

International Health Insurance

CONCEPT-EASY / CONCEPT-PLUS

Fact sheet (insurance products)

Company: BD24 Berlin Direkt Versicherung AG, Germany

This fact sheet provides you with a brief overview of your insurance coverage. Please note that this information is not exhaustive. The content of the contract is derived from the following documents:

- Insurance policy
- Insurance conditions

For comprehensive information, please read all the documents.

What type of insurance is this?

This is a travel insurance policy for a temporary exchange stay.



What is insured?

International health insurance with emergency medical treatment:

- ✓ You are insured in case of unforeseen illness or accident during the insured stay abroad.
- ✓ We reimburse costs for medically necessary treatment and medical aids abroad.
- ✓ We will organize a medically reasonable and justifiable return transport and reimburse the associated costs.
- ✓ Sum insured: Unlimited.

Full assistance service:

- ✓ We offer 24/7 assistance in various emergencies. For example, if you lose your credit card, debit card, or cell phone card, we will help you to block them.

Accident insurance:

- ✓ You are insured in the event of an accident during the insured stay that results in death or permanent disability.
- ✓ In the event of death, we will pay the agreed sum insured.
- ✓ In the event of disability, we pay the sum insured on a percentage

- basis depending on the degree of disability (max. 100%).
- ✓ Sum insured: Death € 10,000 / Disability € 100,000
 - ✓ We cover search, rescue, and recovery costs after an accident up to € 5,000.

Liability insurance:

- ✓ You are insured for damages from dangers of daily life, which you cause as a private person during the stay.
- ✓ We will check whether you are obliged to pay compensation. If this is the case, we will pay the damage incurred.
- ✓ We will reject unfounded claims for compensation. Sum insured: € 1 million lump sum for personal injury and property damage.

Baggage insurance if agreed:

- ✓ We shall pay in the event of loss of, destruction of, or damage to baggage.
- ✓ In the event of delayed delivery of baggage, we will reimburse costs for necessary replacement purchases up to € 250. Condition: the baggage does not reach the destination on the same day as the insured person.
- ✓ Sum insured: € 2.000 per insured event and year.



No cover is provided for

International health insurance with emergency medical treatment:

- ✗ Treatments caused by alcohol-related impairment of consciousness or use of narcotics.
- ✗ Treatments that were a reason for the trip.
- ✗ Treatments that you knew prior to travel would need to be performed during the trip (e.g., dialysis).

Accident insurance:

- ✗ Accidents caused by alcohol-related impairment of consciousness or use of narcotics.
- ✗ Accidents while practicing extreme sports.

Liability insurance:

- ✗ Damage caused by you intentionally and unlawfully.
- ✗ Damage as the owner, proprietor, holder or operator of motor vehicles, aircraft, or motorized watercraft resulting from damages caused by the use of such vehicle.

Baggage insurance if agreed:

- ✗ Damage because you have lost or forgotten your baggage, or left it lying, hanging or standing somewhere.
- ✗ Sports equipment in its intended use.



Limitations of coverage

If your stay is planned to be longer than 365 days maximum, we will not insure it.

In the following cases, a deductible applies, which means that you bear part of the damage yourself:

- ! For stays in the USA, a deductible of € 250 is charged for treatment in the emergency room. This does not apply in case of medical necessity or subsequent inpatient stay.
- ! In the case of liability insurance, the deductible is € 50 per insured event for property damage.
- ! In the case of baggage insurance, the deductible is € 50 per insured event. We do not charge the deductible for replacement purchases after a baggage delay.



Where am I insured?

- ✓ The area of validity depends on your country of residence and the corresponding insurance tariff selected (Europe, World, USA/Canada).
- ✓ Travel during the insured stay is co-insured up to a of 42 days in each case (home holidays, however, are not co-insured by the international health insurance).



What obligations do I have?

- You must notify us immediately of any insured event.
- You need to keep the damage to a minimum.
- You must submit the required evidence.



How and when do I pay?

- The one-time insurance premium is due immediately upon conclusion of the insurance contract. It is to be paid in accordance with the agreed method of payment.



When does coverage begin and end?

The insurance coverage begins with the agreed start of the contract, at the earliest with the start of your insured stay. The prerequisite is that you have paid the premium. Otherwise, the insurance coverage begins

with the payment. It ends at the agreed point in time, at the latest when you have finally ended your insured stay.



How do I cancel the contract?

- The contract is valid only for the insured stay and ends automatically. Therefore, you have no right to properly terminate the contract.

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P +49 2247 9194 -0, www.dr-walter.com/en, info@dr-walter.com

Customer information CONCEPT-EASY / CONCEPT-PLUS

General Customer Information

We, DR-WALTER GmbH, want to provide you as our customer with the following comprehensive information about the involved insurance company and the underlying insurance policies. These insurance policies are offered exclusively through DR-WALTER GmbH and its distribution partners.

1. Insurer

BD24 Berlin Direkt Versicherung AG
Wrangelstr. 100
10997 Berlin
Registration Court: District Court Berlin Charlottenburg: HRB 152599

2. The contract and service management is carried out by:

DR-WALTER GmbH
Eisenerzstraße 34
53819 Neunkirchen-Seelscheid, Deutschland.
Head office: Neunkirchen-Seelscheid
Registergericht: Amtsgericht Siegburg HRB 4701.
Registration Court: District Court Siegburg, HRB 4701

DR-WALTER GmbH acts as an insurance agent for one or multiple clients in accordance with § 34d par. 1 Industrial Code.

The competent authority is IHK Bonn / Rhein-Sieg, Bonner Talweg 17, 53113 Bonn, T +49 228 2284 0, F +49 228 2284 170, info@bonn.ihk.de, www.ihk-bonn.de.

DR-WALTER GmbH is registered in the register of insurance intermediaries under the number D-QAMW-L7N-VQ-57. You can verify this information at any time with the registration body: Deutscher Industrie- und Handelskammertag e. V. (DIHK), Breite Strasse 29, 10178 Berlin, T 0180-600-585-0, <https://www.vermittlerregister.info>.

DR-WALTER GmbH has a direct interest of 100 % in the voting rights of DR-WALTER Versicherungsmakler GmbH. No insurance company or parent company of an insurance company has a direct or indirect interest of more than 10 % in voting rights or capital of DR-WALTER GmbH.

3. Persons authorized to represent the company

The legal representative of BD24 Berlin Direkt Versicherung AG is the Management Board.
The legal representatives of DR-WALTER GmbH are the Managing Directors.

4. Federal Financial Supervisory Authority responsible for the insurer

The competent supervisory authority is Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin), Graurheindorfer Straße 108, 53117 Bonn, T +49 228 41080, F +49 228 4108 1550, E-mail: poststelle@bafin.de

5. Information on the right of revocation in accordance with section 8 (2) no. 2 German Insurance Contract Act (VVG)

Right of revocation

You can revoke your contractual declaration in writing (e.g., letter, fax, email) without giving reasons within two weeks after conclusion of the contract. The period shall commence after you have received the insurance policy, the policy provisions including the general insurance conditions, the further information in accordance with section 7 (1) and (2) of the German Insurance Contract Act (VVG) in combination with section 1 to 4 of the VVG Decree on the Duty to Inform (VVG InfoV) and this instruction, each in writing. Timely sending of the revocation statement is sufficient for complying with the revocation period.

Please send your revocation to:
BD24 Berlin Direkt Versicherung AG
c/o DR-WALTER GmbH
Eisenerzstraße 34
53819 Neunkirchen-Seelscheid
T +49 22 47 91 94 -0
F +49 22 47 91 94 - 40
vertrag@dr-walter.com

Consequences of revocation

In case of an effective revocation, you are no longer bound to the contract. If insurance cover was provided prior to the end of the revocation period, the insurer is entitled to the part of the premium attributable to the time until the revocation is received. Any premiums paid in addition to that shall be refunded by the insurer.

You can use the following text sample for your revocation:

I hereby revoke the contract I concluded.

