



## Application for international group health insurance DIA-WELTPOLICE

### Applicant (Main insured person)

Ms	Divers			
Mr		Nationality	Start of insurance	Country of stay
Pers.				
1.	Family name, First name, title	Date of birth	Home country	
	Street, Street number	Postal code	Place	
	E-mail		Mobile number	

### Other persons to be insured (co-insured persons)

Pers.	First name (also Family name, if different from applicant)	Gender			Date of birth	Start of insurance	Nationality	Married partner	Life partner	Child
		Mr	Ms	div.						
2.										
3.										
4.										

### Insurance data DIA-Weltpolice (DW-WP 011222)

Person 1	Person 2	Person 3	Person 4
Region: 1*	Region: 1*	Region: 1*	Region: 1*
2**	2**	2**	2**
Tariff level: Plus	Tariff level: Plus	Tariff level: Plus	Tariff level: Plus
Best	Best	Best	Best
Deductible: 0€	Deductible: 0€	Deductible: 0€	Deductible: 0€
500€	500€	500€	500€
1000€	1000€	1000€	1000€
1/12 contribution €***	1/12 contribution €***	1/12 contribution €***	1/12 contribution €***

\* worldwide, except USA and Canada

\*\* worldwide, including USA and Canada

\*\*\* You can find the applicable monthly contribution in the enclosed contribution table.

### Pre-insurance Please enter your pre-insurance details.

Pers.	Company	Insured period (from - to)
1.		
2.		
3.		
4.		



### SEPA Debit mandate

I hereby authorize DR-WALTER GmbH (Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany; Creditor Identifier DE76ZZZ00000887121; Mandate reference: insurance policy number) to collect payments from my / our bank account by direct debit. I also instruct my bank to pay the direct debits drawn by DR-WALTER GmbH from my / our account.

Note: I am entitled to demand the refund of the debited amount within eight weeks from the debit date. The terms and conditions agreed with my / our bank shall apply.

IBAN	Bank name
Account holder ( Family name, First name)	Signature of account holder

### Health questions to the persons to be insured

The health questions must be answered correctly and completely to the best of your knowledge. In the event of inaccurate or incomplete information, we may withdraw from the contract or refuse to pay benefits.

	Person 1		Person 2		Person 3		Person 4	
<b>Present</b>								
1. Height in cm								
2. Body weight								
3. Are there any illnesses, complaints or consequences of illnesses or injuries?	no	yes	no	yes	no	yes	no	yes
4. Is there a defective vision?	no	yes	no	yes	no	yes	no	yes
5. Are you HIV positive?	no	yes	no	yes	no	yes	no	yes
6. Do you take medication regularly?	no	yes	no	yes	no	yes	no	yes
7. Do you have a recognized disability? <b>If yes, please attach a copy of your full disability-confirming medical certificate.</b>	no	yes	no	yes	no	yes	no	yes
<b>Past</b>								
8. In the past 3 years, have you had any outpatient examinations, consultations, or treatment by physicians, non-medical practitioners, or other therapists, or have you had any illnesses, disabilities, or medical conditions that have not been treated?	no	yes	no	yes	no	yes	no	yes
9. Have you had or been advised to have psychotherapeutic treatment in the last 10 years?	no	yes	no	yes	no	yes	no	yes
10. Have you had any inpatient examinations, observations, or treatment in a hospital or sanitarium in the past 5 years?	no	yes	no	yes	no	yes	no	yes
<b>Future</b>								
11. Are any treatments or examinations advised or intended for you?	no	yes	no	yes	no	yes	no	yes
<b>Dental status</b>								
12. Are you currently undergoing, advised to undergo, or intending to undergo dental or orthodontic treatment? <b>Please attach treatment and cost plan (if any).</b>	no	yes	no	yes	no	yes	no	yes
13. Do you have missing teeth – other than your wisdom teeth – in your natural dentition that have not been replaced? If yes, please indicate the number of missing teeth:	no	yes	no	yes	no	yes	no	yes
	Quantity		Quantity		Quantity		Quantity	

