

HALLESCHE Krankenversicherung - 70166 Stuttgart
Frau
Xojegfjae Bcblügl-Lkjfage
Hohe Birke 12
15749 Mittenwalde

Hallesche
Krankenversicherung auf Gegenseitigkeit
70166 Stuttgart
Service-Telefon: 0711 6603-6603
Montag - Freitag von 8 - 20 Uhr

Telefax: 0711 6603-333
service@hallesche.de
www.hallesche.de

Versicherungsnummer:
05/61/1.643793.5
-bitte immer angeben-

Datum
07.05.2024

TEST SOMA PDF embedded

Sehr geehrte Frau Bcblügl-Lkjfage,
anbei erhalten Sie Unterlagen.

- SOMA-PDF: VG 10/2/150/149E, 29 Seiten, 5,177 MB

Haben Sie noch Fragen? Bitte rufen Sie uns an.

Mit freundlichen Grüßen

Ihre HALLESCHE
Krankenversicherung auf Gegenseitigkeit

Hallesche

Krankenversicherung
auf Gegenseitigkeit
70166 Stuttgart
service@hallesche.de
www.hallesche.de

Application to the Health Insurance

- Comprehensive health insurance coverage
- Supplementary health insurance coverage
- Nursing care insurance

Your agent

Dear Customer,

You will find further information to “definitions”, “remarks” and “declarations” on pages 1 up to 9 on “Important Information and Declarations by the Applicant and the Person to be insured” which are relevant for the application as well as the “Instruction of Revocation” and the “Declaration of Data Protection”.

We ask you to read these “Important Information and Declarations by the Applicant and the Person to be insured” as well as the “Instruction of Revocation” and the “Declaration of Data Protection” very carefully before signing.

We ask you to detach the following documents out of this booklet:

- **pages of application,**
- **SEPA direct debit mandate and**
- **confirmation of receipt**

and to send these documents fully filled in and signed back to us.

You will then receive an answer from us soon.

Thank you!

Application to the Health Insurance

SC	VD	health insurance policy no.	agent no. (with Hallesche)	customer no. (with Hallesche)	Antragsnummer	<input type="checkbox"/> New Application <input type="checkbox"/> Modified Application
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**Applicant/
policy holder**☐ Mr. ☐ Ms.

surname/title	
first name	date of birth
<input type="checkbox"/> self-employed	<input type="checkbox"/> free-lance
<input type="checkbox"/> employee	<input type="checkbox"/> not working
street	
post code	place
phone (voluntary detail)	
fax (voluntary detail)	
e-mail (voluntary detail)	

concern resp. employer	
practised activity	branch
street	
post code	place
phone (voluntary detail)	
fax (voluntary detail)	

**Persons
to be insured****person 1** ☐ male ☐ female

surname/title		
first name		
date of birth	nationality	marital status
<input type="checkbox"/> self-employed	<input type="checkbox"/> free-lance	<input type="checkbox"/> employee
<input type="checkbox"/> not working	<input type="checkbox"/> employer's certificate required	
professional activity		branch of industry
claim of subsidies as <input type="checkbox"/> civil servant/family member <input type="checkbox"/> public employee/family member		
according to the rules of the		
<input type="checkbox"/> Federal Republic	<input type="checkbox"/> federal country	out-patient %

person 2 ☐ male ☐ female

surname/title		
first name		
date of birth	nationality	marital status
<input type="checkbox"/> self-employed	<input type="checkbox"/> free-lance	<input type="checkbox"/> employee
<input type="checkbox"/> not working	<input type="checkbox"/> employer's certificate required	
professional activity		branch of industry
claim of subsidies as <input type="checkbox"/> civil servant/family member <input type="checkbox"/> public employee/family member		
according to the rules of the		
<input type="checkbox"/> Federal Republic	<input type="checkbox"/> federal country	out-patient %

If the applicant/policy holder are not also the insured party: is there a family relationship between you and the applicant/policy holder within the meaning of §7 Pflegezeitgesetz or §15 Abgabenordnung? (See page 2 for the definition of a family relationship)

☐ no ☐ yes, family relationship☐ no ☐ yes, family relationship

If the question is answered with "no", a separate application should be submitted for the concerned party.

Any change in the relationship during the term of the contract should be notified to the insurer immediately.

**Additional
information for
self-employed
persons**

date of setting up in business/of freelancing	
commencement of present activity	
previous activity	
GmbH director: share of nominal capital	number of directors

date of setting up in business/of freelancing	
commencement of present activity	
previous activity	
GmbH director: share of nominal capital	number of directors

**Additional
information
for persons
from abroad**

date of entry (dd/mm/yyyy)	
Has a residence permit already been issued or is there currently an ongoing application for one? <input type="checkbox"/> yes <input type="checkbox"/> no	
If "no", do you intend to apply for a residence permit? <input type="checkbox"/> yes <input type="checkbox"/> no	
Which type of residence permit do you have or are applying for? <input type="checkbox"/> temporary <input type="checkbox"/> permanent	
Please note that insurance cover in accordance with the Hi.Germany tariff programme can only be offered if all the requirements pursuant to the "Declaration for persons from abroad" are met.	

date of entry (dd/mm/yyyy)	
Has a residence permit already been issued or is there currently an ongoing application for one? <input type="checkbox"/> yes <input type="checkbox"/> no	
If "no", do you intend to apply for a residence permit? <input type="checkbox"/> yes <input type="checkbox"/> no	
Which type of residence permit do you have or are applying for? <input type="checkbox"/> temporary <input type="checkbox"/> permanent	
Please note that insurance cover in accordance with the Hi.Germany tariff programme can only be offered if all the requirements pursuant to the "Declaration for persons from abroad" are met.	

**Only when taking
out daily
indemnity**

monthly net income (for employees necessary from € 140 KT on) (definition net income see "page 1")

monthly net income (for employees necessary from € 140 KT on) (definition net income see "page 1")

**Previous insurance
coverage during
the last 12 months**

insurer/health insurance fund (remarks see "page 1")	
types and extend of insurance	amount of daily benefits (GKV as well)
exists since	ends/ended

insurer/health insurance fund (remarks see "page 1")	
types and extend of insurance	amount of daily benefits (GKV as well)
exists since	ends/ended

**Further details to
the current statutory
health insurance/
insurer**

When statutorily covered	terminated by
<input type="checkbox"/> voluntary insured	<input type="checkbox"/> policy holder
<input type="checkbox"/> compulsory insured	<input type="checkbox"/> statutory health insurance/insurer
<input type="checkbox"/> family cover	
<input type="checkbox"/> statutory medical care for civil servants (Freie Heilfürsorge)	

When statutorily covered	terminated by
<input type="checkbox"/> voluntary insured	<input type="checkbox"/> policy holder
<input type="checkbox"/> compulsory insured	<input type="checkbox"/> statutory health insurance/insurer
<input type="checkbox"/> family cover	
<input type="checkbox"/> statutory medical care for civil servants (Freie Heilfürsorge)	

Tariffs not applicable

☐ Waiver of Waiting Time with Medical Examination at your own charge (Information see "page 1") ☐ Waiver of Waiting Time with Medical Examination at your own charge (Information see "page 1")

Please answer for children to be covered alone in addition:

person 2

surname, first name
private nursing care insurance with
enclosed <input type="checkbox"/> proof of coverage

Information of the Consequences of the Violation of the Disclosure Obligation

Dear Customer,

So that we can check your application properly, it is necessary for you to answer the enclosed questions truthfully and completely. Such circumstances which you may deem to be trivial should also be included.

If you or any of the persons to be insured do not wish to disclose information in this instance, you may remedy this situation by writing to the Board of Directors in Stuttgart within seven days. Your details will be treated in the strictest confidence in any case.

Please note that you will jeopardise your insurance cover if you give incorrect or incomplete information. Please see the information below for more detailed information on the consequences of violation of the disclosure obligation.

What pre-contractual disclosure obligations exist?

You are obliged, prior to submission of your contractual declaration, to disclose truthfully and completely all material circumstances known to yourself, which we have requested in writing. If we request material circumstances in writing after your contractual declaration but prior to contract acceptance, you are obliged to disclose to this extent.

What consequences may occur if a pre-contractual disclosure obligation is violated?

1. Withdrawal and lapsing of insurance cover

If you violate the pre-contractual disclosure obligation, we can withdraw from the contract. This does not apply if you can prove that there is neither malice aforethought nor gross negligence.

In the event of gross negligent violation of the disclosure obligation, we have no right to withdraw if we had concluded the contract in the knowledge of the undisclosed circumstances, even in accordance with other conditions.

There is no insurance cover in the event of withdrawal. If we declare withdrawal after occurrence of the insurance case, we remain obliged to provide benefits if you prove that the undisclosed or incorrectly disclosed circumstance was the cause of

- neither the occurrence or establishment of the insurance case
- nor the establishment or the extent of our benefit obligation.

However, our benefit obligation does not apply if you have fraudulently violated the disclosure obligation.

In the event of a withdrawal, we are entitled to that part of the premium which corresponds to the contractual period which has elapsed up to the implementation of the withdrawal declaration.

2. Termination

If we are unable to withdraw from the contract because you have only violated the disclosure obligation with slight negligence, we can terminate the contract giving one month's notice.

Our termination right is excluded if we had concluded the contract in the knowledge of the undisclosed circumstances, even in accordance with other conditions.

