic sanctions, under laws or regulations of the European Union or the United Kingdom, or under sanctions of the United States of America, is imposed which directly or indirectly prevents the insurer from providing insurance benefits under this group insurance contract, the insurer or the policyholder has an extraordinary right of termination. In addition, affected persons may be excluded from insurance coverage.

Art. 3 Insurance Premiums, Adjustment of Benefits, Insurance Year

1. The insurance premium shall be an annual premium indicated in equal monthly instalments. It shall in each case be due and payable in advance until the end of the insurance year.
2. The Policyholder shall be entitled to de-register individual Insured Persons from the group insurance contract if they fail to pay the insurance premium.
3. The Insurer shall be entitled to adjust the premium or the volume of insurance benefits at the commencement of a new insurance year, always provided that the Policyholder is given notice of this intention three months prior to the

end of the respective insurance year.

4. The insurance year is defined in the Insurance Terms and Conditions for International Health Insurance Policies, Part II, Section C of Allianz Partners AWP Health & Life.
5. The Policyholder shall be obliged to inform the Persons Entitled to be Insured and the Insured Persons about an adjustment of the premium or the volume of insurance benefits in textual form two months prior to the end of the respective insurance year.

Art. 4 Area of Application, Commencement, Term and Termination of Insurance Coverage

The Insurer offers Insured Persons staying in the area of applicability agreed upon within the framework of a fixed-term stay insurance coverage within the framework of a group insurance contract and these Insurance Terms and Conditions. Unless otherwise provided for, the following shall apply:

1. Insurance coverage for the Insured Person shall start after his or her binding inclusion in the group insurance contract and on the date indicated in the confirmation of cover (commencement of insurance coverage),
 - a) but not prior to the start of the Insured Person's stay in the area of applicability agreed upon;
 - b) not prior to the commencement of the Insured Person's eligibility for insurance;
 - c) not prior to the payment of the insurance premium;
 - d) not prior to the expiry of qualifying periods agreed upon.
2. Newborn children can be co-insured as from the day of their birth without a necessity of a health check-up and qualifying periods, always provided that the application of insurance is received by the Insurer or its authorised representative within a term of two months after birth. If the application for insurance fails to be filed within the term of two months, a health questionnaire must be filled in completely and accurately upon contract conclusion in order to determine the state of health. The Insurer or its authorised representative reserves the right to perform a risk analysis and shall decide upon the acceptance of the application. Depending on the outcome of the health check-up, the Insurer or its authorised representative reserves the right to incorporate additional provisions in the insurance terms or to charge a corresponding risk markup. The admission to the group insurance contract shall take place no earlier than as from the date of the receipt of the application by the Insurer or its authorised representative.
3. Insurance claims occurred or existing prior to the start of the insurance coverage shall not be covered.
4. Insurance claims occurred during the qualifying period agreed upon in connection with the respective product shall not be covered.
5. The maximum insurance term for the Insured Persons is defined in the Insurance Terms and Conditions for International Health Insurances, Part II Section C of the Allianz Partners AWP Health & Life.
6. Insurance coverage for individual Insured Persons shall terminate, also with respect to insurance claims not yet settled:
 - a) upon the end of the insurance relationship of the Insured Person;
 - b) upon de-registration from the group insurance contract by the Policyholder by taking due account of the prerequisites agreed upon;
 - c) upon the death of the Insured Person;
 - d) upon expiry of the month following the end of the temporary stay of the Insured Person in the area of applicability agreed upon or the definite return of the Insured Person to his or her home country;
 - e) as soon as an Insured Person ceases to meet the requirements for being eligible for insurance according to the Insurance Terms and Conditions Part I, Art 1;
 - f) as soon as the product-specific requirements to be fulfilled for an eligibility for insurance of the Insured Person cease to exist;
 - g) upon termination of the group insurance contract between the Insurer and the Policyholder.

Art. 5 Subject Matter of the Insurance Coverage and the Volume of Insurance Benefits

Unless otherwise provided for, the following shall apply:

1. Insurance coverage can be derived from the confirmation of cover, these Insurance Terms and Conditions, the product-specific Insurance Terms and Conditions and the statutory provisions applicable in the Federal Republic of Germany.
2. An insured event shall consist in the medically necessary treatment of an Insured Person due to illness or consequences of an accident. The insured event shall come into being upon the start of the medical treatment and end as soon as the need for treatment ceases to exist according to medical assessments. In the event that the medical treatment must be extended to a disease or to consequences of an accident having no causal connection to the initially treated illness, a new insured event shall be deemed to have come into being.
3. To the extent that the respective option provides for corresponding benefits, insured events shall also include:
 - a) medical treatments inclusive of pregnancy examinations and treatments, always provided that the pregnancy did not yet exist at the start of the insurance relationship of the Insured Person, as well as treatments due to miscarriage;
 - b) medically necessary pregnancy treatments due to acute symptoms and treatments due to miscarriage as well as medically necessary abortions and childbirths until the end of the 36th week of pregnancy (preterm delivery), even if the pregnancy already existed at the start of the insurance relationship of the Insured Person, always provided that a need for treatment did not exist at that time;
 - c) childbirths after expiry of the qualifying period agreed upon;
 - d) treatments due to sterility, inclusive artificial insemination, by taking the Insurance Terms and Conditions Part II, clause A8 into due account;
 - e) outpatient examinations for early detection of diseases according to statutory programmes in the Federal Republic of Germany (targeted preventive checkups);
 - f) death.
4. Depending on the insured product, the Insurer shall pay compensation for acutely and unforeseeably occurred insured events during the stay in the area of applicability agreed upon.
5. Kind and amount of the insurance benefits can be derived from these Insurance Terms and Conditions and the product selected in each case.
6. In the area of applicability agreed upon, the Insured Person may choose between legally recognized and licensed physicians, dentists, alternative practitioners and midwives who are registered in the visited country, always provided that they charge their fees according to the official fee schedule, if any, valid at the time being for their professional group or charge the locally customary fee.
7. Pharmaceutical products, bandages and remedies as well as aids and appliances must have been prescribed by the treating persons indicated in the Insurance Terms and Conditions Part I, Art. 5, paragraph 6, and pharmaceutical products must furthermore be purchased in pharmacies. Pharmaceuticals shall not, even not if medically prescribed, include nutrients, tonics, mineral water, disinfectants, cosmetic products, diet food and baby food and the like.
8. In the event of a medically necessary inpatient hospital treatment, the Insured Person may choose among public and private hospitals which are permanently managed by physicians, have sufficient diagnostic and therapeutic possibilities, record and keep medical histories and do not offer spa or sanatorium treatments and do not accept reconvalescents. Insurance coverage shall exist for the general care class (multi-bed room) without optional services (private medical treatment), unless otherwise agreed upon with respect to the specific product.
9. In the event of medically necessary treatments in hospitals which also provide spa or sanatorium treatments or accept reconvalescents, but otherwise comply with the requirements set forth in the Insurance Terms and Conditions Part I, Art. 5, paragraph 8, insurance benefits agreed upon shall be provided only if the Insurer has given its written consent in this respect prior to the start of the treatment. In case of tuberculosis diseases, coverage shall exist within the scope of the insurance contract also if an inpatient treatment is carried out in tuberculosis clinics and sanatoriums.
10. Within the scope of the insurance contract, coverage shall exist for examination or treatment methods and medicines which are largely recognized in traditional medicine. In addition, methods and medicines which proved to be successful in practice or which are used for lack of traditional medical methods or pharmaceuticals shall be covered; the Insurer may, however, reduce its payments to the amount which would have been charged if traditional medical methods or pharmaceuticals had been applied.
11. Within the agreed volume, the Insurer shall pay for transfer and funeral expenses if the death of an Insured Person is due to an insured event.
12. Within the agreed volume, the Insurer shall pay for a medically necessary

return transport to the nearest suitable hospital at the place of the permanent residence of the Insured Person. Costs for a co-insured accompanying person shall be reimbursed by the Insurer to the extent that such company is medically necessary, has been ordered by public authorities or is required by the acting transport company.