**Important:** The following application questions must be answered completely and correctly to the best of your knowledge. Please also indicate circumstances to which you attach only minor importance. Examples included in the questions are not a complete list, but are intended to illustrate the range of health issues asked. If you breach your pre-contractual duty of disclosure, we are entitled under section 19 of the German Insurance Contract Act (VVG) to withdraw from, terminate or amend the contract, depending on your fault. This may lead to the complete loss of your insurance coverage and/or to our exemption from liability to pay, even retroactively for an insured event that has already occurred. Please refer to the explanations on the consequences of a breach of the pre-contractual duty of disclosure under „Notification in accordance with section 19 (5) VVG on the consequences of a breach of the statutory duty of disclosure“. Irrespective of this, we may also contest our decision to accept the contract in accordance with § 22 VVG in conjunction with § 123, 124 of the German Civil Code (BGB) if this decision was consciously and intentionally influenced by you as a result of incorrect or incomplete information (fraudulent misrepresentation). As a result, you will have no insurance coverage in this case.



### Explanations of the health questions

Pers.	Quest.	Type of illness, complaints, ailments (please state exact diagnosis); medication required, if any.	Treatment period (from - to)
		Treating physician, hospital (name, address)	Are further treatments planned? no                                  yes

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		Treating physician, hospital (name, address)	Are further treatments planned? no                                  yes

A separate sheet for answering the questions is enclosed.

### Notes on the conclusion of the contract

The scope of the insurance cover results from the insurance confirmation, the respective General Terms and Conditions of Insurance of the risk carriers as well as the statutory regulations. You can find these in our consumer information.

**I have noted the right of revocation and have read and accepted the general insurance conditions and customer information.**

**I consent to the insurers and DR-WALTER GmbH as far as it serves the duly accomplishment of my insurance matters to record general contract data, contribution data and insurance cases in data pools. I have noted of the data protection information.**

We would like to contact you from time to time by e-mail for product recommendations and reviews. By ticking the box you agree to this. You can object to this consent in writing at any time. Please contact us for this purpose at [info@dr-walter.com](mailto:info@dr-walter.com).

**Please enclose a copy of a valid photo ID of all persons to be insured.**

### Signatures

Place/Date	Applicant
Legal representatives, if applicable	Co-insured persons



## Notification in accordance with section 19 (5) of the German Insurance Contract Act (VVG) of the consequences of a breach of the statutory duty of disclosure

The following explanations of the statutory duty of disclosure apply both to the applicant and to the persons to be insured. Both the applicant and the persons to be insured (each based on one's own person) must understand and comply with the duty of disclosure. The following notes and information on the legal consequences of a breach of the duty of disclosure shall also apply in the event of a breach of duty by a person to be insured, in each case in relation to his or her insurance contract. In order for us to properly review your insurance application, it is necessary that you answer the enclosed questions truthfully and completely. You must also indicate circumstances to which you attach only minor importance. Information that you do not wish to provide to the insurance intermediary must be provided immediately and in writing to DR-WALTER GmbH, Eisenerzstr. 34, 53819 Neunkirchen-Seelscheid. Please note that you will jeopardize your insurance coverage if you provide incorrect or incomplete information. For more details on the consequences of a breach of the duty of disclosure, please refer to the information below.

### What are the pre-contractual duties of disclosure?

Until you submit your contract statement, you are obliged to truthfully and completely disclose all risk-related circumstances known to you about which we have asked in writing. If we ask you in writing about risk-related circumstances after you have declared your intention to enter into a contract, but before you have accepted the contract, you are also obliged to notify us in this respect..

### What are the consequences of a breach of the pre-contractual duty of disclosure?

#### 1. Withdrawal from contract and loss of insurance coverage

If you breach the pre-contractual duty of disclosure, we can withdraw from the contract. This does not apply if you can prove that you acted neither intentionally nor with gross negligence. We have no right of withdrawal due to a grossly negligent breach of the duty of disclosure if we had also concluded the contract, although with different terms and conditions, had we known about the non-disclosed circumstances. There will be no insurance coverage in case of withdrawal. If we declare withdrawal after the occurrence of the insured event, we shall nevertheless remain liable to pay benefits if you prove that the circumstance that was not disclosed or was stated incorrectly

- was not the cause either of the occurrence or the determination of the insured event  
- nor the cause of the determination or scope of our liability to pay.