3. Contract amendment

If we are unable to withdraw or give notice to terminate because we had concluded the contract in the knowledge of the undisclosed risk factors, even in accordance with other conditions, the other conditions become part of the contract at our request. If you have negligently violated the disclosure obligation, the other conditions will become part of the contract retroactively. This may also lead to us not being obliged to reimburse the costs for events insured already having occurred or occurring in future if conditions have been or are the cause for these which have not been mentioned or which have not been mentioned correctly. If you have inadvertently violated the disclosure obligation, we are not entitled to amend the contract.

If the premium increases by more than 10% as a result of the contract amendment or if we exclude the risk cover for the undisclosed circumstance you can terminate the contract within one month from receipt of our letter on the contract amendment. We will refer to this right in our letter.

4. Exercising of our rights

We can only invoke our rights to withdrawal, termination or contract amendment within one month in writing. This period begins on the date on which we gain knowledge of the violation of the disclosure obligation which justifies our invoked right. In exercising our rights, we have to state the circumstances on which our declaration is based. We can state further circumstances for justification retroactively if the period for this purpose in accordance with Clause 1 has not expired.

We cannot invoke the rights to withdrawal, termination or contract amendment if we had knowledge of the undisclosed risk factor or the inaccuracy of the disclosure.

Our rights of revocation, cancellation and modification of the contract expire after the period of three years after the conclusion of the contract. This does not apply for events insured against which have occurred before this period. The period is ten years if you have violated the obligation of disclosure intentionally or fraudulently.

5. Representation by another person

If you are represented by another person for the conclusion of the contract, the knowledge and malevolence of your representative as well as your own knowledge and malevolence have to be considered as far as the obligation of disclosure, the revocation, the cancellation, the modification of the contract and the preclusive time limit are concerned for the execution of our rights. You may only refer to the fact that the obligation of disclosure has not been violated intentionally or grossly negligently if neither your representative nor you may be charged for it.

Hallesche
Krankenversicherung auf Gegenseitigkeit

VG 13E – 01.21

We ask you not to send us any results or data of genetic examinations or analysis! You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

person 1

person 2

height in cm	height in cm
weight in kg	weight in kg

1. Have out-patient examinations (medical check-ups due to pre-existing diseases or development disturbances as well) or treatments by doctors, non-medical practitioners or other persons who have treated you been carried out during the last 3 years? Have you been in need of care during the last 3 years?
2. Did in-patient examinations, in-patient treatments or operations take place within the last 10 years? (For persons 32 years of age and younger only the details for the last 5 years have to be given – for definition of "entry age" see "page 1".)
3. Has a psychotherapy been recommended or carried out for the last 10 years or is a psychotherapy intended?
4. During the last 3 years have you had or do you have an examination, have you been or are you in medical treatment or consultation due to sterility or do you have an unfulfilled wish for a child (to be answered by male and female applicants)?

<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes

Details to questions 1 to 14 answered with "yes"

[illegible]

**Further details
to questions
1 to 14 answered
with "yes"**

[illegible]

If the space given is not sufficient for the answers to the questions, please use a separate sheet of paper or our form VG 12E as an enclosure.

number:

**SEPA
Direct Debit
Mandate**

In order to be in a position to participate in the direct debiting system we ask you to send us back the attached SEPA direct debit mandate, completely filled in and signed by you together with the application.

**Data Transfer
to the tax
authorities**

Hallesche will pass on to the tax authorities the amounts of the tax reducing health and compulsory nursing care premiums as well as the necessary personal data of you and possibly of the persons covered in your contract.

We ask you to give us your tax ID numbers for the passing on of data.
If you not mention your tax ID numbers, we are entitled to ask for it with the Federal Central Tax Office.

Remark: The stating of the date of birth and the tax ID number of the policyholder is necessary for the passing on of data for persons insured in any case.

applicant/policy holder

Tax ID (11-digit)

person 1

Tax ID (11-digit)

person 2

Tax ID (11-digit)

**Declaration
for persons
from abroad**

Declaration of the applicant/policy holder

I hereby confirm that the insurability requirements are met for the person to be insured and

- said person already has a place of residence in Germany or will do so at the latest when this contract commences,
- said person already has a residence permit or a residence permit is currently being applied for or will be applied for and
- at the time at which the contract commences, said person is not covered by any German statutory health insurance or is entitled to free therapeutic care/has entitlement within the meaning of an aid order.

I undertake to declare any changes without undue delay in writing. I am aware that false declarations jeopardise the insurance cover. Please note the **"Information of the Consequences of the Violation of the Disclosure Obligation"** when declaring the state of health.

**Important
information
for applicant
and agent**

Please check that the information in the application is correct and complete.

Please note the **"Information of the Consequences of the Violation of the Disclosure Obligation"** when declaring the state of health.

Please also read the information and declarations on "page 1 up to 9". They are an important component of the contract. The declarations become part of the application through your signature. You also agree that the insurance cover starts prior to the expiry of the cancellation period if necessary.

Please check before signing that you have received all the documents listed in the attached confirmation of receipt unless you have expressly rejected submission thereof prior to submission of your contractual declaration.

You may cancel your contractual declaration within two weeks. See the detailed information in the attached form "Instruction of Revocation" on "page 3 up to 5".

Signatures

Place/date

Signature of the applicant – possibly the statutory representative of the persons to be co-insured

Signature of the persons to be co-insured from the age of 18 years on as far as all above declarations are concerned

For possible questions
please contact

☐ directly the applicant ☐ the agent

☐ telephone

☐ fax

Name and stamp/signature of the agent

**Declaration
of Data
Protection**

The following declarations of consent and release from the professional oath of secrecy are absolutely decisive for the verification of the application as well as the justification, implementation or end of your insurance contract with Hallesche. **You will find all declarations in the full text on "page 6 up to 9". We ask you to read these carefully before signing.**

- I. Consent of Inquiry and Use of Health Data and Release from the Professional Oath of Secrecy
 1. Hallesche's Inquiry, Storage and Use of Health Data Given by You
 2. Inquiry of Health Data by Third Parties
 - 2.1. Inquiry of Health Data by Third Parties to Check the Risk and to Verify the Obligation to Pay
 - 2.2. Declarations in the Event of Your Death
 3. Passing on of Your Health Data and Further Data Protected as per § 203 of the German Penal Code outside Hallesche Krankenversicherung auf Gegenseitigkeit
 - 3.1. Passing on of Data for the Medical Expertise
 - 3.2. Passing on of Tasks to Other Bodies (Companies or Persons)
 - 3.3. Passing on of Data to Re-Insurers
 - 3.4. Passing on of Data to Independent Agents
 4. Storage and Usage of Your Health Data if the Contract is not Concluded

II. Inquiry of Health Data with Third Parties to Check the Risk when Handling Your Application

III. Consent to the Obtaining of Credit Information and the Use of the Results

I herewith confirm that I have received all declarations of consent and release from the professional oath of secrecy and that I have taken note thereof. These declarations become part of my application after my signing.

Signatures

Place/date

Signature of persons to be co-insured (if not legally represented)

Signature of the applicant

Signature of persons legally represented (in case of the required capacity of discernment at the earliest at the age of 16) or signature of the legal representative

Hallesche
Krankenversicherung
auf Gegenseitigkeit
70166 Stuttgart

Creditor Identification Number/Gläubiger-Identifikationsnummer
DE89ZZZ00000031444

Mandate Reference/Mandatsreferenz
"will be provided later/wird nachgeliefert"

or per fax to +49 711 6603-333

SEPA Direct Debit Mandate

By signing this mandate form, I authorise Hallesche Krankenversicherung a. G. to send instructions to my bank to debit my account and my bank to debit my account in accordance with the instructions from Hallesche Krankenversicherung a. G.

Hallesche Krankenversicherung a. G. will announce the direct debit at least 6 calendar days before the maturity of the payment. In case of repeated direct debits with equal or fixed direct debit amounts a single information before the first direct debit and the details of the due dates is sufficient.

Remark: As part of my rights, I am entitled to a refund from my bank under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

With my signature I furthermore confirm that I am (also) solely authorised to dispose of the bank account mentioned.

First name and family name (Account holder*)		Date of birth
Street name and number	Postal code and city	
Address for service (only if different):		
Street name and number or Post office box	Postal code and city	
Creditor institute (Name and BIC)		
IBAN		

In case of a new application: This SEPA direct debit mandate is valid at the time of signature.

In case of an existing insurance contract:
This SEPA direct debit mandate is valid as of

Beginning of validity period

(If no different beginning of validity period is filled in, the SEPA direct debit mandate is valid at the time of signature.)

Place/date	Signature of the account holder
------------	---------------------------------

¹ Provided you, the account holder is not the applicant/main person insured at the same time, you will be able to see "Information on the implementation of the EU Basic Data Protection Regulation" over new applications/registrations made by the applicant/main person insured. This information is also available on the internet at www.hallesche.de/datenschutz, email: service@hallesche.de, and also on request via the postal services at the above-mentioned address or by calling on 0800 3020-100.

Please always fill in: This SEPA direct debit mandate is valid for the insurance contract with Hallesche Krankenversicherung a. G. for the following policy holder/main person insured:

First name and family name (Policy holder/main person insured)	Date of birth
Street name and number, postal code and city	Policy number (if known)

Method of payment: ☐ monthly ☐ quarterly ☐ half yearly ☐ yearly (3 % discount²)

No method of payment may be chosen for tariff VSAplus, because this tariff has a "single premium".

In order not to jeopardize the qualification for allowance a yearly payment is not possible for the coverage as per tariff FÖRDERbar.

² The granting of a discount does not apply for the contribution of the compulsory nursing care insurance and the contributions of the government-funded tariffs.