Insurance policy number:

Concluded on:

Name of the policyholder:

Address of the policyholder:

Signature of the policyholder (in case of written notification):

Date:

Special notes

Your right of revocation is excluded if the contract has been completely fulfilled by both parties at your express request before you have exercised your right of revocation.

End of information on the right of revocation

6. Languages

The authoritative language for the contractual relationship and communication during the contract period is German.

6. Appeal proceedings

In the event of a disagreement, please contact DR-WALTER GmbH.

Our contact data are:

DR-WALTER GmbH
Eisenerzstrasse 34
53819 Neunkirchen-Seelscheid, Germany
T +49 22 47 91 94 -0
F +49 22 47 91 94 -40
E-mail: beschwerde@dr-walter.com

We will try to find a mutually acceptable solution as quickly as possible. If we do not succeed in this endeavor, you can also contact an extra-judicial arbitrator:

For complaints that affect the health insurance, please contact

Ombudsmann für die Private Kranken- und Pflegeversicherung (ombudsman for private health and nursing insurance)

Postfach 06 02 22
10052 Berlin
Deutschland

T 0800 2 55 04 44 (free of charge from German telephone networks)
F +49 30 20 45 89 31

E-mail: ombudsmann@pkv.de

For more information, please go to www.pkv-ombudsmann.de

For complaints that do not affect health insurance, please contact

Versicherungs-Ombudsmann (ombudsman for insurance matters)

Postfach 08 06 32
10006 Berlin, Germany

T 0800 3 696 000 (free of charge from German telephone networks)
T +49 30 206058 99 (from abroad)
T 0800 3 699 000 (free of charge from German telephone networks)
F +49 30 206058 98 (from abroad)

E-mail: beschwerde@versicherungsombudsmann.de

Weitere Informationen finden Sie im Internet unter: www.versicherungsombudsmann.de

This ombudsman is both responsible for extra-judicial arbitration in the event of a dispute arising from insurance contracts with consumers and between insurance brokers and policyholders. The policyholder's right to take legal action shall remain unaffected hereby.

Conciliation body of the European Commission

Consumers who have concluded their contract online (e.g. via a website) can also submit their complaint online contact the platform <http://ec.europa.eu/consumers/odr/>. Your complaint will then be sent to the ombudsman via this platform forwarded.

In addition, you can file a complaint with

Bundesanstalt für Finanzdienstleistungsaufsicht (Federal Financial Supervisory Authority)

Graurheindorfer Strasse 108
53117 Bonn, Germany

T +49 228 4108 0
F +49 228 4108 1550

E-mail: poststelle@bafin.de

Terms and Conditions of Insurance for Exchange Organisations VB-RKS 2020 (SFE11-D)

Part I General Provisions

1 Start and end of insurance cover

Insurance cover

- a) must be taken out for the entire duration of the stay;
- b) commences at the agreed time, at the earliest at the beginning of the insured stay, and ends at the agreed time, at the latest at the end of the insured stay;
- c) shall be extended beyond the agreed date if the scheduled end of the insured stay is delayed for reasons for which you are not responsible.

2 Premium

2.1 The premium is due immediately upon conclusion of the insurance contract and is payable upon delivery of the insurance policy.

2.2 If you do not pay the first or single premium, we can withdraw from the contract and be exempted from our liability to pay as long as the premium is not paid. In doing so, we observe the regulations of § 37 of the German Insurance Contract Act (VVG), which can be found in the appendix.

3 Exclusions

3.1 The insurance does not cover damage caused by war, civil war, warlike events, civil commotion, nuclear energy or other ionizing radiation, strikes and other industrial action, confiscation and other acts of authorities.

3.2 However, damage caused by war, civil war, warlike events or civil commotion is insured if you are surprised by one of these events during the insured trip. The insurance cover expires at the end of the 14th day after the beginning of the respective event. The extension does not apply to travel to states in whose territory war, civil war, warlike events or civil commotion already prevail at the time of your entry or where a travel warning issued by the Foreign Office of the Federal Republic of Germany existed at the time of your entry. Nor does it apply to active participation in war, civil war, warlike events or civil commotion, or to the consequences of accidents or illnesses caused by the use of NBC weapons.

3.3 Damage in connection with terrorist attacks is not insured, provided that the Foreign Office of the Federal Republic of Germany has issued a travel warning for the relevant destination before commencement of the journey.

4 Obligations after occurrence of the insured event

4.1 You are obliged

- a) to avoid everything that could lead to unnecessary costs (obligation to mitigate losses);
- b) to notify us of the damage immediately;
- c) to allow us to carry out any reasonable investigation into the cause and amount of our liability to pay, to truthfully provide any

information useful for this purpose, to submit original receipts and, if necessary, to waive physician-patient privilege for the attending doctors, insofar as knowledge of the data is necessary to assess the liability to pay or the scope of performance.

4.2 If you intentionally violate one of the aforementioned obligations, we shall be released from the liability to pay. In case of a grossly negligent breach of obligations, we are entitled to reduce our benefits according to the severity of the fault. Where you prove that the obligation was not breached with gross negligence, insurance cover continues.

5 Payment of compensation

5.1 If our liability to pay has been determined in terms of reason and amount, the compensation shall be paid out within 2 weeks.

5.2 Any costs incurred by you in a foreign currency will be reimbursed to you in Euros at the exchange rate of the day on which these costs were paid by you.

6 Claims against third parties

6.1 Claims for compensation against third parties are transferred to us to the extent permitted by law up to the amount of compensation paid in an insured event.

6.2 If necessary, you are obliged to assign claims for compensation to us to this extent.

7 Special reasons for lapse of cover / Period within which an action must be brought

We shall be released from the liability to pay if, after the occurrence of an insured event, you fraudulently attempt to deceive us about circumstances which are of significance for the reason for or the amount of the benefits, or if you intentionally or fraudulently make untrue statements in connection with the insured event, in particular in the notice of claim, even if this does not cause us any disadvantage. In the event of intent, our liability to pay shall remain unaffected to the extent that the breach has had no influence on the determination or the scope of our liability to pay.

8 Compensation under other insurance policies

8.1 If compensation can be claimed under other insurance contracts in case of an insured event, such performance obligations shall prevail. This also applies if a subordinated liability is also agreed in one of these insurance contracts. Your claims remain unaffected by this. If you notify us of the insured event, we will make advance payment and settle the claim in accordance with the conditions.

8.2 The above does not apply to accident insurance (Part D).

9 Domestic Jurisdiction / Applicable law

9.1 Lawsuits against us can be filed in Hamburg or at the place where you have your place of residence at the time the lawsuit is filed or, in the absence of such, your usual place of residence.

9.2 As far as legally permissible, German law applies.

10 Statute of limitations

10.1 Claims arising from the insurance contract expire within 3 years. The limitation period begins at the end of the year in which the claim arose and was or should have been known to you.

10.2 If you have notified us of your claim, the limitation period is suspended until you have received our decision.

11 Notifications and declaration of intent

All notifications and declarations intended for us should be addressed to our head office or to the address stated in the insurance certificate in text form (letter, fax, email, electronic data carriers, etc.). The contractual language is German.

Part II Description of benefits

The following insurance policies are only valid if they are co-insured under the tariff you have taken out. Benefits which are covered by several insurance policies in these insurance conditions can only be claimed under one insurance policy in case of an insured event.

RKV INTERNATIONAL HEALTH INSURANCE

1 Subject matter of the insurance

1.1 We provide compensation in the event of acute illnesses and accidents occurring during the insured stay abroad for the costs of

- medical treatment;
- transport of patients;
- transport of mortal remains.

1.2 Travel during the insured stay is co-insured up to a maximum of 42 days in each case; home holidays are not co-insured.

2 Medical treatment

2.1 We reimburse the costs of medically necessary treatments that are performed or prescribed by doctors. This includes, in particular,

- a) inpatient treatment at a hospital, including operations;
- b) outpatient medical treatment;
- c) medicine, remedies and dressing material;
- d) outpatient initial treatment of mental illnesses up to a total of EUR 1,500;
- e) emergency inpatient treatment for mental and psychological disorders occurring for the first time up to a total of EUR 20,000;
- f) medical aids (e. g. walking aids, rental of a wheelchair) if they become necessary for the first time due to an accident or illness during the insured stay.

