

TERMS AND CONDITIONS FOR HEALTH INSURANCE AND SICKNESS DAILY ALLOWANCE COVER OF THE EXPAT SERIES PART II

TARIF EXPAT®GLOBAL-P

1.	INSURANCE COMPANY:	HanseMerkur Reiseversicherung AG
2.	POLICY HOLDER:	Dienstleistungsgesellschaft für den Bund der Auslandserwerbstätigen (BDAE) mbH
3.	PARTIES ENTITLED TO INSURANCE:	Natural persons. Only one person per family may be nominated as party entitled to insurance.
4.	INDIVIDUALS INSURABLE:	Parties entitled to insurance and their family members up to the age of 65 years. Family members are defined as partners and children who share the same household.
5.	CONTRACTUAL BASIS:	Terms and conditions for health insurance and sickness daily allowance cover of the EXPAT®series part I and part II (EXPAT®GLOBAL-P tariff).
6.	AREA OF APPLICATION:	Worldwide. Individuals of German nationality cannot be insured if they have permanent residence in the Federal Republic of Germany.
7.	START OF COVER:	On the day requested, but not before entry of application form.
8.	INSURANCE YEAR:	01 July - 30 June of the calendar year.
9.	EARLY TERMINATION:	The insurance may be terminated by the person insured at any time in writing. It will then end with the expiry of the month following on notice of termination being given.
10.	PREMIUM PAYMENTS:	The premium is an annual premium, which is made out in equal monthly instalments. It becomes due for payment in advance by the time of the end of each contractual year.
11.	DATA ON INSURED PERSON'S STATE OF HEALTH:	None. You are specially asked to refer to the terms and conditions for health insurance and sickness daily allowance cover of the EXPAT®series, part I, GENERAL PROVISIONS, § 6, no. 5.
12.	BENEFITS:	EXPAT®GLOBAL-P
12.1	OUTPATIENT TREATMENT:	100% of the invoiced amount for medically necessitated outpatient treatment as a private patient.
12.1	INPATIENT TREATMENT:	100% of the invoiced amount for medically necessitated hospital treatment and treatment-related care as a private patient in a two-bed room, including operations, X-rays, radiation treatment and diagnostics.
12.3	PHARMACEUTICALS, BANDAGES AND MEDICINES:	100%, if prescribed by a doctor.
12.4	DENTAL TREATMENT:	100% of the invoiced amount for medically necessitated outpatient dental treatment in simple form. Inlays, onlays and crowns are not insured. The insurance cover includes an annual checkup for preventive purposes, once in the insurance year, but does not include any prophylactic treatment.
12.5	PREVENTIVE CHECKUPS:	Outpatient preventive checkup for children, also for the early recognition of cancerous conditions.
12.6	BENEFITS FOR PREGNANCY AND DELIVERY:	Assumption of costs for examination and medically necessitated treatment of women in pregnancy and childbirth from 15 years of age. Preexisting pregnancy prior to commencement of cover is not covered.
12.7	TOOTH REPLACEMENT:	After expiry of the waiting period: 80% for dental prosthesis, and orthodontic treatment up to the age of 18, to a maximum amount, however, of EUR 2000 in total in the first two years of the policy or up to EUR 3000 in total in the first three years of the policy. From the fourth year of the policy, at most up to EUR 4000 per year of the policy.
12.8	MEDICAL AIDS:	Visual aids up to EUR 50.00 per person insured and year of the policy, as well as bandages, dressings, orthopaedic inserts and walking supports in simple design.
12.9	OTHER BENEFITS:	a) 100% of doctor's mileage fees or transport costs to or from the nearest accessible suitable treatment centre for outpatients will be reimbursed, if there is no doctor practising at the place of residence or in case of inability to travel confirmed by doctor's certificate. b) 100% of transport costs to the nearest suitable hospital c) For return transport or conveyance to the permanent place of residence, the insurance company will reimburse - up to EUR 5.000 within a continent. - up to EUR 10,000 between continents. If for the return journey an authorised ambulance aeroplane should be called for, the restriction to the benefit amount no longer applies. The most economical means of transport is to be selected for the return journey, so long as this is possible from the medical point of view.
13.	WAITING PERIOD:	8 months for dental prosthesis.
14.	DURATION OF INSURANCE COVER:	5 years. A one-off extension for a further 5 years is possible with the consent of the insurance company.