Art. 6 General Restrictions of Insurance Benefit

Unless otherwise provided for, the following shall apply:

1. Damage or injuries caused by an active participation in strikes, war, warlike events, civil commotion, damage or injuries due to nuclear energy as well as damage or injuries caused by intentional acts of the Policyholder, the Party Entitled to be Insured or the Insured Person shall be excluded from coverage.
2. A duty to pay insurance benefits shall not exist with respect to:
 - a) diseases and ailments inclusive of their consequences already existing and known at the time of the commencement of the insurance coverage. Apart from that, the consequences of those diseases and accidents which were treated during the last six months prior to the commencement of the insurance coverage shall not be covered;
 - b) spa treatments and treatments in sanatoriums as well as rehabilitation measures of the statutory rehabilitation providers;
 - c) treatments during a stay in a health resort or spa, also if the Insured Person stays in a hospital there. The restriction shall not apply if the Insured Person has his or her permanent residence at that place or becomes unable to work during a temporary stay due to an acute disease incurred independently from the purpose of the stay or due to an accident occurring at that place as long as said acute disease or accident makes a departure impossible from a medical point of view. Furthermore, the restriction shall not apply if and to the extent that the Insurer has given its written consent to benefits prior to the start of the stay;
 - d) a treatment or accommodation based on infirmity, a need for care or custody;
 - e) a treatment of mental or psychological disorder as well as hypnosis, psychoanalysis and psychotherapy;
 - f) immunisation measures;
 - g) aids and appliances;
 - h) a treatment due to sterility, inclusive of artificial insemination as well as preliminary examinations and follow-up treatments related thereto;
 - i) preventive medical check-ups;
 - j) treatments by spouses, parents, children, persons living in a common household or persons with whom the Insured Person lives together within an own family or the host family. Depending on the product agreed upon, documented material costs shall be reimbursed;
 - k) treatments due to diseases inclusive of their consequences as well as due to the consequences of accidents caused by a profession-related participation in sporting competitions or competitions organised by associations and clubs, inclusive of their preparations, or recognized as damage or injury due to military services and not explicitly included in the insurance coverage;
 - l) withdrawal treatments inclusive of withdrawal cures;
 - m) treatments due to such diseases inclusive of their consequences which occur because protective vaccinations recommended by the World Health Organisation or prescribed by law were omitted, unless such vaccinations are precluded for medical reasons. In this case, the medical reasons must be supported by a medical certificate to be submitted to the Insurer.
 - n) treatments of a dependency syndrome and its consequences
 - o) suicide attempts and their consequences;
 - p) organ donations and their consequences;
 - q) dentures (like, e.g. pivot teeth, inlays, crowning, implants) and orthodontic treatments, occlusal splints and gnathological measures;
 - r) congenital medical conditions. Congenital medical conditions are diseases, anomalies, birth defects, malfunctions or deformities which already existed at the time of birth, irrespective of the existence of a diagnosis.
3. Unless otherwise agreed upon, the Insurer shall not be obliged to pay for treatments by physicians, dentists, alternative practitioners and clinics or midwives if a reimbursement of their invoice amounts has been excluded by the Insurer for good reason. As a precondition, the Insurer must have

informed the Party Entitled to be Insured and the Insured Person prior to the occurrence of the insured event about those treating persons whose invoices will no longer be reimbursed. If an insured event has occurred prior to said notice, the costs incurred for the respective treating person must be reimbursed according to insurance benefits provided for in the respective product for a period of no more than three months as from the date of such notice.

4. If medical treatments or other measures for which benefits were agreed upon exceed the medically necessary extent or in the event that the claimed remuneration is not adequate when compared with local customary practices, the Insurer shall be entitled to reduce its payments to a reasonable amount.
5. In the interest of all parties involved, applicable international sanction regulations will be followed. The Insurer is not obliged to provide insurance coverage or to cover any loss or to provide any other service under this agreement if the provision of such insurance coverage, the payment of such loss or the provision of such service would subject the Insurer to any sanction, prohibition or restriction under United Nations resolutions, under trade or economic sanctions, under laws or regulations of the European Union or the United Kingdom, or under sanctions of the United States of America.

Art. 7 Obligations and Consequences of their Infringement

1. The Policyholder, the Persons Entitled to be Insured and the Insured Person shall, after occurrence of an insured event, be obliged
 - a) to refrain from anything which could result in an unnecessary increase of costs;
 - b) to give the Insurer or its authorised representative immediate notice of any damage or injury expected to exceed a sum of 1,000 Euro;
 - c) to permit the Insurer or its authorised representative to carry out any reasonable examination with respect to the cause and amount of its payment duty, to give any pertinent information in this context, to file original supporting documents and, in case of death, to submit the death certificate.
2. The Insurer must be given notice of every hospital treatment within a term of 10 days after its commencement.
3. The corresponding supporting documents shall be submitted to the Insurer by the Insured Person within a term of three months after each individual treatment.
4. In the event that insurance coverage of medical costs incurred by the Insured Person has also been concluded with another insurer or such insurance coverage exists or the Insured Person makes use of his or her right to be insured within the framework of the statutory health insurance scheme, the Party Entitled to be Insured and the Insured Person shall be obliged to give the Insurer immediate notice of such other insurance.
5. Unless otherwise provided for in the product, pregnancies shall be reported to the Insurer within four weeks after having become aware of them.
6. Medically necessary return transports must be reported to the Insurer prior to carrying them out.
7. Upon request of the Insurer, the Insured Person shall be obliged to have himself or herself examined by a physician appointed by the Insurer.
8. If insurance benefits are paid, start and end and interruptions of a stay in the area of applicability as well as the fulfilment of the product-specific prerequisites for the eligibility for insurance have to be proved by the Insured Person upon the Insurer's request.
9. The Party Entitled to be Insured and the Insured Person shall be obliged to give the Policyholder immediate notice of any changes of their addresses.
10. If the Policyholder, the Party Entitled to be Insured or the Insured Person intentionally fails to comply with one of the obligations contractually agreed upon, the Insurer shall not be obliged to make payments. In the event of a grossly negligent violation of obligations, the Insurer shall be entitled to reduce insurance payments in proportion to the severity of the negligence of the Policyholder, the Party Entitled to be Insured or the Insured Person. The burden of proving that gross negligence has not occurred shall lie with the Policyholder, the Persons Entitled to be Insured or the Insured Person.

Art. 8 Payment of Insurance Benefits

Unless otherwise provided for, the following shall apply:

1. The Insurer shall only be obliged to pay if the following supporting documents - which will become the property of the Insurer - have been submitted:
 - a) original supporting documents concerning payments actually made which show the surname, forename and date of birth of the treated person, the name and address of the treating person, the name of the disease, the description of the services rendered by the treating person as to kind, place and period of the treatment. In the event that

medical treatment expenses are covered by another insurance and said other insurer is claimed on first, copies of the invoices with refund endorsements shall be sufficient to give evidence in this respect. If supporting documents issued in a foreign language are submitted and are of considerable importance for the insurance benefits they must, upon the Insurer's request, be accompanied by German or English translations.

- b) Recipes shall be submitted together with the physician's invoice, the invoice for remedies, aids and appliances together with the prescription.
 - c) If claims for reimbursement of costs for a medically necessary return transport are asserted, documents supporting the amount of expenses which would have incurred in the event of a scheduled return journey shall be submitted. In addition, a medical certificate about the medical necessity of the return transport must be filed.
 - d) Apart from that, an official certificate of death and a medical certificate confirming the cause of death must be submitted in the event that payment of transfer and funeral expenses is claimed.
2. Expenses incurred in a foreign currency shall be converted to the currency valid at that time in the Federal Republic of Germany by applying the rate applicable on the day of the receipt of the supporting documents with the Insurer or, as the case may be, its authorised representative, unless it can be shown that the foreign currencies required for paying the invoices were bought at a less favourable exchange rate and that this was due to a change of currency parities.
 3. Additional costs arisen because the Insurer remits amounts to a foreign country or because special transfer methods were agreed upon may be deducted from the insurance payments.
 4. Claims for insurance benefits must not be assigned or pledged.
 5. Within the framework of the examination of insurance benefits payable for an insured event it may become necessary that the Insurer collects personal health data to the extent permitted by law. In the event that the Party Entitled to be Insured or the Insured Person culpably fails to permit such data collection and no other opportunity to examine the claimed payments is made possible and, as a result, the Insurer is not able to finally determine the amount and volume of its payment obligation, payments shall not become due.
 6. One month after having given notice of the insured event, the minimum amount to be paid on the merits of the case may be claimed as down payment. Passage of time shall be suspended as long as the Insurer or, as the case may be, its authorised representative is prevented from examining the claims due to a fault of the Policyholder, the Party Entitled to be Insured or the Insured Person.
 7. Claims arising from this group insurance contract shall be subject to a limitation period of three years. The limitation period shall commence upon expiry of the year during which the respective payment can be requested.

Art. 9 Compensation from Other Insurance Contracts and Claims against Third Parties

1. If compensation from another insurance contract can be claimed in case of an insured event, said other contract shall have priority over this contract. This shall also apply if a subordinated liability has been agreed upon in one of those insurance contracts, irrespective of the time when the other insurance contract was concluded. In the event that the insured event is, within the framework of this group insurance contract, at first reported to the Insurer, the latter shall make an advance payment and contact the other insurer for cost-sharing purposes directly.
2. The claims of the Policyholder, the Party Entitled to be Insured or the insured person against third parties shall - to the extent permitted by law - be assigned to the Insurer if the latter has paid compensation for the damage or injury. To the extent necessary, the Policyholder, the Party Entitled to be Insured or the insured person shall be obliged to provide the Insurer with a declaration of subrogation. The Insurer's obligation to pay insurance benefits shall be suspended until said declaration of subrogation has been submitted. If the insured person prevents enforcement of the claims by acknowledgment or similar, the claims can be reduced accordingly.
3. The claims of the Policyholder, the Party Entitled to be Insured or the Insured Person against treating persons due to excessive fees shall - to the extent permitted by law - be assigned to the Insurer if the latter has reimbursed the respective invoice amounts. As far as necessary, the Policyholder, the Party Entitled to be Insured and the Insured Person shall be obliged to assist the Insurer when enforcing its claims. To the extent necessary, the Policyholder, the Party Entitled to be Insured or the Insured Person shall be obliged to provide the Insurer with a declaration of subrogation, if necessary. The Insurer's obligation to pay insurance benefits shall be suspended until said declaration of subrogation has been submitted.