2.2 Dental treatment

- a) We will reimburse the costs of dental treatment for pain relief, including simple fillings, as well as repairs of dentures and dental prostheses up to EUR 500 per insured event.
- b) If medically necessary dental treatment is required as a result of an accident which you suffer during your insured stay, we will reimburse the costs up to EUR 1,000 per insured event. An accident occurs when you involuntarily suffer damage to your health due to a sudden external event affecting your body.

2.3 If a return transport of the patient is not possible until the end of the insured stay due to your inability to be transported, we will reimburse the costs of the medical treatment until the day on which you are fit for transport again.

2.4 Telephone costs

Telephone costs for contacting our emergency call center are reimbursed up to EUR 25 per insured event.

3 Pregnancy / Labor

3.1 We reimburse the costs of

- a) preventive medical check-ups up to and including the 12th week of pregnancy if the pregnancy occurred during the insured stay;
- b) 2 ultrasound examinations, unless further examinations are medically necessary due to special circumstances;
- c) treatment of pregnancy complications;

- f) the outpatient or inpatient delivery. Additional costs for a caesarean section are reimbursable, provided it is medically necessary;
- g) the medically induced termination of pregnancy;
- h) obstetricians and midwives;
- i) the postnatal care of the mother and the newborn. The benefits for the newborn child are limited to EUR 50,000.

3.2 If the pregnancy existed prior to the commencement of the insured stay, insurance cover shall only exist in the event of an acute and unforeseeable deterioration in the state of health of the mother and/or child.

4 Transport of patients / Transport of mortal remains

We will reimburse the costs of

- a) your medically necessary ambulance transport abroad for an inpatient stay or for initial out-patient treatment in hospital carried out by a recognized rescue service;
- b) your medically reasonable and justifiable return transport to your place of residence in your home country or to the nearest suitable hospital to your place of residence, provided that the insured stay is likely to have to be terminated permanently due to illness / injury. In the case of travel, we also cover the costs of a medically reasonable and justifiable return transport to the place of stay in the country of stay or to the nearest suitable hospital to the place of stay in the country of stay;
- c) the transport of your mortal remains to your permanent place of residence existing before the start of your journey or optionally the funeral abroad up to the amount of the transfer costs.

5 Exclusions / Restrictions

5.1 The insurance does not cover

- a) the costs for the curative treatment of previous illnesses including chronic illnesses, unless there is an acute and unforeseeable deterioration in the state of health;
- b) curative treatment and other medically prescribed measures for which you were aware at the start of the insured stay that they had to take place for medical reasons if the insured stay would take place as planned (e. g. dialysis);
- c) the purchase and repair of pacemakers, prostheses, visual aids and hearing aids
- d) accident or illness costs caused by mental or cognitive disorders, insofar as these are based on the consumption of alcohol, drugs, intoxicants or narcotics, sleeping tablets or other narcotic substances;
- e) acupuncture, fango and massages;
- f) need for care or custody;
- g) psychoanalytical and psychotherapeutic treatment, insofar as these are not covered within the scope of clause 2.1 d) or e), or hypnosis;
- h) pregnancy and childbirth benefits if the pregnancy already existed before the start of the insured stay, unless there is an acute and unforeseeable deterioration in the state of health of the mother and/or child.

5.2 There is no insurance cover for home leave.

5.3 If medical treatment or other measures exceed the medically necessary extent, we may reduce our performance to an appropriate amount. The fees and charges invoiced shall not exceed what is considered to be customary and reasonable in the country concerned. Otherwise, we may reduce the reimbursement to the normal national rates.

6 Obligations after occurrence of the insured event

6.1 You are obliged

- a) to contact the emergency call center immediately before the start of inpatient treatment and before any return transport;
- b) to submit to us the original invoices or duplicates with an original reimbursement stamp from another service provider for the services provided; these become our property.

6.2 The legal consequences of a breach of any of these obligations are set out in section 4.2 of the general provisions.

7 Deductible

Does not apply, unless otherwise agreed.

NKV EMERGENCY MEDICAL TREATMENT

1 Subject matter of the insurance

1.1 Through our 24-hour emergency call center, we provide assistance in the following medical emergencies that occur during your insured stay.

1.2 Emergency medical assistance also applies to travel during the insured stay up to a maximum of 42 days, but not to home leave.

2 Illness / Accident

2.1 Information on medical care

On request, we will inform you before and during your insured stay about the possibilities of your medical care. If possible, we will refer you to a German or English speaking doctor.

2.2 Hospital stay

If you get inpatient treatment at a hospital, you will receive the following benefits:

2.2.1 Care

Through a doctor appointed by us, we establish contact with the attending hospital doctors and, if necessary, with your general practitioner and ensure the transfer of information between the doctors involved. On request, we will inform your relatives.

2.2.2 Hospital visit

If your stay in hospital is expected to last longer than 5 days (2 days for travel within Europe), we will organize the outward journey of a person close to you to the place of your hospital stay and from there the return journey to your place of residence. We shall bear the costs of the means of transport. If the person close to you needs accommodation at the place of the hospital or funeral, we will organize this and cover the costs of accommodation up to EUR 70 per day for a maximum of 7 days.

2.2.3 Cost acceptance statement / Billing

We provide the hospital with a cost acceptance statement of up to EUR 15,000 and, in your name and on your behalf, handle the billing with the responsible insurance companies. Insofar as the responsible health insurers do not bear the costs paid by us, these are to be repaid to us by you within one month of the invoice being issued.

2.3 Return transport

We will organize your medically reasonable and justifiable return transport by medically adequate means of transport (including ambulance aircraft) to your place of residence in your home country or to the nearest suitable hospital to your place of residence, provided that the insured stay is likely to have to be terminated permanently due to illness / injury. In the case of travel, we also cover the organization of a medically reasonable and justifiable return transport to the place of stay in the country of stay or to the nearest suitable hospital to the place of stay in the country of stay;

3 Dispatch of medicines

3.1 If you need medicines that have been lost during your insured stay, we will organize the procurement of replacement medicines and pay for their dispatch.

3.2 The costs of the preparations are to be paid back to us by you within one month of the invoice being issued.

4 Death

If you die during the insured stay, we will organize the funeral abroad or the transport of your mortal remains to the place of burial at the request of the relatives.

5 Obligations after occurrence of the insured event

5.1 The insured person must contact the emergency call center immediately after the occurrence of an insured event.

5.2 The legal consequences of breach of this obligation are set out in section 4.2 of the general provisions.

NFV ASSISTANCE SERVICES

1 Subject matter of the insurance

Through our 24-hour emergency call center, we provide assistance in the following emergencies that occur during your insured stay.

2 Loss of travel funds and travel documents

2.1 Travel funds

If you find yourself in a financial emergency due to theft, robbery or other loss of your travel funds, we will put you in contact with your house bank.

c) If necessary, we will assist in transmitting the amount provided by the house bank.

d) If it is not possible to contact the house bank within 24 hours, we will provide you with a loan of up to EUR 1,500. This amount is to be paid back to us within one month after payment.

2.2 Credit cards, debit cards and mobile phone cards

If you lose your credit, debit or mobile phone cards, we will help you to block them. We are, however, not liable for the proper execution of the blocking and for the financial losses incurred despite the blocking.

2.3 Travel documents

If travel documents are lost, we will assist you in obtaining a replacement.

3 Interruption of the insured stay

If you have to interrupt your insured stay because

- a parent or guardian has to be hospitalized for more than 5 days due to an unexpected serious illness or a serious accident or
- one parent, guardian or sibling has died, we will organize your trip to the place of hospitalization or burial as well as back to the place of stay and pay the costs.

4 Delay, cancellation or missing of a flight or otherwise booked means of transport

4.1 If a flight or other booked means of transport is delayed or canceled, or if you miss such a flight or other means of transport, we will advise you on re-booking possibilities.