Confirmation of Receipt

Agent Number

Agent Name

Date of Application

Policy Number (if available)

Policy Holder/Main Person Insured

Family Name

First Name

Date of Birth

With my signature I confirm having received the following documents before my contract declaration

☐ **Filled in copy of the application for health insurance coverage**

Place/Date

Signature of the Policy Holder/Main Person Insured

Important Information and Declarations by the Applicant and the Person to be Insured

General Contractual Conditions/Consumer Information

The contractual provisions including the General Insurance Conditions, the statutory information in accordance with Section 7 of the Insurance Contract Act (VVG) ("Versicherungsvertragsgesetz") and information on the consequences of violation of the disclosure obligation and of the non-payment of the initial premium for the compulsory care insurance and information on the cancellation right must be given to you in full by your agent in good time prior to your insurance declaration.

Unless you have expressly declined the delivery of these documents at this point in time, please confirm receipt of the aforementioned documents on the receipt acknowledgement and return it to us together with your application.

Applicable Right

German law is applicable for this contract.

Confirmation of income/sick pay period

I expressly confirm, if I have applied for daily sickness benefit insurance, that the daily benefits for which I have applied (if applicable together with any other existing or pending claims on statutory or private daily sickness benefit providers elsewhere) do not exceed my insurable net income (see "Income calculation for daily sickness benefits") of the last 12 months. If I am an employee, I also confirm that the selected waiting period is not shorter than the period of my entitlement to continuation of remuneration in the event of sickness.

Customer Money Insurance

Insurance agents of Hallesche Krankenversicherung are not authorised to accept payments which the policy holder makes to them, unless Hallesche Krankenversicherung has issued a written authorisation to the insurance agent.

Income calculation for daily sickness benefits – Definition net income

The insurable net income is calculated as follows:

- Employees
80% of the income out of employed work which is relevant for the taxes (gross wage). Only those cash benefits of the employer are considered which are agreed upon in the contract and which are paid to the employee regularly – that is at least once a year.
- Self-employed (e. g. traders and members of liberal professions, including doctors and dentists in private practice)
80% of the income tax relevant profit out of this liberal profession (calculated as per the operating assets comparison or balance of income and expenditure).

If the policy holder gives proof that the tax on the gross wage or the profit is less than the 20 % lump-sum tax, he or she may request that the actual taxation is relevant.

Income calculation for daily sickness benefits as per tariff KTAR – Definition gross income

The insurable gross income is calculated as follows:

- Daily average gross income which the employee (managing director) receives from the employer (policy holder) during the period of inability to work.

This regulation is not valid for the continuation of coverage in another daily benefits tariff.

The insurer's consent to daily benefits insurance

I am aware that the conclusion of further or an increase of existing hospital and/or daily sickness benefits insurance is only possible with the consent of Hallesche Krankenversicherung. In the event of deliberate or grossly negligent violation of this obligation, Hallesche Krankenversicherung is entitled, according to Section 28 of the Insurance Contract Act (VVG) ("Versicherungsvertragsgesetz"), to terminate the insurance contract without notice and/or to refuse benefits if applicable.

Co-insurance from birth

I am aware that the co-insurance of a newborn baby is possible without any risk assessment if the requirements of the General Insurance Conditions are fulfilled.

Change of Insurer

The surrender of an existing insurance policy in order to take out insurance cover with another private health insurance company is generally undesirable to both companies and is inadvisable for the person insured.

Pre-Insurer

The following types of insurance have to be stated in this instance: statutory and/or private comprehensive or supplementary health insurance, nursing care insurance, nursing care pension schemes (also with life assurers), insurance against interruption of business or other insurance policies which provide benefits in the event of sickness or need of care. For sickness benefits, daily sickness benefits, daily hospital or care benefits we ask you to state the daily amount.

Waiting period/Waiving the waiting period

Hallesche Krankenversicherung renounces – except for the medical care and compulsory long-term care insurance – waiting periods in the medical insurance and, if applicable, also in the daily sickness benefit insurance or persons with a comprehensive insurance (insurance coverage for at least out-patient and in-patient treatments) if the coverage starts immediately after the previous insurance. If these conditions are not met, the waiting periods can be waived on the basis of a medical consultation (VG 150E) whose costs I have to bear. For persons with additional insurance to the statutory health insurance, the waiting periods can only be waived on the basis of a medical consultation paid by the applicant.

Are the findings not submitted within 21 days following the application, the insurance is concluded with the waiting periods stated in the terms and conditions with exception of the long-term care insurance.

It is generally not possible to waive waiting periods for any (long-term) care-related insurance coverage.

Entry age

Entry age is the difference between the year of birth and the calendar year in which the insurance contract comes into effect or is amended.

Compulsory Nursing Care Insurance – Definition Total Income

Total income is the sum of all receipts as defined by the German Income Tax Law ("§ 2 para. 1 Einkommensteuerrecht (EStG)"). These are especially earnings and salaries – as well as income of low-wage part-time employment (German Minijobs) –, pensions, rental income, income of capital, income of self-employment or business.

The following amounts **will not be deducted**:

The age tax allowance, special expenses, extraordinary expenses, child allowance, the budget allowance and other tax-deductible amounts.

On the other hand, professional expenses **are deductible** – except for salaries taxed at a flatrate – and the savers' tax allowance on investment income. For severance payments, indemnity or other benefits (compensation for termination) that are paid due to the termination of employment and in a way that does not recur on a monthly basis, the monthly wage most recently received will be used for the months following the payout up until the month in which continued payment of the wage would have reached the amount of the compensation for termination. Pensions are taken into account excluding the portion attributable to compensation points for child-rearing periods. One-time payments are to be spread over all months of the year, e. g. interest payments. Profit is decisive for the self-employed. The following are not considered as income: maternity allowance, child-rearing allowance, child allowance, unemployment benefit, social security benefits, student loans (BAföG), housing benefit as well as premium allowance for health and nursing care insurance.

The income limit for non-contributory coinsurance of children or reduced premiums for spouses resp. registered civil partners amounts generally to 1/7 of the monthly reference figure as per § 18 of the German Social Legislation Book IV (SGB IV), that is a monthly € 470 (as per 1 January 2022, current value may be asked for).

Contract conclusion

I am aware that the contract only starts, if the insurer has declared the acceptance of the contract in writing. The commencement of the insurance coverage is the date from which on the premiums have to be paid. The insurance coverage starts with the commencement of the insurance, however, not before the conclusion of the agreement and possibly not before the end of the waiting times.

Definition of family relationship

Relatives within the meaning of §7 Pflegezeitgesetz or §15 Abgabenordnung include:

- Grandparents, parents, parents-in-law, step-parents, foster parents
- Marital partners, life partners, partners in a cohabitational or civil relationship*
- Siblings and their marital partners/life partners, siblings of marital partners/life partners*
- Children, adoptive or foster children as well as those of the marital partner/life partner, children-in-law and grandchildren
- Children of siblings, siblings of parents

*including if the marriage or civil partnership on which the relationship is based no longer exists

Instruction of Revocation on Comprehensive Insurance

Section 1

Right of Revocation, Consequences of Revocation and Specific remarks

Right of Revocation

You may cancel your contractual declaration within a cancellation period of 14 days without stating the reasons in writing (e.g. letter, fax, e-mail).

This period begins at the time you receive

- the insurance certificate,
- the insurance conditions including the general terms and conditions of insurance applicable to this contractual relationship, which in turn include the tariff provisions,
- these instructions,
- the information sheet about insurance products,
- and the further information listed in section 2;

all information must be in text form.

Sending the cancellation in good time is sufficient to comply with the cancellation period.

The revocation shall be addressed to:

Hallesche Krankenversicherung a.G.
Reinsburgstraße 10, 70178 Stuttgart.

In the event of revocation by fax, it shall be sent to the following fax number: 0711 6603-333

Consequences of Revocation

If the cancellation is valid, the insurance cover will end. If you agreed to have the insurance begin before the cancellation period ends, the insurer must refund you the portion of the premiums that was payable for the time after receipt of the cancellation notice.

The insurer will be permitted to retain the portion of the premiums that is payable for the time up to receipt of the cancellation notice; this portion will be calculated as one-thirtieth of the total monthly premium stated on the insurance certificate for each day that insurance cover existed. The insurer must refund repayable amounts without undue delay and no later than 30 days after receipt of the notice of cancellation.

If the insurance cover is not starting prior to the expiry of the revocation period then the effective revocation results in reimbursing the received benefits and to return the therefrom obtained benefits (e.g. interests).

If you have applied your right of cancellation to the insurance contract and it is valid, you will not be bound to any other contract in connection with the insurance contract. Such a contract is given, if it is in connection with the revoked contract and if a service of the insurer or a third party on the basis of an agreement among a third party and the insurer is concerned. No contract penalty may be agreed upon or may be demanded.

Specific remarks

Your right to cancel is void if both you and the insurer have completely fulfilled your and its obligations under the contract based on your explicit request prior to you exercising your right to cancel.