4. The insurer and the policyholder are neither liable for the selection nor for the actions of the selected physicians, surgeons, anesthesiologists, hospitals or other service providers such as alternative practitioners and midwives. Likewise, the insurer and the policyholder are not liable for treatments, advice, medical interventions or for the prescription and administration of medication by the aforementioned service providers.

Art. 10 Setoff

1. The Policyholder, the Party Entitled to be Insured or the Insured Person shall only be entitled to offset own claims against claims of the Insurer if the counterclaims are undisputed and have been determined with legal effect.
2. Contrary to Art. 35 German Insurance Contract Act (VVG), the insurer may not, however, set off premium claims against other insured persons.

Art. 11 Declaration of Intent and Notices

Declarations of intent and notices forwarded to the Insurer shall be subject to text form (letter, fax message, e-mail, electronic data carrier etc.). The insured person shall have an own right to assert claims arising from the contract against the Insurer. The insured person may assert claims against the insurer even if he or she is not in possession of the insurance policy (in derogation of Art. 44 German Insurance Contract Act (VVG)).

Art. 12 Applicable Law/Contract Language

The applicable law shall be the German law, unless this is contrary to international law. Contract language shall be the German language.

Art. 13 Profit Participation

This insurance shall not be eligible for a participation in profits.

Art. 14 Supervisory Authority and Complaints Office

If you are not satisfied with any service or decision of the insurer, or in case of disagreement about the general conditions, the person entitled to insurance and/or the insured persons must first contact their representative of the contract at the following address (or another address indicated on the company's website):

BDAE Holding GmbH
Kühnehöfe 3
22761 Hamburg
Germany
E-mail: complaint@bdae.com

If the proposed solution does not meet the expectations of the person entitled to insurance and/or the insured person, a complaint can be submitted, also directly to the insurer, by simple letter or e-mail:

AWP Health & Life S.A.
Client relations
Eurosquare 2
7 rue Dora Maar
93400 Saint Ouen
France
E-mail: client.care@allianzworldwidecare.com

In addition, complaints can be filed for this insurance contract with the German Federal Financial Supervisory Authority (Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin)) as well as with the French supervisory authority (ACPR):

Bundesanstalt für Finanzdienstleistungsaufsicht
Graurheindorfer Straße 108
53117 Bonn
Germany
<https://www.bafin.de>

Autorité de Contrôle Prudentiel et de Résolution
4 Place de Budapest
CS 92459
75436 Paris Cedex 09
France

AWP Health & Life SA is a signatory of the Mediation Charter of the French Association of Insurance Companies. Therefore, the person entitled to insurance, insured person and the policyholder have the possibility, in the event of a prolonged and definitive disagreement, the insured person and the policyholder have the possibility of exhausting all other possible amicable remedies, to the mediator:

La Médiation de l'Assurance
TSA 50 110
75 441 Paris Cedex 09
<https://www.mediation-assurance.org/>

The filing of a complaint does not affect the right to file a lawsuit before the competent ordinary court.

Special Conditions for a Prospective Entitlement

Art. 1 General Provisions

For the term of the period of eligibility for a prospective entitlement, the Insurance Terms and Conditions (Parts I and II) for the prospective product shall apply in their version valid at the time being, unless modified or amended by the provisions following hereinafter. In the event that the Insurance Terms and Conditions (Parts I and II) are changed, this change shall to this extent also apply to the prospective entitlement.

Art. 2 Subject Matter of the Prospective Entitlement

When subscribing for a prospective entitlement, the Person Entitled to be Insured shall be deemed to have acquired, for the Insured Person(s), the right to revive the complete insurance coverage of a prospective product without being obliged to undergo a new medical checkup.
The term of the eligibility period shall be unlimited.

Art. 3 Prerequisites for a Prospective Entitlement

1. As a prerequisite for being eligible for a prospective entitlement, the Person to be Insured must enjoy the benefit of an active health insurance during the whole term of the eligibility period. This insurance may be a health insurance of the BDAE (internal policy) or a product of another insurer (third-party policy) or a statutory health insurance scheme (third-party policy). This insurance policy must exist and grant complete coverage for the whole eligibility period.
2. The health insurance mentioned in sentence 1 must at least comprise benefits for outpatient and inpatient treatments.
3. Proof of the active health insurance must be submitted with the Insurer or its authorised representative at the time of application.
4. At the time of application or upon request of the Insurer or its authorised representative, the Person Entitled to be Insured or the Insured Person must give his or her consent permitting the Insurer or its authorised representative to obtain information on the state of health and the benefits claimed by that time from the previous insurer. The consent must include all previous insurers who have provided coverage during a term of 60 months prior to the start of the period of eligibility for a prospective entitlement. To the extent that the previous insurers render health-related information to the persons concerned only, such persons shall be obliged to obtain the relevant information from the previous insurers themselves. Such information must then be made available to the Insurer to their full extent.
5. The maximum age for being eligible in this respect shall be 75 years.

Art. 4 Information on the State of Health

For assessing the state of health at the time of contract execution, a health questionnaire shall be filled in completely and accurately for each Person to be Insured. If a Person to be Insured is 60 years old or older, a medical certificate shall additionally be submitted at one's own expense. The Insurer or its authorised representative reserves the right to perform a risk analysis and shall decide upon the acceptance of the application. Depending on the outcome of the health check, the Insurer or its authorised representative reserves the right to incorporate additional provisions in the insurance terms and conditions or the charge a corresponding risk markup.

Art. 5 Commencement of the Eligibility Period

1. The eligibility period shall start as of the 1st day of a month, but in no case earlier than on the date when the prerequisites indicated in Art. 3 have been fulfilled and, furthermore, not prior to the conclusion of the contract and payment of the premium for the prospective entitlement. The eligibility period may also start prior to the start of the stay abroad.
2. The Insurer shall confirm the start of the eligibility period towards the Person Entitled to be Insured in writing.

Art. 6 Revival of the Insurance Coverage

1. If the Persons Entitled to be Insured or, as the case may be, the Insured Person want to have the insurance coverage revived, this shall only be possible if the existing health insurance coverage under an internal or third-party policy ceases to exist and this cessation is given evidence of towards the Insurer. Recognised termination rights shall be as follows:
 - a) regular expiry of a fixed-term health insurance;
 - b) loss of eligibility for insurance of the Insured Person under the internal or third-party policy;
2. If the Persons Entitled to be Insured or, as the case may be, the Insured Person wants to have the insurance coverage revived, he or she shall be obliged to give the Insurer notice to this effect. The notice concerning the activation of the complete insurance coverage must be received by the Insurer or its authorised representative no later than one month prior to the desired date.
3. The Insurer must be given evidence of the loss of the active health insurance. Always provided that the respective notice is given in due time, insurance coverage under the prospective product shall become effective again at the time of the cessation of the effectiveness of the other health insurance.
4. There must be a smooth transition between the time of the termination of the internal or third-party policy and the start of the active insurance coverage. If the insurance coverage is interrupted due to a gap between said points of time, insurance coverage cannot become activated again.
5. As from the time of the revival of the insurance coverage, the premium that would have had to be paid in case of a full insurance coverage during the eligibility period for the prospective entitlement shall become due.
6. If the possibility to revive insurance coverage is not used, all acquired rights shall be forfeited. A reimbursement of paid amounts shall be excluded.

Art. 7 Cancellation

In the event that the Person Entitled to be Insured or, as the case may be, the Insured Person does not want to have the insurance coverage of the prospective product revived, the prospective entitlement for individual Insured Persons may at any time be cancelled by the Person Entitled to be Insured or the Insured Person towards the Insurer. If it is cancelled it shall end upon expiry of the month following the month of cancellation.

Art. 8 Scope of Benefits

1. During the eligibility period, no claims for benefits can be asserted.
2. After revival of the insurance coverage, claims for benefits shall exist within the framework of the insurance terms applicable at the time being.
3. All diseases and accident consequences occurred during the eligibility period shall be included in the insurance coverage. Benefits shall only be paid for that part of the insured events that can be attributed to the period after the revival of the insurance coverage and, in case of pharmaceutical products and aids and appliances, only to the extent that they were purchased after revival of the insurance coverage and are included in the respective insurance coverage.
4. The eligibility period shall be credited towards tariff-related deadlines and qualifying periods.