However, our liability to pay shall not apply if you have fraudulently breached the duty of disclosure. In case of withdrawal from contract, we are entitled to the part of the premium that relates to the contract period before the notice of withdrawal entered into effect.

#### 2. Termination

If we cannot withdraw from the contract because your breach of the pre-contractual duty of disclosure was caused by simple negligence, we can terminate the contract subject to a notice period of one month. In the event of termination, we shall remain liable to pay for the insured events occurring up to the expiry of the notice period. If the insurance contract ends as a result of our termination, we shall only be entitled to that part of the premium corresponding to the period during which insurance coverage existed. We have no right of termination if we had also concluded the contract, although with different terms and conditions, had we known about the non-disclosed circumstances..

#### 3. Contract amendment

Where we cannot withdraw from the contract or terminate the contract because we had also concluded the contract, although with different terms and conditions, had we known about the non-disclosed risk-related circumstances, such different terms and conditions become part of the contract at our request. If your breach of the duty of disclosure was caused by negligence or gross negligence, such other terms and conditions shall become part of the contract retroactively. If you have breached the duty of disclosure through no fault of your own, we shall not be entitled to amend the contract. If the premium increases by more than 10% due to amendment of the contract or if we exclude insurance coverage for the non-disclosed circumstance, you may terminate the contract without notice within one month after you received our notification about the contract amendment. We will inform you of this right in our notification.

#### 4. Exercising our rights

We may only assert our rights to withdraw from, terminate or amend the contract in writing within one month. The period starts when we become aware of the breach of the duty of disclosure that justifies our asserted right. When exercising our rights, we must state the circumstances on which we base our declaration. We can subsequently state further circumstances as justification if the period in accordance with sentence 1 has not elapsed for these. We cannot invoke our rights to withdraw from, terminate or amend the contract if we were aware of the non-disclosed risk-related circumstance or the inaccuracy of the disclosed information. Our rights of withdrawal, termination and contract amendment cease with expiry of a period of three years after conclusion of the contract. This does not apply to insured events that occurred before the expiry of this period. The period has a duration of ten years if you intentionally or fraudulently breached the duty of disclosure..

#### 5. Representation by another person

If you are represented by another person when concluding the contract, the knowledge and fraudulent intent of your deputy as well as your knowledge and fraudulent intent shall be taken into account with regard to the duty of notification, withdrawal, termination, amendment of the contract and the preclusion period for exercising our rights. You may only rely on the fact that the duty of disclosure was not breached intentionally or through gross negligence if neither your deputy nor you are guilty of intent or gross negligence.

## 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.

## Final declaration of the applicant and the person to be insured

### Identity of the companies involved

To offer you these insurance policy, DR-WALTER GmbH has teamed up with a renowned insurance company.

**Insurance coverage is provided by:**  
Barmenia Krankenversicherung AG  
Barmenia Allee 1  
42119 Wuppertal, Germany  
Headquarters: Wuppertal  
District Court Wuppertal HRB 28475

### Contract and service management is provided by:

DR-WALTER GmbH  
Eisenerzstraße 34  
53819 Neunkirchen-Seelscheid, Germany  
Headquarters: Neunkirchen-Seelscheid  
District Court Siegburg HRB 4701

DR-WALTER GmbH acts as an insurance agent for one or multiple clients in accordance with section 34d (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](mailto:info@bonn.ihk.de), [www.ihk-bonn.de](http://www.ihk-bonn.de).

DR-WALTER GmbH is registered in the register of insurance intermediaries under the number D-QAMW-L7NVQ-57. This entry can be reviewed online at [www.vermittlerregister.info](http://www.vermittlerregister.info) or in the Register of Insurance Brokers (Versicherungsvermittlerregister) at Deutscher Industrie- und Handelskammertag (DIHK) e. V., Breite Straße 29, 10178 Berlin, T +49 180 600 585-0, (landline price €0.20 / call; mobile phone prices maximum €0.60 / call). 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.



### Authorized representatives of the companies involved

The legal representative of Barmenia Krankenversicherung AG is the Management Board as follows: Dr. Andreas Eurich (CEO), Frank Lamsfuß, Ulrich Lamy, Carola Schroeder; Chairman of the Board: Dr. h. c. Josef Beutelmann.  
Legal representatives of DR-WALTER GmbH are the managing directors.