Section 2

List of further information necessary for cancellation period to begin

In connection with the further information specified in section 1, second sentence, the following lists each individual information obligation:

Subsection 1

Information obligations for all insurance lines

The insurer must provide the following information to you:

1. the identity of the insurer and any subsidiary through which the contract is intended to be signed; the insurer must also specify the companies register in which the underlying legal entity is recorded and the associated registration number
2. an address of the insurer that is capable of service of legal documents and every other address that is significant for the business relationship between the insurer and you; for legal entities or associations or groups of individuals: the name of a person authorised to represent the entity/association/group; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
3. the insurer's main business activity
4. information about the existence of a guarantee fund or other compensation arrangements; the name and address of the guarantee fund must be provided
5. the essential characteristics of the insurance benefit(s), particularly information about the nature and scope of the insurer's benefit(s) and when it/them are due
6. the total price of the insurance including all taxes and other pricing components, with premiums being presented individually; if the insurance is intended to comprise multiple independent policies or if an exact price cannot be provided: information about the foundations for calculating the price, allowing you to review the price
7. specifics about payment and fulfilment, including about how to pay the premiums
8. information about how the contract takes effect, especially about the beginning of the insurance and insurance cover and the duration of time for which the applicant will be bound to his or her application
9. the existence or non-existence of a right of cancellation and the terms and conditions, the specifics for exercising this right – including the name and address of the person to whom the cancellation must be declared – and the legal consequences of cancellation, including information about the amount that you might need to pay if you cancel the contract; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
10. a) information about the term of the contract/policy period
b) information about the minimum duration of the contract
11. information about ending the contract, particularly information about the contractual terms and conditions for terminating it, including any penalties; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
12. the member states of the European Union whose laws the insurer uses as a basis for initiating relations with you before signing the insurance contract
13. the laws governing the contract or a contract clause about the laws or court governing the contract
14. the languages in which the insurance terms and conditions and the advance information specified in this subsection are communicated and the languages in which the insurer is required to conduct communication with your approval while this contract is valid
15. any potential recourse that you may have to an out-of-court complaints or legal redress procedure and, if applicable, the requirements for this recourse; this information must explicitly point out that your option to take legal action is not affected by such recourse
16. the name and address of the competent supervisory authority and information about the option to lodge a complaint with this supervisory authority

Subsection 2

Additional information obligations for this health insurance

For this health insurance, the insurer must provide you with the following information in addition to the information set out above:

1. information in euros about the amount of the costs built into the premium, with the contract conclusion costs that are built into the premium being presented as a single total amount and the other built-in costs being presented as a proportion of the annual premium and the relevant policy period being spelled out with this information; for the other built-in costs, the built-in administration costs must also be presented separately as a proportion of the annual premium and the relevant policy period must be spelled out with this information
2. information in euros about other potential costs, in particular costs that can arise one time only or for special reasons
3. information about the effects of rising healthcare costs on the future development of the premium
4. information about the possibilities for limiting the premium amount in old age, particularly about the possibilities for switching to the basic tariff or other tariffs under § 204 of the German Insurance Contract Law and for agreeing on policy exclusions and about the possibilities for reducing the premium under § 152 Para. 3 and 4 of the German Insurance Supervision Law
5. information about how switching from private to public ("statutory") health insurance at an advanced age is usually prohibited
6. information about how switching between private health insurers or policies at an advanced age can be associated with higher premiums and, if relevant, about how switching to the basic tariff might be restricted
7. an overview in euros of the premium development (i.e. increases and decreases) in the ten years preceding the offer of insurance; information must be provided about what monthly premium would have been payable in each of the ten years preceding the offer of insurance if the insurance contract had been concluded in those years by a person of the same gender as you, joining the insurer at an age of 35; if the tariff on offer has not yet existed for ten years, the time at which the tariff was launched must be used as a basis and information must be provided about how the meaningfulness of the overview is limited due to the short amount of time that has passed since the tariff was launched; in addition, the development of a comparable tariff that has existed for ten years must be presented

Yours

Hallesche Krankenversicherung

Instruction of Revocation on Supplementary Insurance

Section 1

Right of Revocation, Consequences of Revocation and Specific remarks

Right of Revocation

You may cancel your contractual declaration within a cancellation period of 14 days without stating the reasons in writing (e.g. letter, fax, e-mail).

This period begins at the time you receive

- the insurance certificate,
- the insurance conditions including the general terms and conditions of insurance applicable to this contractual relationship, which in turn include the tariff provisions,
- these instructions,
- the information sheet about insurance products,
- and the further information listed in section 2;

all information must be in text form.

Sending the cancellation in good time is sufficient to comply with the cancellation period.

The revocation shall be addressed to:

Hallesche Krankenversicherung a.G.
Reinsburgstraße 10, 70178 Stuttgart.

In the event of revocation by fax, it shall be sent to the following fax number: 0711 6603-333

Consequences of Revocation

If the cancellation is valid, the insurance cover will end. If you agreed to have the insurance begin before the cancellation period ends, the insurer must refund you the portion of the premiums that was payable for the time after receipt of the cancellation notice.

The insurer will be permitted to retain the portion of the premiums that is payable for the time up to receipt of the cancellation notice; this portion will be calculated as one-thirtieth of the total monthly premium stated on the insurance certificate for each day that insurance cover existed. The insurer must refund repayable amounts without undue delay and no later than 30 days after receipt of the notice of cancellation.

If the insurance cover is not starting prior to the expiry of the revocation period then the effective revocation results in reimbursing the received benefits and to return the therefrom obtained benefits (e.g. interests).

If you have applied your right of cancellation to the insurance contract and it is valid, you will not be bound to any other contract in connection with the insurance contract. Such a contract is given, if it is in connection with the revoked contract and if a service of the insurer or a third party on the basis of an agreement among a third party and the insurer is concerned. No contract penalty may be agreed upon or may be demanded.

Specific remarks

Your right to cancel is void if both you and the insurer have completely fulfilled your and its obligations under the contract based on your explicit request prior to you exercising your right to cancel.

Section 2

List of further information necessary for cancellation period to begin

In connection with the further information specified in section 1, second sentence, the following lists each individual information obligation:

Information obligations for all insurance lines

The insurer must provide the following information to you:

1. the identity of the insurer and any subsidiary through which the contract is intended to be signed; the insurer must also specify the compa-

nies register in which the underlying legal entity is recorded and the associated registration number

2. an address of the insurer that is capable of service of legal documents and every other address that is significant for the business relationship between the insurer and you; for legal entities or associations or groups of individuals: the name of a person authorised to represent the entity/association/group; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
3. the insurer's main business activity
4. information about the existence of a guarantee fund or other compensation arrangements; the name and address of the guarantee fund must be provided
5. the essential characteristics of the insurance benefit(s), particularly information about the nature and scope of the insurer's benefit(s) and when it/them are due
6. the total price of the insurance including all taxes and other pricing components, with premiums being presented individually; if the insurance is intended to comprise multiple independent policies or if an exact price cannot be provided: information about the foundations for calculating the price, allowing you to review the price
7. specifics about payment and fulfilment, including about how to pay the premiums
8. information about how the contract takes effect, especially about the beginning of the insurance and insurance cover and the duration of time for which the applicant will be bound to his or her application
9. the existence or non-existence of a right of cancellation and the terms and conditions, the specifics for exercising this right – including the name and address of the person to whom the cancellation must be declared – and the legal consequences of cancellation, including information about the amount that you might need to pay if you cancel the contract; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
10. a) information about the term of the contract/policy period
b) information about the minimum duration of the contract
11. information about ending the contract, particularly information about the contractual terms and conditions for terminating it, including any penalties; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
12. the member states of the European Union whose laws the insurer uses as a basis for initiating relations with you before signing the insurance contract
13. the laws governing the contract or a contract clause about the laws or court governing the contract
14. the languages in which the insurance terms and conditions and the advance information specified in this section are communicated and the languages in which the insurer is required to conduct communication with your approval while this contract is valid
15. any potential recourse that you may have to an out-of-court complaints or legal redress procedure and, if applicable, the requirements for this recourse; this information must explicitly point out that your option to take legal action is not affected by such recourse
16. the name and address of the competent supervisory authority and information about the option to lodge a complaint with this supervisory authority

Yours

Hallesche Krankenversicherung

Declaration of Data Protection

I. Consent of Inquiry and Use of Health Data and Release from the Professional Oath of Secrecy

The regulations of the Insurance Contract Law, the Federal Data Protection Law as well as other regulations concerning data protection do not include sufficient legal basis for the inquiry, processing and usage of health data by insurance companies. Hallesche Krankenversicherung therefore requires your consent concerning data protection matters in order to inquire your health data for this application resp. demand for an offer and to use them for your contract.

Furthermore, Hallesche Krankenversicherung requires your releases from the professional oath of secrecy in order to be allowed to inquire your health data with bodies such as doctors, for example, who are obliged not to pass on such data.

As a private health insurance company Hallesche Krankenversicherung further requires your release from the professional oath of secrecy to be allowed to pass on your health data or further data protected as per § 203 of the German Penal Code (Strafgesetzbuch) such as the fact that you have concluded a contract with us to further bodies such as assistance companies or IT service providers.

You are free not to submit your consent/release from confidentiality or to revoke it at the address provided above at any time with effect for the future. We do, though, want to make you aware of the fact that the conclusion or execution of a contract of insurance will usually not be possible without the processing of health data.

The declarations concern the handling of your health data and other data protected as per § 203 of the German Penal Code (StGB)

- by Hallesche Krankenversicherung directly (see 1.),
- in connection with the enquiry with third parties (see 2.),
- as far as the passing on to bodies different from Hallesche Krankenversicherung (see 3.) are concerned and
- if the contract has not been concluded (see 4.).

The declarations are valid for the persons legally represented by you such as your children as far as they do not recognize the meaning of this consent and are therefore not in a position to give their own declarations.

1. Hallesche's Inquiry, Storage and Use of Health Data Given by You

I agree that Hallesche Krankenversicherung inquires, stores and uses health data given by me in this application resp. demand for an offer and given in future as far as they are necessary for the verification of the application resp. demand for an offer as well as for the implementation, handling and ending of this insurance contract.