Art. 9 Insurance Premium

1. For the period of eligibility, the premium to be paid shall depend upon the age of the Person to be Insured. The amount applicable in each case can be derived from the attached insurance premium table forming part of the Insurance Terms and Conditions. In addition, it is possible that the amount depends upon the state of health of the Person to be Insured at the time of application. In such cases, the Insurer or, as the case may be, its authorised representative may, on a percentage basis, add a risk markup to the applicable monthly premium. The amounts indicated in the insurance premium table are annual premiums shown in equal monthly instalments. They shall in each case be due and payable in advance until the end of the insurance year
2. Claims for a premium refund shall be excluded.
3. Ageing reserves shall not be made.

EXPLANATIONS

concerning the particularities of a group insurance policy and the duties according to the German Insurance Contract Act (VVG)

The particularities of a group insurance policy

Insurance coverage shall be granted within the framework of a group insurance contract (GIC). The policyholder shall be a company of the BDAE Group (BDAE) and the insurer shall be an insurance company permitted to conduct business operations in Germany pursuant to the German Insurance Contract Act (VAG). The insured person shall be granted insurance coverage by joining the group. Thus, the VVG shall not apply directly and immediately to the relationship between the policyholder and the insured person.

However, the rules from the VVG described in more detail below, in particular Art. 19 to 22, are applied in the legal relationship between the insured person and the policyholder (BDAE), which you confirm by your signature.

In compliance with the requirements of the supervisory authority, the GIC provides for some improvements of the legal situation of the insured person:

- In derogation from Art. 44, paragraph 2 VVG, the insured person may assert claims directly towards the insurer of the GIC.
- In derogation from Art. 35 VVG, the insurer shall not be entitled to set-off against claims not attributable to the insured person.
- The insured person shall be provided with any and all information usual pursuant to Art. 7 VVG and the VVG Decree on Information Duties.
- The insured person shall be given notice of any change, including a termination, of the GIC.
- The insured person shall hold a right of revocation similar to the one provided for in the VVG.
- Insured persons shall benefit from the principle of equality pursuant to Art. 138, paragraph 2 VAG.

According to the same requirements of the supervisory authority, certain obligations shall likewise apply to the insured persons; in this context, particularly the knowledge of the insured person and his or her behaviour shall be taken into account with respect to the insurance company's payment duties:

Art. 19, paragraph 5 VVG - consequences of an infringement of the statutory duty to disclose

For enabling BDAE to examine your application properly, you shall be obliged to give true and complete answers to the questions included in the application documents. This shall also relate to circumstances which might be of low importance from your point of view. If there is any information you do not want to disclose towards the intermediaries, please send it in text format directly to the BDAE without any delay. **Please note that you put your insurance coverage at risk when giving incorrect or incomplete information.** For more details about the consequences of an infringement of the duty of disclosure, reference is made to the information following hereinafter.

What are your pre-contractual duties of disclosure?

By the time when you make your contractual statement, you shall be obliged to give true and complete notice of any and all risk-relevant circumstances known to you and requested by us in text format. Risk-relevant circumstances are defined as circumstances relevant for the decision of BDAE to conclude the contract with the contents agreed upon. In the event that, after your contractual statement, but prior to the acceptance of the contract, BDAE asks you in text format to give information on risk-relevant circumstances, you shall also to this extent be obliged to report.

What are the potential consequences of an infringement of a pre-contractual duty to disclose?

1. Rescission and loss of insurance coverage

If you and/or the person to be insured fail to comply with the pre-contractual duty of disclosure, BDAE may rescind the contract, unless you are able to

show that you did not infringe the duty of disclosure either intentionally or with gross negligence. In the event of a grossly negligent infringement of the duty to disclose, BDAE shall not be permitted to rescind the contract if the contract would also have been concluded in case of knowledge of the undisclosed circumstances, even if such conclusion would have been made subject to other conditions. If the contract is rescinded, there will be no insurance coverage. If BDAE rescinds the contract after occurrence of an insured event, BDAE shall nevertheless be obliged to pay, always provided that you are able to show that the undisclosed or incorrectly disclosed circumstance was neither the cause of the occurrence or determination of the insured event nor the cause of the determination or extent of the payment obligation related thereto. If you fraudulently infringe the duty to disclose, there shall be no payment obligations at all. If BDAE rescinds the contract due to an infringement of the duty of disclosure, the insurance premium must nevertheless be paid until the date when the rescission becomes effective.

2. Termination

If BDAE cannot rescind the contract because you did not infringe the pre-contractual duty of disclosure either intentionally or with gross negligence, the contract may be terminated with one month's notice. A right of termination shall be excluded if the contract would also have been concluded in case of knowledge of the undisclosed circumstances, even if it would have been made subject to other conditions.

3. Contract amendment

If BDAE cannot rescind or terminate the contract because the contract would also have been concluded in case of knowledge of the undisclosed risks, even if under different conditions, such other conditions shall, upon request of BDAE, retroactively become part of the contract in the event that you have negligently infringed your duty to disclose. In the event that the premium increases by more than 10 % due to the contract amendment or if BDAE excludes coverage of the risk related to the undisclosed circumstance, you may terminate the contract without notice within a term of one month after receipt of the notice on the contract amendment. BDAE will draw your attention to such right.

4. Exercise of the rights of the BDAE Group (Art. 21 VVG)

BDAE may assert its rights of rescission, termination or contract amendment in writing within a term of one month. Such term shall start at the time when BDAE gets knowledge of the infringement of the duty of disclosure underlying the right asserted by it. When exercising its rights, BDAE shall indicate the circumstances upon which it relies when asserting its rights. For substantiation purposes, BDAE may subsequently indicate additional circumstances if the term according to sentence 1 has not yet lapsed. BDAE shall not be able to rely on the rights of rescission, termination or contract amendment if BDAE was aware of the undisclosed risk or the incorrectness of the rendered information. The rights of rescission, termination and contract amendment shall become time-barred upon expiry of three years after contract conclusion. This shall not be applicable to insured events occurring prior to the expiry of said term. The term shall be extended to ten years if you infringed your duty to disclose intentionally or fraudulently.

5. Wilful deception (Art. 22 VVG)

The right of BDAE to contest the contract due to wilful deception shall remain unaffected.

6. Representation by another person (Art. 20 VVG)

If, at the time of contract conclusion, you have yourself represented by another person, both the knowledge and fraudulent behaviour of your representative and your own knowledge and fraudulent behaviour shall be taken into account with respect to the duty of disclosure, a rescission, termination, contract amendment or the limitation period for the exercise of the insurer's rights. You may rely on not having infringed the duty to disclose intentionally or with gross negligence only if the absence of intentional and grossly negligent behaviour relates both to your representative and to yourself.



I have taken note of the explanations and agree to the applicability of the listed provisions of the VVG to the group insurance contract.

Place, date

Signatures

(Applicant, if appropriate as legal representative of persons to be co-insured and all persons of full legal age to be insured)



Supplementary Service:

PATIENT LEGAL EXPENSES INSURANCE FOR BDAE CLIENTS

In addition to your overseas health insurance, BDAE has concluded for you a patient legal expenses insurance for foreign countries without charge. Said insurance shall **provide protection against medical treatment and medical advice errors**. Thanks to the cooperation between BDAE and ARAG, said patient legal expenses coverage shall be available for you on a worldwide basis.

What is Insured?

The insurance policy shall become applicable whenever physicians or medical staff have committed treatment errors causing harm to you in any manner. True, the relationship between physicians and patients is based on confidence. Nevertheless, also medical professionals may make mistakes. In such events, it is often particularly difficult for patients to get justice when involved in a complicated conflict about treatment errors. This is all the more true because patients will in such events usually be forced to hold discussion with the professional liability insurance of the medical professional rather than with the treating physician himself or herself.

- ✓ **Legal disputes up to one million Euros** each shall be covered on a worldwide basis. Up to this amount, ARAG shall assume all lawyer's and legal costs.
- ✓ Upon request, the insurer shall also recommend a lawyer **specialised in medical law**.
- ✓ Access to the ARAG **online legal service** providing approx. 1,000 legally verified sample letters and documents from various fields of law.
- ✓ Within the framework of ARAG-JuraTel®, lawyers will be available for an **initial consultation by phone** in order to help you in case of claims for damages or in the event of an alleged criminal offence.
- ✓ Once per calendar year, you will be able to consult a lawyer accredited in Germany in order to prepare or amend an advance health care directive inclusive of an enduring power of attorney; in this context, an amount of up to EUR 250 shall be covered.

Which Errors are deemed to be Medical Treatment or Advice Errors?

It is not only the much-cited pair of scissors forgotten in the abdomen during a surgical intervention that must be regarded as treatment error. To give only one example, such errors also include a faulty advice on the dosage of a medicine. Hence, an inappropriate, particularly a careless, improper or delayed treatment of a patient by a physician shall be regarded as treatment error. If a physician has failed to inform a patient about the necessities and risks of a treatment, such failure shall be regarded as **medical advice error** – also covered by this insurance. All this shall not only apply to physicians, but also to hospital staff, psychotherapists, pharmacists or nursing services. With respect to the patient legal expenses insurance, all these persons have the same status as physicians.