4.2 On your request, we will inform third parties of any changes to the planned itinerary.

5 Unscheduled return journey

For every unscheduled return trip due to an emergency, also due to an uninsured event, we advise on re-booking possibilities.

6 Information and safety notices

On your request, we will provide information on

- the nearest diplomatic representation (address and telephone contact);
- travel warnings and safety instructions issued by the Foreign Office of the Federal Republic of Germany.

7 Prosecution

Should you be arrested or threatened to be arrested, we will provide help in finding a lawyer and an interpreter. We will advance you court, lawyer and interpreter costs up to a total of EUR 3,000 as well as a bail up to EUR 12,500. You must repay the disbursed amounts to us at the latest one month after payment.

UV ACCIDENT INSURANCE

1 Subject matter of the insurance

1.1 You will receive the insurance benefits listed below in the event of accidents during the insured stay which lead to your death or permanent disability.

1.2 An accident occurs when you

- involuntarily suffer damage to your health due to a sudden external event affecting your body or
- dislocate a joint as a result of increased exertion of force or if muscles, tendons, ligaments or capsules are pulled or torn or
- suffer damage to your health in the course of lawful defense or efforts to save human life, animals or property.

1.3 Insurance cover also exists for travel during the insured stay including home leave up to a maximum of 42 days each.

2 Death of the insured person

2.1 If the accident leads to your death within one year, we will pay the agreed sum insured to the heirs. If no other amount is stated in the insurance policy, this amounts to EUR 10,000.

2.2 As soon as we have received the documents that, due to your death, are to be presented as proof of the insured event, we will declare within one month whether and to what extent we recognize a claim.

2.3 If we acknowledge the claim, the insurance benefit will be paid out within 2 weeks.

3 Disability benefits

3.1 Benefit requirements:

- a) you are permanently impaired in your physical or mental functioning as a result of the accident (disability) and
- b) the disability occurred within one year after the accident and was determined in writing by a doctor and claimed from us within a further 3 months at the latest.

3.2 There is no entitlement to disability benefit if you die as a result of an accident within one year of the accident.

3.3 If you die within one year after the accident from causes unrelated to the accident – irrespective of what caused the death – or later than one year after the accident and if a claim for disability benefits in accordance with 1. had arisen, payment is made in accordance with the degree of disability that could have been anticipated on the basis of the most recent medical findings.

3.4 The disability benefit is paid as a lump sum from the sum agreed for the insured event. If no other amount is stated in the insurance policy, this amounts to EUR 100,000.

3.5 The calculation of the benefit is based on the sum insured and the degree of disability.

3.6 Only the following degrees of disability apply in the event of loss or functional incapacity:

- of an arm in the shoulder joint 70 %
- an arm up until the upper part of the elbow joint 65 %
- an arm below the elbow joint 60 %
- of a hand in the wrist 55 %
- of a thumb 20 %

- of an index finger 10 %
- of some other finger 5 %
- a leg above the mid-thigh 70 %
- a leg up to the mid-thigh 60 %
- a leg below the knee 50 %
- a leg up to the middle of the lower leg 45 %
- of a foot in the ankle joint 40 %
- a big toe 5 %
- of some other toe 2 %
- of an eye 50 %
- hearing in one ear 30 %
- of the sense of smell 10 %
- of the sense of taste 5 %

3.7 Upon partial loss or partial loss of use, the corresponding proportion of the relevant percentage applies.

3.8 For parts of the body and sensory organs not mentioned, the degree of disability is determined by the extent to which normal physical or mental functioning is impaired. Only medical aspects are to be taken into account for this.

3.9 If several parts of the body or sensory organs are affected by the accident, the degrees of disability determined in accordance with the above provisions shall be added together. However, more than 100% is not accepted.

3.10 If affected body parts or sensory organs or their functions were already permanently impaired before the accident, the degree of disability is reduced by the amount of the previous disability. This is assessed in accordance with 3.6.

4 Payment of insurance benefits for permanent disability

4.1 Before completion of treatment, disability benefits cannot be claimed within one year of the accident.

4.2 As soon as we have received the documents which are to be submitted on the completion of the treatment necessary for the assessment of the disability, we shall declare within 3 months whether and to what extent we recognize a claim.

4.3 If we acknowledge the claim, the insurance benefit will be paid out within 2 weeks.

4.1.1 After the degree of disability has been assessed, changes in the state of health may occur. You and we are entitled to have the degree of disability re-assessed by a doctor every year. You and we have this right for a maximum of 3 years after the accident. If you want to have a new assessment, we will inform you of this together with the declaration of our liability to pay. If you want to have a reassessment, you must inform us accordingly within 3 years after the accident. If the final assessment results in higher disability benefits than already paid by us, annual interest of 5 percent is payable on the additional sum.

5 Search and rescue costs

If you suffer an accident and have to be searched or rescued as a result, we will reimburse the costs up to EUR 5,000.

6 Exclusions / Restrictions

The following is not covered by the insurance:

- c) accidents caused by mental or cognitive disorders, strokes, seizures that affect the whole body, and pathological disorders resulting from psychological reactions;
- d) accidents caused by cognitive disorders as a result of alcohol or narcotics;
- e) accidents causally linked to the operation of an aircraft. However, insurance cover exists as a passenger of an airline;
- f) damage to health caused by curative measures, radiation and infections, unless these are caused by the accident;
- g) accidents while practicing extreme sports (including in particular rafting, free-climbing, canyoning, rappel and caving, mountaineering, hang gliding, paragliding, parachuting), while participating in boxing or wrestling matches, martial arts competitions, horse or bicycle races, or as a driver, passenger or occupant of a motor vehicle at driving events, including the associated practice drives, where it is important to achieve maximum speeds;
- h) accidents that befall the insured person as a consequence of the insured person intentionally carrying out or attempting to carry out a criminal offense.
- i) accidents due to attempted suicide and its consequences and due to completed suicide.

7 Obligations after occurrence of the insured event

7.1 You are obliged

- a) to allow yourself to be examined by the doctors appointed by us. We shall bear the necessary costs for this;
- b) to authorize the treating or evaluating doctors, other insurers and authorities to provide us and the doctors commissioned by us with all necessary information.

7.2 The legal consequences of breach of this obligation are set out in section 4.2 of the general provisions.

HAFT LIABILITY INSURANCE

1 Subject matter of the insurance

1.1 We protect you against liability risks during the insured stay. Insurance cover is provided if you are held liable for damages by a third party on the basis of statutory liability provisions under private law due to a loss event resulting in death, injury or damage to the health of persons (personal injury) or damage to or destruction of property (damage to property).

1.2 Insurance cover also exists for travel and home leave during the insured stay up to a maximum of 42 days each.

2 Scope of insurance

2.1 Our liability to pay includes assessing who is liable, the defense against unjustified claims as well as the release from justified claims of third parties, which you would have to pay. The indemnity is subject to the condition that it needs to be paid on the basis of any acknowledgment given or approved by us, any settlement entered into or approved by us, or any court order. If you acknowledge the claim without our approval, we shall release you from the claims of third parties to the extent that these would have existed even without the acknowledgment.

2.2 If an insured event gives rise to a legal dispute between the injured party or his/her legal successor and you, we will conduct the legal dispute in your name at our expense. Our expenses for these costs shall not be credited as benefits to the sum insured. This does not apply if claims are asserted before courts in the USA / Canada; in this case, our expenses for the costs of the legal dispute will be credited to the sum insured.

2.3 If the liability claims exceed the sum insured, we shall bear the costs of the legal dispute only in the ratio of the sum insured to the total amount of the claims, even if there are several lawsuits arising from one damaging event.

2.4 If, in criminal proceedings on account of an insured loss event which may result in a liability claim covered by the insurance, we wish to appoint or approve the appointment of a defense counsel for you, we shall bear the costs of the defense counsel.