2. Inquiry of Health Data by Third Parties

2.1. Inquiry of Health Data by Third Parties to Check the Risk and to Verify the Obligation to Pay

It may become necessary to ask for information with different bodies which have access to your health data to estimate the risks to be insured. Furthermore it may be necessary for the verification of the obligation to pay that Hallesche Krankenversicherung has to check the details of your health status which you have given to lay claims or which result from the documents handed in (such as invoices, prescriptions, expertises) or any information of a doctor or other persons of the health sector.

This verification will only be effected if it becomes necessary. Hallesche Krankenversicherung requires your consent, your release from the professional oath of secrecy included, for itself as well as for any institutions of the health sector, if health data or any information protected as per § 203 of the German Penal Code have to be passed on in the frame of any enquiries concerning health data.

I wish that Hallesche Krankenversicherung informs me in each case about the reason and necessity before contacting any persons or institutions for any information. I shall then decide if

- I agree to release the persons or institutions mentioned as well as their employees from their professional oath of secrecy for the collecting and using of my health data by Hallesche Krankenversicherung and to passing on of my health data to Hallesche Krankenversicherung
- or if I collect the required documents myself.

I am aware that this may lead to a delay of the handling of my application resp. demand for an offer or the verification of the obligation to pay.

As far as the declarations above concern any details of my application resp. demand for an offer these are valid for the period of three years after the conclusion of the contract. If Hallesche Krankenversicherung might have concrete clues after the conclusion of the contract that intentionally wrong or incomplete details have been given and that therefore the check of the risk has been influenced, these declarations are valid up to ten years after the conclusion of the contract.

2.2. Declarations in the Event of Your Death

For the verification of the obligation to pay it may be necessary after your death as well to check health data. A verification may also be necessary if Hallesche Krankenversicherung gets concrete clues within the period of up to ten years after the conclusion of the contract that wrong or incomplete details have been given on the application resp. demand for an offer and that therefore the check of the risk has been influenced. Also for that case we require a consent and a release from the professional oath of secrecy.

For the event of my death I agree that Hallesche Krankenversicherung – as far as necessary – collects my health data with doctors, nursing personnel as well as employees of hospitals, other clinics, nursing homes, personal insurers, statutory health insurances, trade associations and authorities to verify the obligation to pay or for a necessary new verification of the application resp. demand for an offer and to use these information for this purpose.

I release the persons mentioned as well as the employees of the above institutions from their professional oath of secrecy as far as my duly secured health data of examinations, consultations, treatments as well as insurance applications resp. insurance demands for an offer and contracts will be sent to Hallesche Krankenversicherung from a period of up to ten years before my applying to Hallesche Krankenversicherung.

Furthermore I agree that in this connection – as far as necessary – my health data will be passed on by Hallesche Krankenversicherung to these institutions and also release all persons working for Hallesche Krankenversicherung from their professional oath of secrecy.

As far as the declarations above concern any details of my application resp. demand for an offer these are valid for the period of three years after the conclusion of the contract. If Hallesche Krankenversicherung might have concrete clues after the conclusion of the contract that intentionally wrong or incomplete details have been given and that therefore the check of the risk has been influenced, these declarations are valid up to ten years after the conclusion of the contract.

3. Passing on of Your Health Data and Further Data Protected as per § 203 of the German Penal Code outside Hallesche Krankenversicherung

Hallesche Krankenversicherung obliges the below mentioned persons and authorities to stick to the regulations of data protection and data security.

3.1. Passing on of Data for the Medical Expertise

It may become necessary to contact medical experts for the assessment of the risks to be insured and for the verification of the obligation to pay. Hallesche Krankenversicherung requires your consent and release from the professional oath of secrecy if your health data and further data protected as per § 203 of the German Penal Code may be passed on in this connection. You will be informed about the respective data transfer.

I agree to the Hallesche Krankenversicherung's passing on of my health data to medical experts if this is necessary in the frame of the check of the risk or the verification of the obligation to pay. I further agree that my health data will be used according to this aim with these persons and that the results will be sent back to Hallesche Krankenversicherung. In the connection of my health data and further data protected as per § 203 of the German Penal Code I release all persons working for Hallesche Krankenversicherung and medical experts from their professional oath of secrecy.

3.2. Passing on of Tasks to Other Bodies (Companies or Persons)

Hallesche Krankenversicherung does not carry through definite tasks itself, such as the check of the risk, the handling of claims or the customer advisory service on the phone. During those tasks it may be possible that your health data may be collected, handled or used. These tasks are passed on to another company within the Alte Leipziger – Hallesche group or any other body. If data protected as per §203 of the German Penal Code are passed on for these tasks, Hallesche Krankenversicherung requires your release from the professional oath of secrecy for itself and if necessary for the other bodies.

Hallesche Krankenversicherung has a list which is continually updated mentioning all the bodies and categories of bodies which collect, handle or use health data for Hallesche Krankenversicherung as per the agreement mentioning the tasks transferred.

The currently valid list is attached to the declaration of consent. A current list may also be looked into on the homepage (on www.hallesche.de/dienstleisterliste) or may be demanded with the company's data protection supervisor (address: Hallesche Krankenversicherung a. G., Reinsburgstraße 10, 70178 Stuttgart) or on the phone on 0800 3020-100.

Hallesche Krankenversicherung requires your consent for the passing on and the using of your health data by the bodies mentioned on the list.

I agree that Hallesche Krankenversicherung passes on my health data to the bodies mentioned in the above list and that my health data may be collected, handled and used for the purposes mentioned there to the same extent as Hallesche Krankenversicherung may do this. If necessary, I release the employees of Alte Leipziger – Hallesche group and other companies or persons from their professional oath of secrecy as far as the passing on of health data or other data protected as per §203 of the German Penal Code are concerned.

3.3. Passing on of Data to Re-Insurers

In order to cover your claims Hallesche Krankenversicherung may call in re-insurers which take over the total risk or part of it. In some cases the re-insurers involve further re-insurers to which they pass on your data as well. In order to be in a position to evaluate the risk or the event insured against occurred, it is possible that Hallesche Krankenversicherung passes on your insurance application resp. insurance demand for an offer or claim to the re-insurer. This especially is the case if the amount insured is very high or if it is a risk which is difficult to assess.

Above that it is possible that the re-insurer supports Hallesche Krankenversicherung with the verification of the risk or obligation to pay due to its special knowledge of the facts as well as to assist with the evaluation of the handling of special processes.

If re-insurers have taken over the coverage of the risk, they may control if Hallesche Krankenversicherung has evaluated properly the risk or the event insured against.

Furthermore data of your existing contracts and applications may be passed on to re-insurers so that they may check if and to which extent they may take over the risk. For the invoicing of premiums and claims data of your existing contracts may be passed on to re-insurers.

For the above mentioned purposes usually anonymous or pseudonymous data will be used if possible, but also personal health data may be used. Your personal health data will only be used for the above purposes by re-insurers.

You will be informed about the passing on of your health data to re-insurers by Hallesche Krankenversicherung.

I agree that my health data is passed on to re-insurers – as far as necessary – and is used for the mentioned purposes. As far as necessary, I release the persons working for Hallesche Krankenversicherung from their professional oath of secrecy as far as the health data and further data protected by §203 of the German Penal Code are concerned.

3.4. Passing on of Data to Independent Agents

In principle, Hallesche Krankenversicherung does not pass on any details of your health to independent agents. However, in the following cases it might be that data which allow conclusions of your health or information of your contract protected as per §203 of the German Penal Code may be passed on to insurance agents for their knowledge.

If it is necessary for the consultation about your contract, the agent who will consult you may get information if and possibly on which conditions your contract may be accepted (e. g. conclusion of contract with risk surcharge, exclusion of certain risks).

The agent who has procured your contract will get to know if and to which conditions your contract has been concluded. The agent also gets to know if risk surcharges or exclusions of certain risks have been concluded.

If the agent responsible for your contract changes, possibly your contract data with information about existing risk surcharges and exclusions of certain risks may be passed on to the future agent. You will be informed about the change of your agent before the passing on of your health data as well as about your possibility to contradict.

I agree that Hallesche Krankenversicherung passes on my health data and other data protected as per §203 of the German Penal Code in the above cases – if necessary – to the independent insurance agent responsible for my contract and that my health data may be collected, stored and used for consultation purposes.

My agreement is valid accordingly for the passing on of data and the data processing of broker pools or other service providers (such as the operators of software to compare insurance products, of administration programmes for brokers) which my broker intervenes for the conclusion and the administration of my insurance contracts. I may ask for the respective service providers with my broker.

4. Storage and Usage of Your Health Data if the Contract is not Concluded

If the contract is not concluded, Hallesche Krankenversicherung stores your health data collected within the frame of the check of the risk in the event that you again apply for insurance coverage. Hallesche Krankenversicherung also stores your data to be in a position to answer possible questions of further insurers. Your data will be stored with Hallesche Krankenversicherung up to the end of the third calendar year after the year of application resp. demand for an offer.

I agree that Hallesche Krankenversicherung stores and uses my health data – if the contract is not concluded – for a period of three years from the end of the calendar year of application resp. demand for an offer for the above purposes.

II. Inquiry of Health Data with Third Parties to Check the Risk when Handling Your Application resp. Offer

It may be necessary to collect information with bodies who dispose of your health data for the evaluation of the risk to be insured within the frame of the handling of your application resp. offer. This verification is only effected if it is necessary.