About ARAG

ARAG is the largest family-owned company in the German insurance sector and considers itself as versatile quality insurer. Apart from its focus on legal expenses insurances, it also provides its customers in Germany with attractive need-based products and services under one roof in the fields of composite services, health and prevention. Operating in a total of 17 countries, inclusive of the USA and Canada, and offering a range of legal expenses insurances and legal services, ARAG furthermore holds a leading position in many international markets via its international branches, companies and shareholdings or interests. With its more than 4,000 employees, the group generates sales and premiums in a volume of more than EUR 1.6 billion. BDAE has been cooperating with the company since 2008. ARAG and BDAE have jointly developed the first legal expenses insurance for overseas stays that applies on a worldwide basis.



Supplementary Service: **MEDICAL ASSISTANCE FOR BDAE CLIENTS AND MEMBERS**

Whoever is in need of medical care while staying abroad attaches importance to a rapid, qualified and seamless assistance. For this reason, the BDAE Group has integrated an Assistance Programme including the corresponding assistance, emergency and service offers in its insurance concept. The following assistance services shall be made available by BDAE to its insured persons and members in cooperation with the specialist Allianz Partners Deutschland GmbH:

- ✓ Multi-language, qualified **24 hour** emergency hotline
- ✓ **Worldwide network** of medical service providers
- ✓ Information on dental/**medical insurers** (e.g. names, addresses and phone numbers as well as consulting hours of physicians, dentists, hospitals and clinics within the actual region of stay)
- ✓ **Patient advice** in routine and emergency cases
- ✓ Assistance when fixing treatment dates with hospitals and physicians for outpatient treatments
- ✓ Organisation of the **admission to a hospital** in case of illness
- ✓ Help and **support of relatives** by providing country-specific data and information on health care services
- ✓ **Information transmission between primary physician and hospital** as well as message transfer service
- ✓ Assistance with respect to the procurement and **dispatch of prescription medicines** (to the legally permissible extent)
- ✓ Organisation of **interpreting** and translation services
- ✓ **Worldwide Access to medical information** in German and English
- ✓ Consulting and assistance in case of loss of important documents and means of payment

In addition to the assistance services mentioned on the left, BDAE shall upon request pay the costs for further services in connection of which the Allianz Partners Deutschland GmbH seeks authorisation directly from the BDAE and its risk carrier (insurer). These services include:

- ✓ Organisation of emergency evacuations as well as transfers to other suitable hospitals in medically necessary cases
- ✓ Organisation and implementation of repatriations up to EUR 250,000 per insured event
- ✓ Implementation and assumption of costs for transfers in case of death up to EUR 10,000

These services may be requested by person insured with the BDAE and BDAE members 24 hours a day and on 365 days a year. In order to guarantee a smooth operation, please ensure that you have your BDAE insurance number or your membership number ready when contacting Allianz Partners Deutschland GmbH.

**24/7 Emergency Preparedness of the BDAE
under
+49-40-30 68 74-74**



Medical information always at hand with your personal Health Assistant

Thanks to the Digital Health Assistant *Emma*, you can access comprehensive health services straight from your smartphone. *Emma* is available to all BDAE customers – wherever they are!

Unique features



Instant information on your medical questions

Emma provides the most immediate medical guidance at any hour of the day:

- Text your questions to a medical professional
- Symptom checker provides instant medical guidance
- Explore reliable content about your symptoms from clinical partners



Healthcare provided at your convenience

Emma is conveniently managed through your preferred messenger service, and fits your schedule:

- All interactions centralised in your favorite chat app
- Inquire, respond and follow up at your convenience
- No download/installation required, simple initial registration



Human perspective on-demand

Emma connects you with healthcare professionals and provides medical information on demand:

- Medical hotline available in German and English
- DoctorChat to chat with medical professionals

Emma: it's that easy!



Start with a simple registration and use any of Emma's services at your convenience! Visit the registration page via the link you have received and select your favorite messenger application. You can then start chatting with Emma by entering your personal activation code.



1 Your digital health assistant is available to you 24/7 via smartphone and PC



2 Ask about your symptoms



3 Read information on your symptoms, provided by Emma



4 Text a question to a medical professional and receive a personal response within minutes



5 Keep track of your medical chats and procedures on your messenger app



6 Call the BDAE medical hotline if your concern could not be clarified or you have questions relevant to the contract

Want to know more about Emma?

Who or what is Emma?

Emma is virtual health assistant – available 24/7 via WhatsApp, Telegram or our secure Webchat. Emma is a chatbot which gives you access to various helpful health services. You can, for example, assess your symptoms, ask a question to a medical professional or call him or her directly to get medical advices.

How much does Emma cost?

For you, as a customer of BDAE, Emma is free of charge. The service is fully included in your existing policy.

Who is behind Emma?

Emma is a virtual health assistant created and managed by Medi24, a trusted telehealth provider based in Switzerland, providing 24-hour telehealth services and medical assistance. Medi24 is a member of the Allianz Partners Group, the world's leading provider of assistance services.

Where can I find my activation code?

You will receive the link along with your personal activation code together with the confirmation of your BDAE insurance coverage. If you have any questions, please contact our Service team (contractinformation@bdae.com or +49-40-306874-23/43).



IMPORTANT INFORMATION FOR FILING APPLICATIONS

In order to provide for a smooth processing of your insurance application, we kindly ask you to observe and check the following points:

Completion of Application Documents

- You have filled in **all the information in the application completely** and in **block letters**, and you have the **signatures of the applicant** and of **all persons of legal age to be insured**.
- You - and, if applicable, all persons of full age to be insured - have signed the **application** and thereby acknowledged and accepted the **Terms and conditions of insurance** as well as the **Explanations on the legal particularities of a group insurance policy**.
- You - and, if applicable, all persons 16 years of age or older who are to be insured - have signed the **Statement of consent in accordance with the GDPR** and the **Release from secrecy** obligations.
- You - and, if applicable, all persons of full age to be insured - have conscientiously completed and signed the **Information on the state of health**. You have also read and accepted the information on the consequences of incorrect statements.
- You have chosen a **payment method** and provided **all necessary information**. All required signatures are present, especially if the account holder is different.



With respect to the insurance products EXPAT GERMANY, EXPAT PRIVATE Premium and EXPAT INFINITY, please note as follows:

- ✓ EXPAT GERMANY: In the event that the person to be insured has, upon commencement of insurance coverage, already stayed **in Germany for a period of more than 31 days**, a **health certificate** or evidence supporting a German **prior insurance** must be submitted. At the time of application, the health certificate must not be older than 14 days.
- ✓ EXPAT FLEXIBLE: For ages 50 and older, **Information on the state of health** must be submitted with the application.
- ✓ EXPAT PRIVATE Premium: **Information on the state of health** must be submitted together with the application. As from an age of **50 years**, a health certificate that must not be older than three months at the time of application is to be filed.
- ✓ EXPAT INFINITY: **Information on the state of health** must be submitted together with the application. From the age of **60 years**, a health certificate not older than three months at the time of application is also required.

Completion of the Health Certificate

- The health certificate has been drawn up in a clearly legible manner in the German or English language and all necessary signatures of the examining physicians have been made.
- Each individual question has been answered.
- Questions answered with "yes" or questions indicating a diagnostic finding have been explained in more detail.
- For the supplementary modules EXPAT GERMANY PLUS as well as for the product variants EXPAT INFINITY CLASSIC and EXPAT INFINITY PREMIUM a dental status has been prepared.
- The name and the complete address of the treating primary physician have been indicated.
- For the case that inpatient treatments (hospital stays) have taken place, the findings report and the discharge report have been attached to the application.

One more recommendation: If we have any further questions with respect to the information to be rendered by you we kindly ask you to answer them within the terms set forth by us so that your insurance coverage can commence on the desired date.

Thank you very much for your cooperation!

APPLICATION FOR HEALTH INSURANCE

Health Insurance for long-term stays abroad

Affiliate ID

leave blank if not available

Applicant/Person to be Insured

Surname				Sex	<input type="checkbox"/> m	<input type="checkbox"/> f
First name(s)						
Date of birth (dd/mm/yyyy)		Nationality				
Complete address		Phone				
		Fax				
		E-mail				
Current profession						

Insured Person

If you as Applicant are also the Insured Person please render the following additional information:

Product selected: EXPAT INFINITY	<input type="checkbox"/> Basic	<input type="checkbox"/> Classic	<input type="checkbox"/> Premium	Deductible	<input type="checkbox"/> 0 €	<input type="checkbox"/> 250 €	<input type="checkbox"/> 500 €	<input type="checkbox"/> 1.000 €
Planned country of stay				Country Zone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Monthly premium in Euros				Desired commencement date for the insurance (dd/mm/yyyy)				

Is there another current health insurance?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
			Insured period (dd/mm/yyyy to dd/mm/yyyy)	



Details of the insured persons:

Please ensure that the personal details such as surname, first name and date of birth match the details from the identity card or passport.