2.5 If you are required by law to provide security for a pension due as a result of an insured event, or if you have been released from the enforcement of a court decision by the provision of security or a deposit, we will achieve the provision of security or deposit in your place.

2.6 If a settlement of a liability claim requested by us through accepting liability or making an out-of-court or other settlement and the claim fails due to your resistance, we shall not be liable for the additional expenditure of the main matter, interest and costs arising from the refusal.

3 Benefit amount

3.1 For each insured event, the total compensation is limited to the agreed sum insured. If no other amount is stated in the insurance policy or herein, this amounts to EUR 1,000,000.

3.2 Several temporally connected damages from the same cause are considered as one insured event.

4 Exclusions

4.1 We are not liable if you have intentionally and unlawfully caused the occurrence of the matter for which you are responsible to the third party.

4.2 No cover is provided for your liability

- a) for claims insofar as they exceed the scope of your legal liability due to contract or special commitments;
- b) for claims for salary, pension, wages or other fixed remuneration, meals, medical treatment in the event of incapacity for work and welfare claims;
- c) to relatives;
- d) for the transmission of an illness;
- e) for risks which are directly related to your professional activity, e. g. risks of a company, profession, service, office (also voluntary work), a responsible employment in associations of any kind or an unusual and dangerous employment; risks related to the activity as an au pair are, however, insured;
- f) for risks directly related to the intentional and unlawful commission of a crime;
- g) as owner of animals;
- h) as the owner, proprietor, holder or operator of motor vehicles, aircraft or watercraft resulting from damages caused by the use of such vehicle.
- i) for the practice of hunting and from damage resulting from participation in horse, bicycle or motor vehicle races, boxing or wrestling matches and the preparations for these;
- j) for damage to third party property which you have rented, borrowed or obtained through unlawful interference or which is the subject of a deposit contract. However, the liability arising from damage to the accommodation is included; damage to furniture or damage to the host family's household is insured up to EUR 10,000;
- k) for claims for performance of contracts, subsequent performance, from self-remedy of defects, withdrawal, reduction, for compensation instead of performance, for compensation for financial losses due to delay in performance or due to other compensations. This also applies if these are statutory claims.

5 Obligations and proceedings after occurrence of the insured event

5.1 Insured event is the loss event that could result in liability claims against you. Loss event is an event directly causing damage to a third party. The exact point in time, however, when the damage leading to the loss event was caused is not relevant in this context.

5.2 We must be notified immediately of every insured event. If preliminary proceedings are initiated, a penalty order or a default summons issued, you must notify us immediately, even if you have already notified the insured event yourself. If the injured party asserts its claim against you, you are obliged to notify us within one week of the claim being made. If a claim is asserted against you in court, legal aid is applied for or the dispute is announced to you in court, you must also report it immediately. The same applies in the event of an arrest, a preliminary injunction or proceedings for the preservation of evidence.

5.3 You are obliged to ensure that the damage is averted and reduced as far as possible in compliance with our instructions and to do everything that serves to clarify the case of damage, provided that nothing unreasonable is expected of you. You shall support us in the defense against the damage as well as in the investigation and settlement of the damage, provide us with detailed and truthful damage reports, notify us of all facts relating to the claim and send us all documents which in our opinion are relevant for the assessment of the claim.

5.4 In the event of a lawsuit concerning the liability claim, you must leave the conduct of the lawsuit to us, give power of attorney to the lawyer appointed or designated by us and provide any clarification that the lawyer or we deem necessary. You shall lodge an objection within the time limit or take the necessary legal action against default summons or claims for damages from administrative authorities without waiting for our instructions.

5.5 If you acknowledge the liability claim in whole, in part or by accord and satisfaction without our prior consent, the examination of the liability issue and your indemnification by us remains unaffected by this.

5.6 If, as a result of changed circumstances, you acquire the right to demand the cancellation or reduction of a payable pension, you are obliged to transfer this right to us and to give us the authority to have it exercised by us on your behalf. The provisions under 5.3 to 5.5 shall apply accordingly.

5.7 We shall be deemed to be authorized to make all declarations in your name that we regard as appropriate for the settlement or defense of the claim.

5.8 The legal consequences of breach of these obligations are set out in section 4.2 of the general provisions

6 Deductible

In the event of damage to property, you shall pay a deductible of EUR 50 per insured event.

RGV BAGGAGE INSURANCE

1 Insured baggage

Insured baggage includes all items of your personal travel requirements including sports equipment, gifts and souvenirs.

2 Subject matter of the insurance

2.1 Carry-on baggage

We provide compensation if carry-on baggage is lost or damaged during the insured stay by

- criminal act of a third party or
- an accident involving a means of transport or
- fire or an act of God.

2.2 Checked baggage

We will provide compensation if checked baggage is lost or damaged during the journey while it is in the custody of a transport company, an accommodation establishment or a baggage storage facility.

3 Amount of compensation

The agreed sum insured applies in total to all insured events during the contract period. We will reimburse

- a) the current market value for lost or destroyed items;
- b) required repair costs and, if applicable, the remaining reduction in value, to a maximum of the current value, of damaged objects;
- c) the value of the materials for films, image media, sound media and data media;
- d) the official fees for the replacement of official identification documents and visas.

If no other amount is stated in the insurance policy or herein, the sum insured amounts to EUR 2,000.

4 Delayed baggage delivery

We will reimburse the proven expenses for replacement purchases, which are necessary to continue the journey, up to EUR 250 per person, if checked baggage does not reach its destination on the same day as you due to delayed transportation.

5 Exclusions / Restrictions

5.1 The insurance does not cover

- e) damage caused by forgetting, leaving behind or losing items;
- f) glasses, contact lenses, hearing aids and prostheses;
- g) money, securities, tickets and documents of all kinds with the exception of official identity cards and visas;
- h) consequential financial loss.

5.2 Restrictions of insurance cover

- a) Video and photo cameras including accessories are not insured as checked baggage. As carry-on baggage, these objects are insured up to a total of 50% of the sum insured;
- b) Jewelry and valuables are not insured. However, insurance cover up to a total of 50% of the sum insured exists if they are locked in a stationary, locked container (e. g. safe) or are kept safely in personal custody;
- c) IT devices and software including the respective accessories are insured up to a total of EUR 500;
- d) Sports equipment including accessories are insured up to 25% of the sum insured. If they are in proper use, they are not insured;
- e) Gifts and souvenirs are insured up to 10% of the sum insured;
- f) Insurance cover for damage to baggage during camping only applies at officially established campsites.

5.3 Baggage in a parked motor vehicle

Insurance cover during the insured stay applies in the event of theft of baggage from a parked motor vehicle and from containers attached to it and secured with a lock, if the motor vehicle or the containers are firmly locked and the damage occurs between 6.00 am and 10.00 pm. Insurance cover is provided at all times for interruptions in travel lasting no longer than 2 hours each.

6 Obligations after occurrence of the insured event

6.1 You are obliged

- g) to provide us with proof of insurance and booking documents;
- h) to report any damage caused by criminal acts immediately to the nearest competent or accessible police station, submitting a list of all lost property and having this confirmed by the police. Certification of this shall be submitted to us.
- i) to report damage to checked baggage to the transport company, the accommodation facility or the baggage storage immediately. Damage which is not externally visible must be reported in writing immediately after discovery and in compliance with the respective complaint period, at the latest within 7 days after handing over of the baggage. We must be provided with appropriate certificates;
- j) to have the delay of the baggage confirmed by the transport company and to submit its corresponding written confirmation to us.

6.2 The legal consequences of a breach of any of these obligations are set out in section 4.2 of the general provisions.

7 Deductible

Under tariffs with a deductible, you shall pay a deductible of EUR 50 per insured event.

8 Special reasons for lapse of cover

We shall be released from the liability to pay if you have caused the insured event intentionally. In case of a grossly negligent breach of these obligations by you, we are entitled to reduce our benefits according to the severity of your fault.