### Main business activity of the insurers

Barmenia Krankenversicherung AG offers all types of health and long-term care insurance. Legal and financial supervision is carried out by the Bundesanstalt für Finanzdienstleistungsaufsicht (Federal Financial Supervisory Authority), Graurheindorfer Str. 108, 53117 Bonn, Germany.

### Guarantee and security fund

Medicator AG, Gustav-Heinemann-Ufer 74c, 50968 Cologne, Germany, in agreement with the Federal Financial Supervisory Authority, protects policyholders from the consequences of the insolvency of a health insurance company.

### Key features of the benefits

#### Contract basis

The General and Special Conditions of Insurance (AVB) describe type and scope of the insurance benefits and contain all other regulations.

The entire content is derived from the following documents:

- Insurance Conditions DIA-Weltpolice (DW-WP), of Barmenia Krankenversicherung AG,
- For further information, please refer to the general and additional customer information and the respective fact sheet,
- The insurance policy documents the concluded insurance contract.

The data to be provided by you and any documents to be submitted serve in particular to specify the desired insurance coverage.

Collateral agreements (e.g. verbal commitments made by your insurance agent) are only binding if they are confirmed in writing by DR-WALTER GmbH or the insurance company involved.

### Conclusion of the contract

Once we have received your necessary data, we can accept your application to join within six weeks. This period begins on the day of the declaration of accession. If the insured person receives the insurance confirmation within the acceptance period, the insurance contract is concluded without any further declaration of intent. In order to be able to decide on the insurability of a person to be insured, he/she undergoes a health check during the application process.

For persons to be insured who do not fulfil the condition of insurability, membership shall also not be established by payment or receipt of the premium.

### Reference to the consumer arbitration board Ombudsman Private Health and Nursing Care Insurance

Main persons insured who are not satisfied with decisions made by the insurer, or whose negotiations with the insurer have not led to the desired result, can turn to the Private Health and Nursing Care Insurance Ombudsman.

Ombudsman Private Health and Nursing Care Insurance  
PO Box 06 02 22  
10052 Berlin  
Web: [www.pkv-ombudsmann.de](http://www.pkv-ombudsmann.de)

The ombudsman for Private Health and Nursing Care Insurance is an independent arbitration board that works free of charge for consumers. The insurer has undertaken to participate in the arbitration proceedings.

Consumers who have concluded their contract online (e.g. via a website) can also submit their complaint online to the <http://ec.europa.eu/consumers/odr/> platform. Your complaint will then be forwarded via this platform to the Private Health and Nursing Care Insurance Ombudsman.

Note: The Private Health and Nursing Care Insurance Ombudsman is not an arbitration board and cannot make binding decisions on individual disputes.

### Reference to the insurance Supervision

If main persons insured or policy holder are not satisfied with the service provided by the insurer or if disagreements arise during the processing of the contract, they can also contact the supervisory authority responsible for the insurer. As an insurance company, the insurer is subject to supervision by the German Federal Financial Supervisory Authority.

Federal Financial Supervisory Authority (BaFin)  
Sector Insurance Supervision  
Graurheindorfer Straße 108  
53117 Bonn  
Mail: [poststelle@bafin.de](mailto:poststelle@bafin.de)

Note: The BaFin is not an arbitration board and cannot make binding decisions on individual disputes.

### Reference to the legal process

Regardless of the possibility of turning to the consumer arbitration board or the insurance supervisory authority, taking legal action is open to the main person insured or policy holder.

### Health insurance guarantee fund

Medicator AG, Gustav-Heinemann-Ufer 74 c, 50968 Cologne, in agreement with the Federal Financial Supervisory Authority (Bundesanstalt für Finanzdienstleistungsaufsicht), protects policyholders against the consequences of the insolvency of a health insurance company.

### Insurance conditions

The insurance conditions stated in the tariffs applied to apply to the insurance. These - as well as other consumer information - are always sent before the submission of the contract declaration (application).

### Right of withdrawal

You may revoke your contractual declaration after receipt of the insurance policy. Details of your right of withdrawal can be found in the „General customer information“. You will also receive instructions on the right of withdrawal with the insurance policy.