Hallesche Krankenversicherung requires your consent as well as your release from the professional oath of secrecy for itself and for these bodies if within the frame of these inquiries health data or further information protected as per §203 of the German Penal Code have to be passed on.

I agree that Hallesche Krankenversicherung collects and uses my health data for these purposes – as far as this is necessary for the evaluation of the risk of this application resp. demand for an offer – with doctors, nursing persons as well as staff of hospitals, other clinics, nursing homes, personal insurers, statutory health insurers, trade associations and public authorities mentioned in this application resp. demand for an offer.

I release the persons mentioned and the employees of the mentioned institutions from their professional oath of secrecy if as permitted my stored health data and further data protected as per §203 of the German Penal Code of examinations, consultations, treatments as well as insurance applications resp. demands for an offer and contracts are passed on to Hallesche Krankenversicherung of a period of up to ten years before my application resp. demand for an offer.

I further agree that in this connection – as far as necessary – my health data and other data protected as per § 203 of the German Penal Code are passed on by Hallesche Krankenversicherung to these companies and persons and also release the persons working for Hallesche Krankenversicherung from their professional oath of secrecy already at present.

III. Consent to the Obtaining of Credit Information and the Use of the Results

In order to evaluate your general payment behaviour, we obtain information from credit agencies (e.g. SCHUFA) as far as is necessary to safeguard our legitimate interests. Further information concerning SCHUFA, please refer to the attached SCHUFA information sheet.

I agree that my general personal data are used taking into consideration the principles of economic usage of data and of avoiding producing data

- for the handling of the application resp. demand for an offer, contract and claims so that Hallesche Krankenversicherung directly collects information about my general payment behaviour. This may also be effected by a company of the Alte Leipziger – Hallesche group or a credit agency (e.g. SCHUFA).
- for the handling of the application resp. demand for an offer, contract and claims so that Hallesche Krankenversicherung or a credit agency collects information about my solvency or about the customer relation (scoring) on the basis of mathematical-statistical proceedings.

Furthermore, I consent to the re-evaluation of the results of my creditworthiness check during the first five years of the term of this contract in order to check and improve the acceptance guidelines or other measures protecting the community of insured persons.

IV. Information on the Implementation of the General Data Protection Regulation (EU)

The General Data Protection Regulation (GDPR, German: EU-Datenschutz-Grundverordnung DSGVO) came into effect on 25 May 2018 in all member states of the European Union.

The GDPR standardises the rules for the processing of personal data. Thus, the protection of personal data is guaranteed and free data traffic within the European Union is ensured.

The new GDPR regulations especially provide a high degree of transparency in data processing and extensive rights for the people involved.

For further information on data protection, please check our website: www.hallesche.de/datenschutz.

With these notes we inform you about the processing of your personal data by the Hallesche and the rights you are entitled to according to data protection law.

1. Person Responsible for Data Processing

Hallesche Krankenversicherung a. G.
Reinsburgstraße 10
70178 Stuttgart
Phone: 0711 6603-0
Fax: 0711 6603-333
email address: service@hallesche.de

You can contact our **data protection officer** by post using the address mentioned above and adding "Datenschutzbeauftragter", or via email datenschutz@hallesche.de.

2. Purpose and Legal Basis of Data Processing

We process your personal data in accordance with the General Data Protection Regulation (GDPR), the Federal Data Protection Law, the clauses of the Insurance Contract Law regarding data protection law, and all other significant laws. Furthermore, our company is committed to the "Rules of conduct in handling personal data in the German insurance industry" which state the laws mentioned above more precisely for the insurance industry. You can call them up on the internet: www.hallesche.de/code-of-conduct.

If you put in an application resp. a demand for an offer for insurance coverage, we need the details you give us in order to complete the contract and to assess the risks we are taking. If an insurance contract is achieved, we will process this data in order to carry out the contractual relationship,

e.g. for policy issue or invoicing. For example, in case of a claim we need details in order to be able to check whether an event covered by insurance has occurred and how high the reimbursement will be.

The completion or execution of the insurance contract is not possible without processing your personal data.

Furthermore, we need your personal data in order to create insurance-specific statistics, e.g. for the development of new tariffs or to carry out regulatory guidelines. We use the data of all existing contracts with us to get an overall impression of the customer relations, for example to advise on modifying or adding something to a contract, to make decisions about goodwill gestures or to provide detailed information.

The processing of personal data for pre-contractual and contractual purposes is legally based on Article 6(1)(b) of the GDPR. If this requires a special category of personal data (e.g. your health data at the time of the conclusion of a life insurance contract), we will ask for your consent according to Article 9(2)(a) in conjunction with Article 7 of the GDPR. If we use these data categories in order to create statistics, it will be on the basis of Article 9(2)(j) of the GDPR in conjunction with section 27 of the Federal Data Protection Law.

We also process your data to safeguard our legitimate interests or those of third parties (Article 6(1)(f) of the GDPR). This may especially be necessary

- in order to ensure IT safety and IT operations,
- in order to advertise our own insurance products and other products of the companies of the Alte Leipziger – Hallesche group or for conducting market and opinion surveys,
- in order to prevent and investigate criminal offenses, we particularly use data analysis to find indications of insurance fraud.

In addition to that, we use your personal data to carry out legal obligations like regulatory guidelines, the obligation to preserve business records pursuant to commercial or tax law or our legal duty to give advice. In this case, the processing is legally based on the respective legal regulations in conjunction with Article 6(1)(c) of the GDPR.

Should we want to use your personal data for a purpose not mentioned above, we will inform you beforehand in accordance with the legal regulations.

3. Categories of Recipients of Personal Data

Reinsurers:

We insure our assumed risks with special insurance companies (reinsurers). In order to do this, it may be necessary to share information on your contract and, if need be, claims data with a reinsurer in order for him to get an idea of the risk or the claim.

The Hallesche Krankenversicherung will inform you about any conveyance of your health data to reinsurers and will ask you for your consent.

Agents:

As far as your insurance contracts are managed by an agent, your agent may process the application, bidding, contractual and performance data necessary to conclude and execute the contract. Our company may, too, share this data with the agents responsible for you as far as they need this information to advise you on and manage your insurance and financial service matters.

Data Processing in the Alte Leipziger – Hallesche group:

Specialised companies or departments of our ALH group exercise particular tasks concerning data processing for the affiliated companies of the ALH group.

As far as there is an insurance contract between you and one or more companies of the ALH group, your data can be processed centrally by one of the companies of the ALH group, for example to manage address information, for the customer service by phone, to process contractual and performance data, for collection and disbursement, or for mail processing. You can find all companies taking part in central data processing on our list of service providers.

External Service Providers:

We partly use external service providers in order to carry out our contractual and legal obligations.

You can find a list of all our principals and service providers (with whom our business relations are not just temporary) in the schedule or the latest version on the internet: www.hallesche.de/dienstleisterliste.

Other Recipients:

In addition, we may share your personal data with other recipients such as public authorities to comply with legal disclosure requirements (e. g. social security agencies, tax authorities or prosecution services).

4. Duration of Data Storing

We will delete your personal data as soon as it is no longer needed for the purposes mentioned above. It may happen that this personal data will be stored as long as claims can be made from our company (statutory limitation of three up to thirty years). Furthermore, we store your personal data as far as we are legally required to do so. The relevant accountability and obligations to preserve business records result, among other things, from the Commercial Code, the tax code and the money laundering law. Thereafter, the storage periods may be up to ten years after the end of the contract.

5. Rights of the Persons Affected

You may request information on your personal data at the address mentioned above. Furthermore, you may under certain circumstances demand the correction or deletion of your data. In addition, you may have the right to limit the processing of your data as well as the right to disclosure of the data provided by you in a structured, common and machine-readable format.

Right of Opposition

You have the right to object to the processing of your data for advertising purposes.

If we process your data in order to safeguard legitimate interests, you may object to this processing if reasons arise from your particular situation that speak against data processing.

6. Right of Appeal

You may direct a complaint to the data protection officer mentioned above or to the data protection authority. The data protection authority in charge is:

Der Landesbeauftragte für den Datenschutz
und die Informationsfreiheit
Königstraße 10a
70173 Stuttgart

7. Obtaining of Credit Information

As far as is necessary to safeguard our legitimate interests, we may call up information from SCHUFA in order to evaluate your general payment behaviour.

8. Data Transfer to a Third Country

Should we share personal data with a service provider outside of the European Economic Area, this will only happen if this third country is attested a sufficient level of data protection by the EU Commission or if there are other data protection guarantees (e. g. binding data protection rules within the company or EU standard contractual clauses).

9. Automated Decisions in Individual Cases

Concerning our obligation to perform a contract, we partly make automated decisions based on your information provided on the claim, data stored in connection with the insurance contract, and, if need be, information provided by third parties. Thus, we hope to reduce handling time. This is an automated and standardised testing in the form of rule-bound processing steps. The decisions are, for instance, based on the use of binding negotiated regulations and universally applicable regulation fees.

If the testing results in a negative decision, we will inform you about the reasons in our advice for payment. According to the legal regulations of the General Data Protection Regulation, you then have the right to file an objection against the testing results. The main reason for the objection will be examined and ruled manually.

1. Name and contact details for the controller and the company data protection officer

SCHUFA Holding AG, Kormoranweg 5, 65201 Wiesbaden, Tel.: +49 (0) 6 11-92 78 0

The company data protection officer may be reached at the address listed above, attention Data Protection Department or by e-mail at datenschutz@schufa.de.