How to find out country zones and monthly premiums:

1. Find out the country zone of your planned host country by means of the country zone table on page A.2 / 9-10
2. Find out the monthly premium by means of the insurance premium tables on pages A.2 /11-13
3. Please note that, depending upon the outcome of the health checkup upon application, risk markups may be charged. As a consequence, the premium determined by means of the insurance premium table may deviate from the premium to be actually paid. In this case, you will of course receive a respective notice from us.

Place, Date

Signatures

(Applicant, if appropriate as legal representative of persons to be co-insured and all persons of full legal age to be insured)

Relatives to be Co-Insured

Relative 1

Surname			Sex	<input type="checkbox"/> m <input type="checkbox"/> f
First name(s)				
Date of birth (dd/mm/yyyy)		Nationality		

Product selected: EXPAT INFINITY	<input type="checkbox"/> Basic <input type="checkbox"/> Classic <input type="checkbox"/> Premium	Deductible	<input type="checkbox"/> 0 € <input type="checkbox"/> 250 € <input type="checkbox"/> 500 € <input type="checkbox"/> 1.000 €
Planned country of stay		Country Zone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Monthly premium in Euros		Desired commencement date for the insurance (dd/mm/yyyy)	

Is there another current health insurance?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
			Insured period (dd/mm/yyyy to dd/mm/yyyy)	

Relative 2

Surname			Sex	<input type="checkbox"/> m <input type="checkbox"/> f
First name(s)				
Date of birth (dd/mm/yyyy)		Nationality		

Product selected: EXPAT INFINITY	<input type="checkbox"/> Basic <input type="checkbox"/> Classic <input type="checkbox"/> Premium	Deductible	<input type="checkbox"/> 0 € <input type="checkbox"/> 250 € <input type="checkbox"/> 500 € <input type="checkbox"/> 1.000 €
Planned country of stay		Country Zone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Monthly premium in Euros		Desired commencement date for the insurance (dd/mm/yyyy)	

Is there another current health insurance?	<input type="checkbox"/> yes	If so, please indicate as follows:	Name of insurance	
	<input type="checkbox"/> no		Insurance number	
			Insured period (dd/mm/yyyy to dd/mm/yyyy)	

Place, Date

Signatures

(Applicant, if appropriate as legal representative of persons to be co-insured and all persons of full legal age to be insured)

Information on Payment Procedures

Direct Debiting

Please fill in the attached SEPA direct debiting mandate and send it back to us together with the application.

Remittance (in advance)

Payment method annually twice a year (+ 2 %)

Credit Card (+ 6 %)

Surname, First name(s) of credit card holder							
Credit card	<input type="checkbox"/> Master-/Eurocard	<input type="checkbox"/> Visa	<input type="checkbox"/> Diners				
Card number	<table border="1"> <tr> <td>valid</td> <td></td> </tr> <tr> <td>Payment</td> <td><input type="checkbox"/> annually <input type="checkbox"/> twice a year (+ 2 %)</td> </tr> </table>		valid		Payment	<input type="checkbox"/> annually <input type="checkbox"/> twice a year (+ 2 %)	
valid							
Payment	<input type="checkbox"/> annually <input type="checkbox"/> twice a year (+ 2 %)						

For reasons of security, we furthermore need your credit card check digits. Please inform us about this number by phone under +49-40-30 68 74-0 or send us a separate e-mail to info@bdae.com (The credit card number should not be specified in this context!). According to data protection provisions, please be advised that a transmission by e-mail shall take place in an unencrypted form.

Place Date

Signature of Credit Card Holder

Place, Date

Signatures
 (Applicant, if appropriate as legal representative of persons to be co-insured and all persons of full legal age to be insured)



SEPA DIRECT DEBIT MANDATE

I hereby authorise BDAE Holding GmbH, in turn authorised by BDAE Expat GmbH for contract management and collection, to collect payments owed by me from my account by means of direct debiting.

At the same time, I instruct my financial institution to honour direct debits drawn by BDAE Holding GmbH for the insurer.

Collection shall be identifiable on the basis of the Creditor Identifier DE23ZZZ00000131378 and the personal mandate reference number shown in the confirmation of cover. Depending on the chosen payment method, collection shall take place on the 1st day of each month.

Please note: I shall be entitled to request the refund of the debited amount within a term of eight weeks commencing on the date of debiting. In this context, the terms and conditions agreed upon with my financial institution shall apply.

In the event that the funds on my account are insufficient, the financial institution in charge of my account shall not be obliged to honour the direct debit. Partial payments shall be excluded from direct debiting procedures.

In addition, the following regulations shall apply:

- Depending on the payment method elected below, the total amount shall be paid in advance in each case.

The person owing the premiums shall, towards the policyholder, be the person entitled to be insured and, towards the insurer, the policyholder.

- The premium shall be due for payment after receipt of the confirmation of cover, but in no case later than as to the inception date. I am aware that the policyholder will refrain from registering or will deregister the aforementioned persons as insured persons with the insurer if the amount to be paid, inclusive of ancillary costs, fails to be paid or to be paid completely for reasons the person entitled to be insured is to be made responsible for. I am aware that no insurance coverage shall exist in such case.
- In the event that the person paying the premium is not identical with the person entitled to be insured / the insured person, the person entitled to be insured / the insured person shall be obliged to give the premium-paying person notice of the rendered information.
- Advance information on the collection of the owed amounts shall be given in the confirmation of cover addressed to the person entitled to be insured. In this context, the premium amounts, the due dates, the Creditor Identifier and the mandate reference number shall be indicated.

Applicable to premiums as from (dd/mm/yyyy)					
Information on the person paying the premium	Surname			Sex	<input type="checkbox"/> m <input type="checkbox"/> f
	First name(s)				
	Complete Address				
	Phone				
	IBAN				
	BIC/SWIFT		Bank		
	Payment method	<input type="checkbox"/> annually	<input type="checkbox"/> twice a year (+ 2 %)	<input type="checkbox"/> quarterly (+ 3 %)	<input type="checkbox"/> monthly (+ 5 %)

Information on the insured person	Surname (if different from the person paying the premium)			Sex	<input type="checkbox"/> m <input type="checkbox"/> f
	First name(s) (if different from the person paying the premium)				
	Date of birth (dd/mm/yyyy)		Insurance number(s) (if available)		

Place, date

Signature of Account Holder



RIGHT OF REVOCATION

1. Right of Revocation

You may revoke your contract declaration in text format within a term of 14 days without being obliged to indicate the reasons therefore (e.g. by letter, fax message, e-mail). Said term shall commence upon your receipt in text format of the confirmation of cover, the contractual provisions inclusive of the General and Special Insurance Terms and Conditions, the other information according to Section 7 paragraphs 1 and 2 of the German Insurance Contract Act (VVG) in conjunction with Sections 1 through 4 of the VVG-Decree on Information Duties and this information on your right of revocation.

For observing the revocation period, the revocation must have been dispatched in due time. The revocation shall be addressed to:

BDAE Expat GmbH, Kühnehöfe 3, 22761 Hamburg, Fax: +49-40-30 68 74-90, E-mail: info@bdae.com

2. Consequences of a Revocation

In the event of an effective revocation, insurance coverage shall cease to exist and all amounts paid by you within the framework of the contractual relationship shall be reimbursed to their full extent. The reimbursement of refundable amounts shall take place immediately and in no case later than 30 days after receipt of the revocation. If insurance coverage does not commence prior to the expiry of the revocation period, an effective revocation shall result in the obligation to refund any payments and surrender any benefits (e.g. interest) received.

3. Attention

The right of revocation shall lapse upon your explicit request if the contract has been completely fulfilled both by you and by us prior to your exercise of the right of revocation.

End of Instructions on the Right of Revocation

PRIVACY INFORMATION

concerning the processing of your personal data and your rights under the data protection law

Data controller

BDAE Expat GmbH
Kühnehöfe 3
22761 Hamburg
E-mail: info@bdae.com
Phone: +49-40-30 68 74-0

Data protection officer

Data protection officer of the BDAE Group
Kühnehöfe 3
22761 Hamburg
E-mail: datenschutz@bdae.com
Phone: +49-40-30 68 74-18

Purposes and legal bases for data processing

We process your personal data in compliance with the General Data Protection Regulation (GDPR), the Federal Data Protection Act (BDSG), the privacy regulations of the German Insurance Contract Act (VVG) and all other applicable statutory provisions.

If you file an application for conclusion of an overseas health insurance within the framework of the EXPAT INFINITY product either online, by e-mail or via the BDAE web upload portal or by mail, we are in need of the information rendered by you in this context for being able to conclude the insurance contract. If the insurance contract comes into being, we process your data for the purpose of the implementation of the contractual relationship, e.g. for general customer and contract administration purposes, in order to get into contact with you or for issuing our invoices. In case of claims, we need the data for making assessments and settlements.

