



## 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

for stays abroad of up to 5 years

Affiliate ID	
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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:

Planned country of stay		Date of entry to Germany (dd/mm/yyyy)*	
Scope of Application	<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA, Canada and in Switzerland)	<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA and in Switzerland and up to 365 days in case of stays in Canada)	
Monthly premium in Euros		Desired commencement date for the insurance (dd/mm/yyyy)	

\*Information is required to be provided only for stays in Germany

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.

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		
Planned country of stay		Date of entry to Germany (dd/mm/yyyy)*		
Scope of Application	<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA, Canada and in Switzerland)		<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA and in Switzerland and up to 365 days in case of stays in Canada)	
Monthly premium in Euros		Desired commencement date for the insurance (dd/mm/yyyy)		

\*Information is required to be provided only for stays in Germany

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		
Planned country of stay		Date of entry to Germany (dd/mm/yyyy)*		
Scope of Application	<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA, Canada and in Switzerland)		<input type="checkbox"/> worldwide (inclusive of insurance coverage for up to 42 days in case of stays in the USA and in Switzerland and up to 365 days in case of stays in Canada)	
Monthly premium in Euros		Desired commencement date for the insurance (dd/mm/yyyy)		

\*Information is required to be provided only for stays in Germany

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

Master-/Eurocard  Visa  Diners

valid

Card number

\_\_\_\_\_

Payment

annually  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

Host country at the time of conclusion of this insurance

**!** (To be indicated in any case)

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

# 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)



# 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](mailto: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](mailto: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](mailto: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 PRIVATE 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 PRIVATE 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 PRIVATE 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.

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Place, date

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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.

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Place, date

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