2. Data processing by SCHUFA

2.1 Purposes of data processing and legitimate interests pursued by SCHUFA or a third party

SCHUFA processes personal data in order to provide authorised recipients with information for assessing the creditworthiness of natural and legal persons. Scores are also determined and transmitted for this purpose. It only makes this information available if a legitimate interest in such information has been credibly presented in a specific case and processing is lawful based on a weighing of interests. There is a legitimate interest in particular prior to entry into transactions that carry a financial risk of default. The creditworthiness check serves to protect recipients from losses in the lending business and at the same time makes it possible to protect borrowers from excessive indebtedness by providing advice. In addition, this data is processed for fraud prevention, legitimacy checks, money laundering prevention, identity and age checks, address identification, customer service or risk management as well as setting rates and conditions. In addition to the purposes referred to above, SCHUFA also processes personal data for internal purposes (e.g., assertion of legal claims and defence in the event of legal disputes, continued development of services and products, research and development, in particular to carry out internal research projects (e.g., SCHUFA Credit Compass) or to participate in national and international external research projects related to the processing purposes referred to above, and to safeguard IT security and operations). The legitimate interest related to the foregoing is based on the respective purposes and is otherwise of an economic nature (e.g., efficient task fulfilment, avoidance of legal risks). Anonymised data may also be processed. SCHUFA will inform you of any changes to the purposes for which data is processed in accordance with Art. 14(4) GDPR.

2.2 Legal bases for data processing

SCHUFA processes personal data on the basis of the provisions of the General Data Protection Regulation and the German Federal Data Protection Act. Processing is carried out on the basis of consent (Art. 6(1)(a) GDPR) and on the basis of Art. (1)(f) GDPR, insofar as processing is necessary in pursuit of the legitimate interests of the data controller, or of a third party, and does not outweigh the legitimate interests or fundamental rights and freedoms of the data subject. Consents can be withdrawn at any time vis-à-vis the respective contractual partner. This also applies to any consent granted before the effective date of the GDPR. The withdrawal of the consent does not affect the lawfulness of personal data processing performed prior to such withdrawal.

2.3 Origin of data

SCHUFA receives some of its data from its contractual partners. These comprise institutions, financial companies and payment service providers domiciled in the European Economic Area and in Switzerland as well as in other third countries (provided that the European Commission has issued a corresponding adequacy decision) that bear a financial default risk (e.g. banks, savings banks, cooperative banks, credit card, factoring and leasing companies) as well as other contractual partners who use SCHUFA products for the purposes specified under Section 2.1, in particular from the (mail order) trade, e-commerce, service, rental, energy supply, telecommunications, insurance or collection sectors. In addition, SCHUFA processes information from generally accessible sources such as public directories and official notices (e.g., debtor directories, insolvency announcements) or from compliance lists (e.g. lists of politically exposed persons and sanctions lists) as well as from data suppliers. SCHUFA may also store personal data provided directly by data subjects following appropriate communication and review.

2.4 Categories of personal data subject to processing

- Personal data, e.g., last name (if applicable, also prior last names, which will be provided upon separate request), first name, date of birth, place of birth, address, previous addresses
- Information on the initiation and execution of a transaction in accordance with the contract (e.g., current accounts, instalment credits, credit cards, accounts exempt from garnishment, basic accounts)
- Information on unfulfilled payment obligations, such as claims that are undisputed, due for payment and repeatedly dunned or claims reduced to judgement and their settlement
- Information on abusive or other fraudulent conduct such as identity or credit fraud
- Information from generally accessible sources (e.g., debtor directories, insolvency announcements)
- Data from compliance lists
- Information on whether and in which function an entry on a public figure exists in generally accessible sources with corresponding personal data
- Address data
- Scores

2.5 Categories of recipients of personal data

Recipients are contractual partners within the meaning of Section 2.3 domiciled in the European Economic Area, in Switzerland and, if applicable, in other third countries (provided that a corresponding European Commission adequacy decision is available for the respective partner). Additional recipients may include external contractors of SCHUFA according to Art. 28 GDPR as well as external and internal SCHUFA bodies. SCHUFA is also subject to the statutory powers of intervention on the part of state authorities.

2.6 Data retention period

SCHUFA stores information about persons only for a certain period. The decisive criterion for determining this duration is the necessity of processing for the purposes described above. Specifically, retention periods are specified in a Code of Conduct for the Association of Credit Bureaus "Die Wirtschaftsauskunfteien e. V." (available at www.schufa.de/loeschfristen). Information about queries is deleted after exactly twelve months.

3. Rights of data subjects

In relation to SCHUFA, every data subject has the right of access pursuant to Art. 15 GDPR, the right of rectification pursuant to Art. 16 GDPR, the right to erasure pursuant to Art. 17 GDPR and the right to restrict processing pursuant to Art. 18 GDPR. SCHUFA has set up a Private Customer Service Center for requests by data subjects which can be reached in writing at SCHUFA Holding AG, Private Customer Service Center, PO Box 10 34 41, 50474 Cologne, Germany, by telephone at +49 (0) 6 11-92 78 0 and via an inquiry form at www.schufa.de/rueckfrageformular. In addition, it is also possible to contact the supervisory authority responsible for SCHUFA, the Commissioner for Data Protection and Freedom of Information for the State of Hesse. Consents can be withdrawn at any time vis-à-vis the respective contractual partner.

According to Art. 21(1) GDPR, an assertion to data processing may be made based on the particular situation of the data subject. An objection can be submitted informally and is to be addressed to SCHUFA Holding AG, Privatkunden ServiceCenter, PO Box 10 34 41, 50474 Cologne.

4. Profile development (scoring)

In addition to providing information about data stored about a person, SCHUFA supports its contractual partners in their decision-making process by developing profiles, in particular by means of "scores". This helps, for example, by making it possible to quickly make everyday credit-related decisions. The generic term profile development concerns the processing of personal data by analysing certain aspects relating to an individual. Particular importance is attached to "scoring" in the context of credit assessment and fraud prevention. However, scoring can also serve to fulfil other purposes mentioned in Section 2.1 of this SCHUFA Notification. Scoring is the process of forecasting future events and behaviour on the basis of information that has been collected and past experience. An assignment is made to statistical groups of persons who had similar data bases in the past on the basis of personal data maintained by SCHUFA that concern an individual.

In addition to the logistic regression method that has been used for many years in the area of credit scoring, SCHUFA can also use scoring methods from the categories of complex non-linear methods or expert-based methods. It is always of particular importance to SCHUFA that the methods used are mathematically and statistically recognised and scientifically sound. Independent external experts have confirmed the scientific validity of these methods to us. In addition, procedures in use are disclosed to the competent supervisory authority. For SCHUFA, regularly checking the quality and currency of procedures in use, and making appropriate updates, is a matter of course.

Creditworthiness scores are determined by SCHUFA on the basis of data stored by SCHUFA relating to a specific person. These data are likewise shown in the data copy according to Art. 15 GDPR. An assignment is then made to statistical groups of persons who had similar data bases in the past on the basis of personal data maintained by SCHUFA. Stored data is aggregated into so-called data types that may be viewed at www.schufa.de/scoring-faq in order to determine creditworthiness scores. Additional data types may be included for determining scores for other purposes. Information on nationality or particularly sensitive data in accordance with Art. 9 GDPR (e.g., ethnic origin or information on political or religious attitudes) is not retained by SCHUFA and is therefore not available for profile development. Similarly, the assertion of rights of data subjects based on the GDPR, such as access to data concerning the data subject maintained by SCHUFA under Art. 15 GDPR, has no influence on profile development. In addition, SCHUFA takes the provisions of section 31 Federal Data Protection Act (BDSG) into account when computing a score.

The probability with which a person will repay a mortgage loan, for example, does not have to correspond to the probability with which they will pay a mail order bill on time. For this reason, SCHUFA offers its contractual partners various sector-specific or even customer-specific scoring models. Score are constantly changing, as data stored by SCHUFA is also constantly changing. Thus, new data are added while others are deleted based on retention periods. In addition, the data itself also changes over time (e.g., the duration of a business relationship), so that changes can occur even without new data.

Please note: SCHUFA does not make any decisions itself. It merely supports affiliated contractual partners in their decision-making process by providing information and creating profiles. The decision for or against a transaction, however, is made solely by the direct business partner. This is the case even if it relies solely on the information supplied by SCHUFA. Further information on profile formation and scoring at SCHUFA (e.g., on the procedures currently in use) can be found at www.schufa.de/scoring-faq.

Data Protection: List of Service Providers

As per: June 2021



Hallesche
ALH Gruppe

Service Providers (Categories) of Hallesche Krankenversicherung*

Tasks for which personal data (such as name, address) may be passed on to third parties	
Transferred tasks	Agent/Service Categories
• Verification of address	• Address investigator, registration office
• Catching information at the time of application and procedure	• Credit reference agencies: • Schufa Holding AG, Wiesbaden • Creditreform e. V., Neuss • Arvato Infoscore GmbH, Baden-Baden
• Data carrier/file recovery	• Waste companies • documentus GmbH, Stuttgart
• Digital communications	• Serviceware SE, Bad Camberg • mailingwork GmbH, Oederan
• Printing, enveloping and dispatch	• Printing companies and mailing companies
• Holding online conferences and providing a conference platform	• CSN Communication Service Network GmbH, Düsseldorf
• "fin4u" end customer platform	• fundsaccess AG, BANKSapi GmbH, München
• "hallesche4u" end customer platform	• SDA SE Open Industry Solutions, Hamburg
• Corporate customer portal for company health insurance	• eVorsorge Systems GmbH, München
• Claims management (out of court and court files)	• Fülleborn Rechtsanwaltsgesellschaft mbH, Hamburg • KSP Kanzlei Dr. Seegers, Dr. Frankenheim Rechtsanwaltsgesellschaft mbH, Hamburg
• Real estate	• Management companies, caretaking services, tradespeople, settlement companies, architects, specialist lawyers, real estate agents, IT service providers, project developers
• IT service providers (writing software programmes, user-help-desk, implementation and support of hard- and software, archiving of data which is subject to record retention obligations, system advice and support)	• External IT service providers
• Market research (market analysis, service studies, customer surveys, including as part of ratings)	• Marketing-/market research companies, rating agencies • ASSEKURATA (rating agency), Köln
• Service card producers ("Card for persons privately insured")	• Giesecke & Devrient GmbH, München
• Fiduciary activities	• Trust companies
• Video consultation (provision of infrastructure for web-based video chats)	• Flexperto, Frankfurt a. M.