The legal basis for processing your data for precontractual and contractual purposes is Art. 6 (1) b) GDPR. If you are asked to provide medical data for processing them in the context of the insurance product, your statement of consent obtained for this purpose within the framework of the application according to Art. 9 (2) a) in conjunction with Art. 7 GDPR serves as legal basis for processing such medical data.

Recipients and categories of recipients of personal data

Your data will exclusively be forwarded to third parties to the extent necessary for implementing the contract or, as the case may be, for providing the benefits of your EXPAT INFINITY product or you have given your consent thereto. Moreover, your data may be disclosed towards third parties to the extent that we are obliged to proceed this way due to statutory provisions or enforceable orders issued by public authorities or courts. When we process your application and your contract, your personal data are forwarded to the BDAE Holding GmbH, our sister company, the BDAE Consult GmbH as well as to our parent company, the MSH INTERNATIONAL within the framework of the operation of the service portal or, as the case may be, collected by the two BDAE companies processing your applications and settling your contractual benefits on our behalf. For safeguarding your rights, data processing contracts have been concluded with the aforementioned companies.

In addition, personal data are forwarded to the following recipients in a pseudonymised format when processing the contract and insured events:

- Allianz Partners AWP Health & Life as your international health insurer
- ARAG SE as your patients' legal protection insurer
- Allianz Partners Deutschland GmbH in the event of medical assistance services
- BDJ Versicherungsmakler GmbH & Co. KG if you make use of the insurance for repatriation by airplane.

The disclosure of data towards the aforementioned recipients is absolutely necessary for implementing the contract

The data are processed via servers of the BDAE Holding GmbH which have been rented from an internet service provider resident in Germany. With this provider, too, a processing contract has been concluded in order to safeguard your rights.

Data forwarding to a third country

Your data will in no case be forwarded to a third country or to an international organisation outside the EU/EEA.

Retention period

We store your data as long as it is necessary for the aforementioned purposes. Afterwards, your data will be deleted in compliance with the applicable statutory retention periods, unless this is contrary to legitimate interests such as, for instance, the assertion of claims.

Your rights as data subject

With respect to your personal data, you may assert the following rights towards the aforementioned data controller:

- the right of access pursuant to Art. 15 GDPR
- the right to rectification and/or completion of your data according to Art. 16 GDPR
- the right to erasure of the personal data according to Art. 17 GDPR
- the right to restriction of processing according to Art. 18 GDPR
- the right to data portability according to Art. 20 GDPR

Moreover, you have the right to file a complaint with respect to the processing of your personal data with the data protection supervisory authority.

If you have granted a consent to the processing of your data, you are at any time entitled to revoke your consent. In this case, however, the lawfulness of the processing made until the revocation on the basis of your consent will remain unaffected.

For asserting your rights, please contact our data protection officer indicated above.

STATEMENT OF CONSENT

pursuant to Articles 7 and 9 of the General Data Protection Regulation (GDPR)

I/we hereby agree that the BDAE Expat GmbH as well as the companies of the BDAE Group (BDAE) appointed for this purpose by the BDAE Expat GmbH collect, use, store and process my/our health data. The necessity to proceed this way is based on my/our desire to conclude the EXPAT INFINITY international health insurance for my/our stay abroad, as applied for by me/us today.

The BDAE is the policyholder of a group insurance scheme I/we want to join. For this reason, the BDAE must know my/our health data in order to be able to assess my/our application for admission to the group insurance scheme and decide upon it. Where necessary, I may become subject to risk premiums or exclusions due to my/our health data.

In case of claims, it may become necessary for BDAE to collect, use, store and process additional health data. For this purpose, too, I/we give my/our consent.

I have taken note of the privacy information and the privacy statement of the BDAE.

In the event that I/we want to include third parties (e.g. tax advisors, insurance intermediaries, human resources departments) into the communication held with the BDAE, I/we will grant such persons the corresponding approvals pursuant to Articles 7 & 9 GDPR and, where appropriate, issue the required releases from secrecy.

Place, date

Signatures (applicant, where appropriate, as legal representative of persons to be co-insured and pursuant to Art. 8 GDPR all persons to be insured and aged 16 and more)

RELEASE FROM SECRECY

In addition to the consent to the collection, use, storage and processing of my/our health data, I/we have to grant a release from secrecy in order to enable all parties/institutions to answer the questions they will be asked in connection with health data. This applies to the application procedure as well as to the application for a benefit and the review of an insured event. The confidentiality of such data is protected via the General Data Protection Regulation (GDPR - Articles 7 & 9) and the German Penal Code (Section 205 StGB).

The review of data only takes place to the extent necessary for handling and processing the application or, as the case may be, the insured event.

I/we have already agreed that the BDAE Expat GmbH and the companies of the BDAE Group (BDAE) appointed for this purpose by the BDAE Expat GmbH collect, use, store and process my/our health data. I/we now agree that the BDAE may make inquiries in order to review the application for admission to the insurance scheme, assess the risk and/or review an insured event by consulting physicians, hospitals and other health institutions, nursing homes and caregivers, other personal insurers and statutory health insurance schemes as well as trade associations and authorities.

I/we hereby release the aforementioned persons and employees of the aforementioned institutions from their duties of secrecy relating to my/our health data reliably collected and stored on the basis of examinations, consultations, treatments as well as insurance applications and insurance contracts in a period of up to ten years prior to the date when the application was filed with the BDAE.

To the extent that the aforementioned statements relate to information rendered at the time of application, they shall be valid for a term of five years after contract conclusion. If - after contract conclusion - the BDAE believes due to specific indications that the information given at the time of application was intentionally wrong or incomplete and that the risk assessment was affected for this reason, such releases from the secrecy duty shall be effective for a period of up to ten years after contract conclusion.

For assessing the risks and reviewing the duty to pay benefits, it may become necessary to involve medical experts or other third parties for obtaining expert reports. I/we agree that the BDAE forwards my/our health data to medical experts or other third parties to the extent that this is necessary within the framework of the risk assessment or the examination of the duty to pay benefits and that my/our health data may be used by such third parties for the intended purpose and that the results may be sent back to the BDAE. I/we release the persons and experts working for the BDAE from their secrecy duties.

In exceptional cases, it may become necessary that the BDAE informs the Allianz Partners AWP Health & Life insurers. In this case, the releases from the secrecy duty issued in the matter at hand also applies to the statements and information made towards or rendered to Allianz Partners AWP Health & Life.

For the purpose of examining the duty to pay benefits, it may - also after my/our death - become necessary for the BDAE to review my/our health information. In this case, too, I/we release the aforementioned persons and employees of the aforementioned institutions from their secrecy duties

I/we have taken note of the information on privacy and the privacy statement of the BDAE.

Place, date

Signatures, (applicant, where appropriate as legal representative of persons to be co-insured and all persons of legal age to be insured)

HEALTH CERTIFICATE



In the event that you are 60 years old or older, the medical certificate must be completed by your physician in connection with a medical examination and submitted together with the application. The costs for the medical examination shall be borne by the Insured Person or the Person Entitled to be Insured. If the space available in the form is not sufficient, please use the attachment provided for this purpose.

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

1. In General:

		Answer	Finding/deviation/explanation
1.a	Have you examined, advised or treated the person already prior to this day?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.b	Height:		cm
	Weight:		kg
	Abdominal girth:		cm
1.c	Do you think that skeleton and locomotor system are in good order?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.d	Do you think that skin, mucous membranes and lymph glands are healthy?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.e	Do you think that the sensory organs are healthy?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.f	Do you think that nervous system and psyche are healthy?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.g	Are the reflexes normal?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.h	Do you think that the hormonal system is healthy?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.i	Does the thyroid gland show a normal form?	<input type="checkbox"/> yes <input type="checkbox"/> no	
1.j	Are there grounds for suspecting a disease of organs?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Place, Date

Seal/Signature of the physician

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

2. Cardiovascular System:

		Answer	Finding/deviation/explanation
2.a	Pulse at rest		
	Pulse after 10 knee bends		
	Return to normal in	minutes	
2.b	Blood pressure at rest	/ mmHg	
	Blood pressure after 10 knee bends	/ mmHg	
2.c	Are there any abnormal heart murmurs?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2.d	Does the patient suffer from an arrhythmia?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2.e	Is the heart enlarged or displaced?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2.f	Are there any signs of insufficiency?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2.g	Does the patient suffer from dyspnoea?	<input type="checkbox"/> yes <input type="checkbox"/> no	



Please submit current laboratory results for blood glucose (BGL), glycated hemoglobin, uric acid, blood lipids (Total cholesterol/Triglycerides/LDL/HDL), liver values (Aspartate aminotransferase/Glutamic oxaloacetic transaminase, Alanine aminotransferase and gamma-GT), kidney values (creatinine clearance, creatinine and Urea) and tumor markers (CEA and prostate specific antigen (PSA)).