Part III Glossary

A

Relatives

Relatives are spouses or life partners with whom the insured person has lived in cohabitation prior to the start of the insured stay, children, parents, adoptive children, adoptive parents, stepchildren, stepparents, grandparents, siblings, grandchildren, parents-in-law, children-in-law, brothers-in-law and sisters-in-law.

Start of the journey

The journey starts when the insured person leaves his/her home.

Country of stay

Country of stay is the foreign country where the insured person temporarily stays, for example to study, to work as an au pair or intern, to visit school or take part in a Work and Travel program.

Abroad / Foreign country/-ies

Abroad/foreign country/-ies means all countries except the country where the insured person has his/her permanent residence or had his/her permanent residence prior to the insured stay.

Federal Foreign Office

Together with the diplomatic missions abroad, the Federal Foreign Office forms the Diplomatic Service. The Federal Foreign Office publishes comprehensive information on all countries in the world (including travel and security advice or travel warnings).

Its contact data are:

Postal address:

Auswärtiges Amt, 11013 Berlin
 T +49 30 18 170 (24-hour service)
 F +49 30 18 17 34 02
www.auswaertiges-amt.de

C

Chronic illnesses

A chronic illness occurs when the insured person undergoes regular medical or psychotherapeutic treatment for at least a year due to an underlying illness. Chronic illnesses include illnesses that occur in phases.

E

Acts of authorities

Acts of authorities are measures taken by governments (e. g. confiscation of exotic souvenirs by customs authorities or refusal of entry due to missing necessary documents).

Acts of god

Acts of God are: explosions, storm, hail, lightning, floods, avalanches, volcanic eruptions, earthquakes, landslides.

G

Host country

All states of the European Union as well as Iceland, Liechtenstein, Norway and Switzerland are considered host countries. Host country is not the country where the insured person has his/her permanent residence or had his/her permanent residence prior to

the insured stay.

H

Home country

Home country is the country where the insured person has his/her permanent residence or had his/her permanent residence prior to the insured stay.

Home leave

Home leave is the leave in the home country.

M

Medically necessary / Medically necessary treatment

1 Treatments and diagnostic procedures are only covered if they are used for diagnostic, curative and/or palliative purposes, are medically necessary or appropriate. It is required that they are carried out by a legally accredited physician, dentist or other therapist. Claims / costs are only paid / reimbursed if the medical diagnosis and/or prescribed treatment is consistent with generally accepted medical practice. Treatments that the insured person undergoes against medical advice are not deemed to be medically necessary.

2 Medical services or healthcare are only deemed to be medically necessary and appropriate, if

- a) they are necessary in order to diagnose or treat the condition, illness or injury of a patient;
- b) ailments, diagnosis and treatment are consistent with the underlying illness;
- c) they are the most appropriate kind and level of healthcare; and
- d) if they are only carried out for an appropriate treatment duration.

R

Journey / trip

Journey / trip within the meaning of these Insurance Conditions are all journeys / trips undertaken during the insured stay if the distance between the whereabouts in the host country and the destination of the journey / trip is more than 50 kilometers.

S

Sports equipment

Sports equipment means all objects that are required for practicing a sport (e. g. golf clubs, surfboards, mountain bikes etc.) including accessories.

U

Immediately

Without undue delay.

V

Insured stay

Insurance cover is provided for the respectively insured period. The entire temporary stay in the country of residence as well as the direct outward and return journey to the country of residence or to the home country is deemed to be an insured stay.

Insured persons

Insured persons are the persons named in the insurance policy or the group of persons described in the insurance policy.

Policyholders

Policyholder is the person who has concluded an insurance contract with us.

Z

Current value

The current value is the amount that is generally required to procure new items of the same type and quality minus an appropriate amount to reflect the condition (age, wear, use, etc.) of the insured objects.

Law excerpts

GERMAN INSURANCE CONTRACT ACT (VVG)

§ 8 Policyholder's right of revocation

(1) The policyholder may revoke his contractual agreement within 14 days. The policyholder shall declare his revocation to the insurer in writing, but need not state any reason; timely dispatch shall suffice for compliance with the time limit.

(2) The revocation period shall begin at such time as the policyholder receives the following documents in writing:

1. the insurance policy and the terms of contract, including the general terms and conditions of insurance, as well as the other information in accordance with section 7 (1) and (2), and
2. a clearly worded instruction regarding the right of revocation and the legal consequences of the revocation which makes clear to the policyholder his rights commensurate with the requirements of the means of communication employed, and the names of the person to whom the revocation is to be declared, with an address at which documents may be served, as well as a note making reference to the commencement of the revocation period and to the rules set out in subsection (1), second sentence.

(3) The right of revocation shall not apply

1. to contracts of insurance with a term of less than one month,
2. to contracts of insurance for provisional cover, unless they are distance contracts within the meaning of section 312b (1) and (2) of the German Civil Code,

[...]

§ 14 Due date of the payment

(1) Payments of the insurer are due after the end of the assessment required to determine the occurrence of an insured event and the amount of compensation payable by the insurer.

(2) If such assessment is not finished after expiry of one month since the notification of the insured event, the policyholder can request payment by installments amounting to the minimum that the insurer can be expected to be required to pay. The period shall be suspended as long as the assessment cannot be finished due to a fault of the policyholder.

(3) Any agreement under which the insurer is exempt from his obligation to pay default interest shall be invalid.

§ 19 Duty of disclosure

(1) The policyholder shall disclose to the insurer before making his contractual acceptance the risk factors known to him which are relevant to the insurer's decision to conclude the contract with the agreed content and which the insurer has requested in writing. If, after receiving the policyholder's contractual acceptance and before accepting the contract, the insurer asks such questions as are referred to in the first sentence, the policyholder shall also be under the duty of disclosure as regards these questions.

(2) If the policyholder breaches his duty of disclosure under subsection (1), the insurer may withdraw from the contract.

[...]

§ 28 Breach of a contractual obligation

(1) In case of a breach of a contractual obligation towards the insurer that the policyholder needs to fulfill prior to the occurrence of the insured event, the insurer may cancel the contract without notice within one month from the time he becomes aware of the breach, unless the breach is not the result of intention or gross negligence.

(2) Where the contract stipulates that the insurer is exempt from its liability to pay in case of a breach of a contractual obligation that the policyholder needs to fulfill, the insurer is only exempt from its liability to pay if the policyholder has deliberately breached the obligation. In the event of a grossly negligent breach of the obligation, the insurer shall be entitled to reduce his benefits according to the severity of the fault of the policyholder; the burden of proof for the non-existence of a grossly negligent behavior lies with the policyholder.

(3) By way of derogation from paragraph 2, the insurer is obliged to pay if the breach of the obligation was neither the cause for the occurrence or determination of the insured event nor for the determination or scope of the insurer's liability to pay. Sentence 1 shall not apply if the policyholder has fraudulently breached the obligation.

(4) Where an obligation to provide information is breached after the occurrence of the insured event, the insurer's full or partial exemption from performance according to paragraph 2 requires that the insurer has informed the policyholder in writing by separate notification about this legal consequence.

(5) An agreement based on which the insurer is entitled to withdraw from the contract in the event of the non-observance of an incidental obligation shall be void.

§ 37 Delayed payment of first insurance premium

(1) If the single premium or the first premium is not paid in good time, the insurer shall be entitled to withdraw from the contract as long as the payment has not been made, unless the policyholder is not responsible for the non-payment.

(2) If the single premium or first premium has not been paid when the insured event occurs, the insurer shall not be obligated to effect payment, unless the policyholder is not responsible for the non-payment. The insurer shall only be released from liability if he had informed the policyholder of the legal consequence of non-payment of the premium in writing in a separate communication or by means of a conspicuous note in the insurance policy.

§ 38 Delayed payment of subsequent premium

(1) If a subsequent premium is not paid in good time, the insurer may set the policyholder a payment deadline of no less than two weeks at his expense and in writing. The setting of the deadline shall only be effective if it details the individual amounts of the premium which are in arrears, the interest and costs, as well as quoting the legal consequences associated in accordance with subsections (2) and (3) with expiry of the time limit; in the case of consolidated contracts, the amounts must be quoted separately.