15.	MONTHLY PREMIUM:		
	WORLDWIDE (EXCLUDING USA/CANADA):	Party entitled to insurance	Family members
		130,00 EUR	180,00 EUR (per Person)
		Holiday or business visits to the USA or Canada lasting up to one month, without taking up fixed residence, will be covered by the policy.	
USA/CANADA:	Party entitled to insurance	Family members	
	344,00 EUR	524,00 EUR (per Person)	
15.a	DEDUCTIBLE:		
	WORLDWIDE (EXCLUDING USA/CANADA)	0,00 EUR	
	USA/CANADA:	500,00 EUR per Person and insurance year.	
16.	OTHER MATTERS:	No pension reserve fund will be established. The insured party does not have any claim to be taken on by a further insurance policy. You are recommended to take out a deferred insurance policy, e.g. with a statutory health insurance scheme.	
17.	EXTERNAL SERVICES:	a) External medical assistance services by International SOS according to information enclosed. b) Extended scope of benefits for return transport and conveyance costs up to 250.000,00 EUR per loss event.	

EXPAT® GLOBAL-P APPLICATION

APPLICANT / PARTY ENTITLED TO INSURANCE:

Name:	First name(s):	current occupation:
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For legal entities: (name and reg. no.):

Address:

Phone:	Fax:	e-mail:
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PAYMENT DETAILS:

Payment type*: yearly every 6 months (+2%) quarterly (+3%) monthly (+5%)

Bank	Acc.-No	Sort Code:
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Credit Card (+6%):	<input type="checkbox"/> Master-/Eurocard	valid until:	Card-No.:
	<input type="checkbox"/> Visa <input type="checkbox"/> Diners		

Account / card holder, if not applicant (please sign below also):

INFORMATION ON STATUTORY HEALTH INSURANCE:

Will you maintain a statutory health insurance?	<input type="checkbox"/> Non* <input type="checkbox"/> Yes*, with:	Insurance no.:
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THE FOLLOWING PERSONS ARE TO BE INCLUDED IN THE INSURANCE: (Please consider applicant)

Name, First name(s)	Nationality	Sex*		Date of birth	Planned country of residence	USA / Canada*		Monthly premium (EUR)	Start of insurance Month/Yar
		m	f			incl.	w/o		

(*please tick)

I/we hereby apply for insurance cover as outlined by the terms and conditions for health insurance and sickness daily allowance cover of the EXPAT®series part I and part II (EXPAT®36/60 tariff) for the persons listed above by registering them with the insurer as insured persons. The insured persons or their legal guardians permit the insurer to request any information from third parties at any time which may be necessary to establish the state of health of the insured persons. For this purpose, the third parties are released from their obligation to secrecy. The total premium must be paid in advance in accordance with the chosen payment period. I hereby give permission for the premiums to be debited from my account or credit card (see above). Note: the premium is due after confirmation of insurance cover has been received and no later than the beginning of the insurance. I/we are aware that the policy holder will not register the listed persons as insured persons with the insurer (or will terminate their registration) if the premium or other charges have not been paid in full due to the actions of the person eligible to be insured. I/we am/are also aware that we do not have insurance cover in this case.

Place, date: _____ Signatures: _____

(applicant or legal guardian of persons who are to be included in the insurance and all adults to be insured and possibly different account holder/card owner)

Insurer: HanseMerkur Reiseversicherung AG
Policy holder: Dienstleistungsgesellschaft für den Bund der Auslandserwerbstätigen (BDAE) mbH