3. Blood Vessels:

		Answer	Finding/deviation/explanation
3.a	Are there any oedemas?	<input type="checkbox"/> yes <input type="checkbox"/> no	
3.b	Does the patient suffer from haemorrhoids, varicose veins? If so: type?/ extent?	<input type="checkbox"/> yes <input type="checkbox"/> no	
3.c	Does the patients have any scars, ulcers? If so: type?/extent?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Place, Date

Seal/Signature of the physician

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

4. Respiratory Organs:

		Answer	Finding/deviation/explanation
4.a	Does the patient suffer from hoarseness, coughs, bronchitis? If so: since when?/extent?	<input type="checkbox"/> yes <input type="checkbox"/> no	
4.b	Are there any deformations at the rib cage?	<input type="checkbox"/> yes <input type="checkbox"/> no	
4.c	Are the results of percussion and auscultation examinations normal?	<input type="checkbox"/> yes <input type="checkbox"/> no	
4.d	Do you think that the respiratory organs are healthy?	<input type="checkbox"/> yes <input type="checkbox"/> no	

5. Digestive and Abdominal Organs:

		Answer	Finding/deviation/explanation
5.a	Findings on the tongue, tonsils, in the throat?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5.b	Are the examination results of the abdomen normal?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5.c	Is the liver enlarged?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5.d	Is the spleen enlarged?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5.e	Does the patient suffer from a fracture?	<input type="checkbox"/> yes <input type="checkbox"/> no	
5.f	Are there negative findings with respect to digestive organs?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Place, Date

Seal/Signature of the physician

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

6. Urinal and Sexual Organs:

		Answer	Finding/deviation/explanation
6.a	Is the condition of the renal normal?	<input type="checkbox"/> yes <input type="checkbox"/> no	
6.b	Urine examination	protein	Sediment:
		sugar	
		increased UBG	
	Outer appearance: Pathological components:		

7. Miscellaneous:

		Answer	Finding/deviation/explanation
7.a	Were any other disorders found which have not been mentioned by now?	<input type="checkbox"/> yes <input type="checkbox"/> no	
7.b	Are there signs of an immunodeficiency?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Place, Date _____

Seal/Signature of the physician _____



INFORMATION ON DENTAL CHART



In the event that you are 60 years old or older and subscribe for the product **EXPAT INFINITY CLASSIC** or **EXPAT INFINITY PREMIUM** the information concerning the dental chart must be rendered by your dentist in connection with a dental examination and submitted together with the application. The costs for the dental examination shall be borne by the Insured Person or the Person Entitled to be Insured.

Examination Findings for:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			

1. Teeth:

Findings concerning the complete dentition

1.a	Finding																
		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
		48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	Finding																

Findings/Legend

- | | | |
|--------------------------------|-----------------------------------|--|
| f missing teeth | K crowned teeth | s teeth in need of rehabilitation |
| e already replace teeth | b existing bridge elements |) space closure |

	Answer	If so: which, where treated (physician), findings	When? (dd/mm/yyyy)
1.b	Does the patient suffer from gum diseases? <input type="checkbox"/> yes <input type="checkbox"/> no		

Place, Date

Seal/Signature of the dentist

INFORMATION ON THE STATE OF HEALTH

Person to be Insured:

Surname		Date of birth (dd/mm/yyyy)	
First name(s)			



Please answer the following questions conscientiously. Also state any complaints etc. that you consider to be insignificant. In any case, please state any complaints etc. even if no treatment took place but have been examined or have taken medication. For questions to which you have answered with „Yes“, please provide additional information.
 For all questions answered with „Yes“, please submit medical reports or other documents, if available.

1. Do you or did you, in the past 5 years, suffer from complaints, illnesses, accident consequences or physical harm with respect to:

				Antwort
1.a	the respiratory organs (e.g. allergy, hay fever, disease of paranasal sinuses, laryngeal illness, pleural disorders, sleep apnoea)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.b	the heart or circulatory system/vessels (e.g. chest pain after physical exertion, hypertension [more than 149/90mmHg], circulatory disorder, varicose veins, thrombosis, arteriosclerosis, lymphoedema)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.c	the sexual organs (inclusive of mammary glands, prostate; also complications during pregnancy), kidneys or urinary tract (e.g. blood or protein in urine)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.d	the digestive organs (inclusive of oesophagus, pancreas, gall bladder, liver; e.g. heartburn, stomach pain [more often than twice a year or longer than 48 hours], presence of blood in the stool)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.e	metabolic functions (e.g. diabetes illnesses, increased cholesterol, triglyceride or uric acid)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.f	the eyes?			<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, please enter the following information:	<input type="checkbox"/> Myopia <input type="checkbox"/> Hyperopia	Dioptres	left dpt right dpt
1.g	other eye diseases (e.g. laser treatment, cataract, glaucoma, double images, restriction of the visual field)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.h	the ears (e.g. dizziness, ear noise [tinnitus], acute hearing loss)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.i	the bones, joints, muscles, tendons and ligaments (e.g. meniscus injury, gout, rheumatism, joint pains [more than twice a year or longer than 48 hours], fibromyalgia [colloquially: soft tissue rheumatism])?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.j	the back or neck (e.g. damaged discs, spinal disorders, back pain [more than twice a year or longer than 48 hours], whiplash injury, sciatica, cervicobrachialgia [neck-arm-pains])?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.k	the skin (e.g. allergy, eczemas, neurodermatitis, psoriasis)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.l	the blood (e.g. coagulation abnormalities), the glands (e.g. thyroid gland; e.g. Hormone disorder) or the spleen?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.m	the brain (e.g. migraine, headaches [more than 12 times a year or longer than 48 hours], dementia) or the nerves (e.g. epilepsy, Paralysis, multiple sclerosis)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.n	the psyche (e.g. Sleep disturbances [more than 5 times per month], anxiety disorder, eating disorder, states of exhaustion, attention deficit disorder)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.o	tumours (inclusive of benign ones) or cancer diseases (inclusive of lymphomas, leukaemia)?			<input type="checkbox"/> yes <input type="checkbox"/> no
1.p	Infectious diseases (e.g. tonsillitis, hepatitis, sexually transmitted diseases) (longer than 1 month or more than 4 times a year)?			<input type="checkbox"/> yes <input type="checkbox"/> no

Place, Date

Signature (of the Insured Person or its legal representative)

2. Additional Questions on the State of Health

		Answer
2.a	Do you or did you regularly take medicines in the past five years (i.e. medicines for more than 1 month or medicines of a similar kind on more than 20 days per year, inclusive of pain relievers, sleep aids, stimulants or sedatives)	<input type="checkbox"/> yes <input type="checkbox"/> no
2.b	Do you or did you regularly consume alcohol in the past five years (i.e. averagely more often than every other day)?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.c	Do you or did you regularly take drugs (inclusive of cannabis) in the past five years ?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.d	Was there an incapacity to work for an uninterrupted period of more than 3 weeks in the past five years ?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.e	Were you examined, advised or treated (inclusive of surgeries, preventive measures/check-ups, radiation or chemotherapy by treating persons (e.g. physicians, medical specialists, alternative practitioners, psychologists or physiotherapists) in the past five years or is a treatment of this kind planned or has it been recommended by a physician for the 2 years to come?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.f	Did you undergo an inpatient treatment in the past 10 years (e.g. cures, rehabilitation or withdrawal treatments, surgeries, radiation or chemotherapy) or is a treatment of this kind planned or has it been recommended by a physician for the 2 years to come?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.g	Has an HIV infection been determined, e.g. within the framework of an AIDS test or are there any test results not yet known to you?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.h	Do you suffer from handicaps (inclusive of congenital handicaps) or did diseases or accidents entail any consequences (if so, please indicate the degree of disability, the reduction of the fitness for work or the military service disability)?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.i	Please indicate your height and weight?	Height
		Weight
2.j	Are there any teeth missing that have not yet been replaced or is it certain that teeth must be removed? Teeth provisionally, and not permanently replaced by now are deemed to be missing teeth. Wisdom teeth or teeth where the gap has been closed by neighbouring teeth are not to be regarded as missing teeth.	<input type="checkbox"/> yes <input type="checkbox"/> no
2.k	Has a parodontal disease been detected and/or treated in the past five years or is it actually treated?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.l	Do you have dental prostheses or on/inlays?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, please enter the following information:	Removable prosthesis (number of teeth affected)
		Bridge(s) (number of teeth affected)
		Crowns/veneers/on/inlays (number)
		Implants (number)
2.m	For women: Are you pregnant?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, please enter the following information:	Week of pregnancy
2.n	Which doctor or dentist is in the best position to render information on your state of health (name, address)?	



Important note regarding your health status information

Please note that it is very important that you provide information about your health status and the health status of the persons to be insured with you conscientiously and, above all, truthfully.

In the „Explanatory notes on the legal particularities of group insurance and on the obligations the German Insurance Contract Act (VVG)“, we have described the main consequences of an incorrect answer. Please note that incorrect information will threaten the insurance coverage applied for.

If you have any questions, please contact our customer service or your insurance broker.

Place, Date

Signature (of the Insured Person or its legal representative)