(2) If the insured event occurs after the deadline expires, and if the policyholder is in arrears as regards the payment of the premium or of the interest or costs, the insurer shall not be obligated to effect payment.

(3) The insurer may, after the deadline expires, terminate the contract without prior notice insofar as the policyholder is in arrears as regards the payment of the due amounts. The termination can be linked to the setting of the payment deadline in such a way that it becomes effective once the deadline expires if the policyholder is in arrears as regards the payment at that point in time; the policyholder must be explicitly informed of this in the termination. The termination shall become void if the policyholder makes the payment within one month after the contract has been terminated or, if it has been linked to the setting of a deadline, within one month after the deadline expires; subsection (2) shall remain unaffected.

§ 86 Subrogation of claims for compensation

(1) Where the policyholder has a claim for compensation against a third party, the insurer is subrogated to this claim if he compensates the damage. This subrogation cannot be asserted to the policyholder's disadvantage.

(2) The policyholder has to assert his / her claim for compensation or any right to secure this claim properly and in due time and assist the insurer, as far as necessary, in enforcing such claim for compensation. Where the policyholder breaches this obligation intentionally, the insurer is exempt from his liability to pay insofar as he can consequently not claim compensation from the third party. In case of a grossly negligent breach of obligations, the insurer is entitled to reduce his benefits according to the severity of the policyholder's fault. The burden of proof for the non-existence of a grossly negligent behavior lies with the policyholder.

(3) If the policyholder's claim for compensation is against a person with whom he / she lived in cohabitation when the damage occurred, the subrogation in accordance with paragraph 1 cannot be asserted unless this person has intentionally caused the damage.

§ 193 Insured person; obligatory insurance

(1) The health insurance may be taken out for the policyholder or for another person. The insured person shall be that person for whom the insurance is taken out.

(2) Where the knowledge and the conduct of the policyholder are of legal significance under this Act, in the case of insurance for another person, account shall also be taken of the knowledge and conduct of that person.

(3) Each person with a place of residence in Germany shall be obligated to conclude and maintain with an insurance company licensed to operate in Germany for himself and for the persons legally represented by him, insofar as they are not themselves able to conclude contracts, a cost-of-illness insurance which comprises at least a cost refund for outpatient and inpatient treatment and in which the absolute and percentage excesses for outpatient and inpatient treatment which have been agreed for services covered by the respective tariff for each person to be insured are limited to an amount of Euro 5,000 per calendar year; for persons entitled to medical expenses assistance, the possible excesses emerge through the analogous application of the percentage not covered by the rate of medical expenses assistance to the maximum amount of Euro 5,000. The obligation in accordance with the first sentence shall not apply to persons who

1. are insured or subject to obligatory insurance in statutory health insurance, or
2. have a right to free treatment, to medical expenses assistance or to comparable rights to the extent of the respective entitlement, or
3. have a right to benefits in accordance with the Asylum-Seekers Benefits Act, or
4. are recipients of recurrent benefits in accordance with the Third, Fourth and Seventh Chapters of Social Code Book XII, and recipients of benefits in accordance with Part 2 of Social Code Book IX, for the duration of the receipt of such benefits and during periods of an interruption of the receipt of benefits of less than one month if the receipt of benefits commenced prior to 1 January 2009.

A cost-of-illness insurance contract agreed prior to 1 April 2007 shall be deemed to meet the requirements of the first sentence.

§ 194 Applicable provisions

(1) Insofar as the insurance cover is granted in accordance with the principles of indemnity insurance, sections 74 to 80 and sections 82 to 87 shall apply. Sections 23 to 27 and section 29 shall not apply to health insurance. Section 19 (4) shall not apply to health insurance if the policyholder is not responsible for the breach of the duty of disclosure. Notwithstanding section 21 (3), first sentence, the time limit for asserting the insurer's rights shall be three years.

(2) If the policyholder or an insured person is entitled to the repayment of remuneration paid without legal basis to the provider of services for which the insurer has paid compensation on the basis of the contract of insurance, section 86 (1) and (2) shall apply *mutatis mutandis*.

(3) Sections 43 to 48 shall apply to health insurance with the proviso that only the insured person may demand payment of the

insurance benefit if the policyholder has designated him in writing to the insurer as the beneficiary of the insurance benefit; such designation may be revocable or irrevocable. Where this condition is not met, only the policyholder may demand payment of the insurance benefit. The insurance policy need not be presented.

§ 195 Period of insurance

(1) Health insurance which may wholly or partially substitute for health and long-term nursing care insurance cover provided for in the statutory social insurance system (substitutive health insurance) shall be for an indefinite period, unless subsections (2) and (3) and sections 196 to 199 provide otherwise. Where the non-substitutive health insurance cover is provided in the manner of life insurance, the first sentence shall apply *mutatis mutandis*.

(2) In the case of vocational training, overseas, travel and residual debt health insurance, a period of contract may be agreed.

(3) In the case of health insurance for a person with a temporary residence permit for Germany, agreement may be reached to the effect that the insurance will expire after five years at the latest. If a shorter term has been agreed, a similar new contract may only be concluded with a maximum term that does not exceed five years when added to the term of the expired contract; this shall also apply if the new contract is concluded with another insurer.

§ 205 Termination of the contract by the policyholder

(3) If the contract of insurance provides that when the policyholder reaches a certain age or when other preconditions referred to therein are met the premium for another age or another age group applies or the premium is calculated taking old age reserves into account, the policyholder may terminate the insurance agreement with regard to the affected insured person within two months after the change with effect from the time it became effective if the premium increases as a result.

(4) If the insurer increases the insurance premium or reduces a benefit on account of an adjustment clause, the policyholder may terminate the insurance policy with regard to the affected insured person within two months after receipt of the communication of the change with effect from such time as the increase in the premium or the reduction of the benefits is to take effect.

§ 213 Collection of personal health data from third parties

(1) The insurer is only allowed to collect personal health data from the following third parties: physicians, any kind of hospitals, nursing homes and staff, other personal insurance providers and providers of compulsory health insurance as well as employers' liability insurance associations and authorities; such collection of data is only allowed if knowledge of said data is necessary to assess the insured risk or the liability to pay and if the affected party has given his / her declaration of consent.

(2) The declaration of consent in accordance with paragraph 1 can be given prior to issuing the contract statement. The affected person must be informed about data collection as stipulated in paragraph 1 and may object to the collection.

(3) The affected person can request at any time that a collection of data is only carried out if he / she gave his / her consent for each individual data collection.

(4) The affected person must be informed about his / her rights, in particular about the right of objection in accordance with paragraph 2 when being informed about data collection.

GERMAN INSURANCE SUPERVISION ACT (VAG)

§ 153 Hardship tariff

(1) Non-payers within the meaning of section 193 (7) of the German Insurance Contract Act form a tariff within the meaning of section 155 (3) sentence 1. The hardship tariff provides for the reimbursement of expenses solely in connection with benefits necessary for the treatment of serious illness and pain and those associated with pregnancy and maternity. By way of derogation from the above provision, expenses for insured children and young persons, in particular expenses for preventive medical examinations aimed at the early discovery of illnesses under statutory programmes and for immunisation recommended by the German Standing Committee on Vaccination (Ständige Impfkommission – STIKO) at the Robert Koch Institute under section 20 (2) of the German Protection against Infection Act (Infektionsschutzgesetz – IfSG) must be reimbursed.

(2) A standard premium must be calculated for all insured persons under the hardship tariff; section 146 (1) nos. 1 and 2 applies in all other respects. In the case of insured persons whose insurance contract only provides for the reimbursement of a percentage of the expenses incurred, the hardship tariff provides benefits equivalent to 20, 30 or 50 per cent of the insured treatment costs. Section 152 (3) applies, with the necessary modifications. The calculated premiums under the hardship tariff must not exceed the amount required to cover the claims expenditures under the tariff. Additional expenses that arise in connection with guaranteeing the limitations specified in sentence 3 must be allocated equally to all the insurer's policyholders with an insurance contract that satisfies an obligation under section 193 (3) sentence 1 of the German Insurance Contract Act. The provision for increasing age must be offset against the premium to be paid under the hardship tariff such that up to 25 per cent of the monthly premium is covered by a withdrawal from the provision for increasing age.

GERMAN CRIMINAL CODE (STGB)

§ 218a Exemption from punishment for abortion

(2) A termination which is performed by a physician with the consent of the pregnant woman is not unlawful if, considering the pregnant woman's present and future circumstances, the termination is medically necessary to avert a danger to the life of or the danger of grave impairment to the pregnant woman's physical or mental health and if the danger cannot be averted in another manner which is reasonable for her to accept.

(3) The conditions of subsection (2) are also deemed fulfilled with regard to a termination performed by a physician with the consent of the pregnant woman if, according to medical opinion, an unlawful act under sections 176 to 178 has been committed against the pregnant woman, there are cogent reasons to support the assumption that the pregnancy was caused by the act and no more than 12 weeks have elapsed since conception.

GERMAN CIVIL CODE (BGB)

§ 195 Regular limitation period

The regular limitation period is three years.

Data protection notice

a) Data protection principles of DR-WALTER GmbH (hereinafter referred to as DR-WALTER)

The protection of your privacy and of your personal data is paramount to us. We guarantee that we will always treat your data with the utmost confidentiality. Nowadays, insurance companies can only carry out their tasks with the aid of electronic data processing (EDP). Our state-of-the-art EDP enables us to handle contractual relationships correctly, quickly and in a cost-effective manner.

Both our behavior and our tools are in accordance with the General Data Protection Regulation (GDPR), the Federal Data Protection Act (BDSG) as well as with other specific regulations for online data protection. Our data protection officer ensures that our data protection principles and any relating regulations are fully met.

For further information, please go to <https://www.dr-walter.com/en/data-protection.html>.

b) Information about the use of your data by DR-WALTER

We need your personal data to process your applications and contracts, for claims handling and for individual supervision and consultancy. Collection, processing and use of your data are regulated by law. We have adopted a code of conduct for the handling of personal data that complies with the code of conduct of the German Insurance Association (GDV). Our code of conduct is based on data protection regulations of the German Insurance Contract Act (VVG), the General Data Protection Regulation (GDPR), the Federal Data Protection Act as well as other significant laws but also on further measures to strengthen data protection. For more

information, go to <https://www.dr-walter.com/en/data-protection/personal-data.html> to learn about our code of conduct with regard to handling your personal data.

DR-WALTER cooperates with several service providers in the use of health data and other data protected under § 203 German Criminal Code (StGB). At <https://www.dr-walter.com/en/data-protection/list-of-service-providers.html>, we provide you with an overview of the service providers we work with. At your request, we can send you a printed list of the service providers as well as our code of conduct. Please contact:

DR-WALTER GmbH
Eisenerzstr. 34
53819 Neunkirchen-Seelscheid, Germany
P +49 2247 9194 -0
F +49 2247 9194 -40

c) Responsible body

Collection of your personal data is carried out by DR-WALTER GmbH, Eisenerzstr. 34, Germany, 53819 Neunkirchen-Seelscheid (responsible body).

d) Your rights

You have the right to obtain information free of charge about your data stored by us. You also have the right to withdraw any granted consent to the collection, processing and use of your personal data at any time and with future effect as well as the right to correct any incorrect data or to delete or block any impermissible or no longer needed data.

You can assert these rights to the above address directly against DR-WALTER. For further questions with regard to data protection, please contact our data protection officer at DR-WALTER, Eisenerzstr. 34, Germany, 53819 Neunkirchen-Seelscheid, P +49 2247 9194 -0.

List of service providers

In accordance with „Verhaltensregeln für den Umgang mit personenbezogenen Daten durch die deutsche Versicherungswirtschaft“ (Code of Conduct Data Protection)

German insurers have issued a Code of Conduct for the protection of your personal data and your privacy. We, DR-WALTER, comply with this Code of Conduct and would like to provide you with a list of service providers (companies and private individuals) with whom we work together during order processing when it comes to data processing and assignment of functions. The list also includes service providers with whom we cooperate in the use of health data and other data protected under § 203 German Criminal Code (StGB). We also work together with service providers who collect, process and use health data and other data protected under § 203 StGB.

Insurers and reinsurers	
Assigned functions: Collection, processing or use of personal data to establish, carry out or end an insurance contract (e. g. application processing, risk assessment, policy management, determination of the liability to pay)	Involved bodies / organizations: insurers mentioned in the insurance certificate <ul style="list-style-type: none"> • Generali Deutschland Krankenversicherung AG, • Dialog Versicherung AG, • Würzburger Versicherungs-AG, • HanseMerkur Reiseversicherung AG, • ERGO Reiseversicherung AG, • ERGO Versicherung AG, • Allianz Partners – AWP Health & Life SA, • Inter Krankenversicherung AG, • Hiscox SA, • Barmenia Krankenversicherung AG, • Techniker Krankenkasse, • BDAE Holding GmbH, • Foyer Santé S.A., • Globality S.A.
Assistance companies	
Assigned functions: Assistance services	Involved bodies / organizations: <ul style="list-style-type: none"> • MD Medicus Assistance Service GmbH, • GMMI, Inc., • Europ Assistance SA, Niederlassung für Deutschland, • International SOS B.V., • International SOS GmbH, • Global Excel Management Inc.
Doctors, dentists, psychologists, psychiatrists, experts, other healthcare professionals, institutions for medical examinations, hospitals	
Assigned functions: Information on treatment and diseases, expert opinions on medical issues	Involved bodies / organizations: Individual assignments
Banks	
Assigned functions: Premium payments, payments in the event of a claim	Involved bodies / organizations: <ul style="list-style-type: none"> • Postbank Köln – eine Niederlassung der DB Privat- und Firmenkundenbank AG, • Kreissparkasse Köln, Mündelsichere Anstalt des öffentlichen Rechts
Lawyers	
Assigned functions: Legal advice, collections management, legal representation at court.	Involved bodies / organizations: Individual assignments

Market and opinion researchers	
Assigned functions: Customer satisfaction surveys, market and opinion research	Involved bodies / organizations: <ul style="list-style-type: none"> • TÜV NORD CERT GmbH, • Shopauskunft.de GmbH & Co. KG
Consulting companies	
Assigned functions: Support and advice e.g. in claims and billing matters (Germany and abroad), fraud detection, health programs; IT services	Involved bodies / organizations: Individual assignments
IT and telecommunication companies	
Assigned functions: Service providers for IT, network and telephone services	Involved bodies / organizations: <ul style="list-style-type: none"> • AssFINET AG, • ikt Gromnitza GmbH & Co. KG, • Trevedi IT-Consulting GmbH, • IBExpert GmbH, • NETGO GmbH, • DATEV eG, • i42 Informationsmanagement GmbH
Online support	
Assigned functions: Service providers for web hosting, internet portals, online policy procurement, email marketing and live chat	Involved bodies / organizations: <ul style="list-style-type: none"> • Host Europe GmbH, • 1&1 Internet AG, • JMC Technologieberatung GmbH, • united-domains AG, • STRATO AG, • ALL-INKL.COM, • COREER GmbH, • Einmahl WebSolution GmbH, • emarsys eMarketing Systems AG, • bplusd Agenturgruppe GmbH, • Adspert Bidmanagement GmbH, • Sistrix GmbH, • KCS Internetlösungen Kröger GmbH, • Userlike UG, • aveta David Cürten, • consentmanager GmbH, • SIX Payment Services (Europe) S.A., • OMQ GmbH, • Macaw Germany Cologne GmbH
Credit bureaus, address brokers	
Assigned functions: Collection of information during the application stage, claims management	Involved bodies / organizations: Individual assignments
Disposal companies	
Assigned functions: Disposal of files and data media, document destruction	Involved bodies / organizations: Individual assignments

If required we will send you all contact details of our service providers.

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