* List of service providers as per your "Declaration of Data Protection/Declaration of Consent and Release from the Professional Oath of Secrecy"

Tasks for which health data may also be passed on to third parties

Transferred tasks	Agent/Service Categories
<ul style="list-style-type: none"> Assistance providers (repatriation, visits with doctors and hospitals abroad, medical consultation, health care services/settlements, check of the medical invoices, medical devices) 	<ul style="list-style-type: none"> MD Medicus Assistance Service GmbH, Ludwigshafen Malteser Hilfsdienst gemeinnützige GmbH, Köln Global Medical Management Inc. (GMMI), Pembroke Pines, Florida (USA) Providers of medical devices
<ul style="list-style-type: none"> Supervision of expatriates abroad (claiming and contractual affairs) 	<ul style="list-style-type: none"> MD Medicus Assistance Service GmbH, Ludwigshafen Henner Group, Paris
<ul style="list-style-type: none"> Drawing up of medical reports, contracting of medical check-ups 	<ul style="list-style-type: none"> Hallesche medical service Medical experts
<ul style="list-style-type: none"> Legal advice 	<ul style="list-style-type: none"> Lawyers
<ul style="list-style-type: none"> Telephone customer service 	<ul style="list-style-type: none"> Webhelp Holding Germany GmbH, Nürnberg
<ul style="list-style-type: none"> Translating of foreign-language invoices 	<ul style="list-style-type: none"> Translation agencies
<ul style="list-style-type: none"> Tracking of incoming mail relating to business transactions (electronic and manual) 	<ul style="list-style-type: none"> IBM Deutschland, Ehningen Digi-Texx, München

Data processing of the Alte Leipziger – Hallesche Group (ALH Group)

The ALH Group comprises the following companies

- | | |
|--|--|
| <ul style="list-style-type: none"> Alte Leipziger Lebensversicherung a. G. Hallesche Krankenversicherung a. G. Alte Leipziger Versicherung AG Alte Leipziger Holding AG Alte Leipziger Bauspar AG | <ul style="list-style-type: none"> Alte Leipziger Trust Investment-Gesellschaft mbH Alte Leipziger Treuhand GmbH Alte Leipziger Pensionskasse AG Alte Leipziger Pensionsfonds AG Alte Leipziger Pensionsmanagement GmbH |
|--|--|

Joint processing of master data

- Pursuant to the "Code of Conduct" (behavior rules for the handling of personal data by the German insurance sector), this master data includes name, address, date and place of birth, customer number and insurance policy number, occupation, marital status, legal representatives, information on the kinds of existing contracts, the capacity of the persons involved (e.g. insurance holder, main person insured, contributor, payee), bank details, telecommunication data, blocking notes (regarding advertising and market/opinion research) and other objections, power of attorney and care arrangements, responsible agents.
In order to be able to process matters concerning the execution of applications, registrations, offers, contracts and services quickly, effectively and economically (e.g. the appropriation of mail and incoming phone calls), the master data of the policy holder and main person insured and the insured persons of the ALH Group may be kept in a shared database.
- The data of the various ALH Group companies is otherwise stored and used separately in accordance with the principle of business segregation as required by the supervisory authorities.

Processing of personal data within the ALH Group

- Certain tasks within the ALH Group are performed Group-wide. These may require the processing of personal data. The processing is then legitimated by Article 6, paragraph 1, point (f), of the GDPR (legitimate interests) or Article 26 of the GDPR (Joint controllers) or Article 28 of the GDPR (Processor) or governed by the responsibilities agreed in the employment contract.

This applies to the following activities:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> Company data protection Business organisation Compliance Real estate management Information security officer | <ul style="list-style-type: none"> Internal auditing IT technology Marketing Human resources Accounting | <ul style="list-style-type: none"> Legal department Risk management Sales administration Management Board |
|--|--|---|

Please note: in the event that we forward data on to service providers outside of the European Economic Area (EEA), we do so only when the EU Commission has confirmed that the third country offers an adequate level of data protection or when adequate data-protection guarantees (e.g. binding internal corporate data-protection regulations or EU standard contract clauses) are in place. You can request the relevant information from us.

GDPR = General Data Protection Regulation (EU), German EU-Datenschutz-Grundverordnung (DSGVO)

Medical examination

The costs are paid by the person to be treated or his/her legal representative.

Name of Customer:

Policy n°:

Application/Request of offer of:

The data of the person to be examined

Name:

First name:

dob:

Street:

Postal code/place:

Identified/official valid card:

n°:

Issued by/place, date:

Please do not make enquiries/examine, if you are a relative or related by marriage!

Each question is to be asked by the doctor and is to be answered by the person to be examined or his/her legal representative.

We ask you not to send us any results or data of genetic examinations or analysis!

You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

Remark for the doctor:

It is up to you to send the examination finding directly to Hallesche.

This form has been handed to the person
to be examined by:
(please state SC/VD/agent n°/stamp of agent)

Hallesche
Krankenversicherung
auf Gegenseitigkeit

Date:

Examination findings

This form must not be filled in by spouses, parents or children of the person to be examined.

Do you know the person to be examined? ☐ yes ☐ no day of examination: height (cm)/weight (kg):

nicotine (amount): alcohol (amount): medicaments (which?):

Does the person have any complaints? ☐ no ☐ yes, which?

Findings of the medical examination

1.	Are there any disorders of the spine?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the joints?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the musculature?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the extremities?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the musculoskeletal system?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are complaints of the musculoskeletal system reported?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
2.	Are there any disorders of the skin or mucous membranes?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
3.	Are there any disorders of the head, the sensory organs or the ENT area?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
4.	Are there any neurological and psychological disorders?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there abnormal reflexes?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there abnormal muscle reflexes?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any mental or neurological abnormalities?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
5.	Are there any disorders of the hormonal system?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the thyroid?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Is there a thyroid enlargement?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Is there a hypofunction or hyperfunction of the thyroid gland?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Is thyroid therapy required?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
6.	Are there any disorders of the heart and blood vessels?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any cardiac arrhythmias?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any heart noises?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any abnormal heart sounds?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any arterial DBS?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any signs of insufficiency or decompensation (dyspnoea, cyanosis, oedema)?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	RR (at rest):	RR (on exertion):	
	pulse (at rest):	pulse (on exertion):	
7.	Are there any disorders of the thoracic organs?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the lung?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the mammae?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any other disorders of the thoracic organs?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
8.	Are there any disorders of the digestive system?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the liver?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the spleen?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any abdominal findings (such as hernias, pressure pain)?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?

9.	Are there any kidney and urinary disorders?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any disorders of the sexual organs?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any findings on the prostate?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
	Are there any kidney findings?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
10.	Current laboratory examination (please attach a copy of the laboratory results including the reference ranges.) Lab (on an empty stomach): AST (SGOT), ALT (SGPT), Gamma GT, creatinine, uric acid, blood sugar, cholesterol, HDL-cholesterol, LDL-cholesterol, triglyceride, CRP, blood count For children under the age of 8, the laboratory values must be reported only if known from previous investigations. BSG/ESR:		
	urine (test strips): protein:	sugar:	blood:
	If there are pathological values?	<input type="checkbox"/> no	<input type="checkbox"/> yes, reason, therapy, prognosis?
	If an HIV-test has been carried through: has an HIV-infection been proved?	<input type="checkbox"/> no	<input type="checkbox"/> yes
11.	Are there any allergies? Allergy test findings:	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
12.	Are there any haemorrhoids, fistulae, varicoses, small varicose dilatations of the cutaneous veins or ulcers of the leg?	<input type="checkbox"/> no	<input type="checkbox"/> If so, what findings?
13.a	Have there been any treatments as a result of these findings?	<input type="checkbox"/> no	<input type="checkbox"/> if so, which, when, how often?
13.b	Do you think that further examinations or treatments become necessary?	<input type="checkbox"/> no	<input type="checkbox"/> if so, because of?
	therapy:		
13.c	Which findings have you passed on to the patient?		

place, date

stamp, signature of the doctor

Dental Examination for the risk assessment

The costs are paid by the person to be treated or his/her legal representative.

Name of Customer:

Policy n°:

Application/Request of offer of:

The data of the person to be examined

Name:

First name:

dob:

Street:

Postal code/place:

Identified/official valid card:

n°:

Issued by/place, date:

Please do not make enquiries/examine, if you are a relative or related by marriage!

Each question is to be asked by the doctor and is to be answered by the person to be examined or his/her legal representative.

We ask you not to send us any results or data of genetic examinations or analysis!

You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

Remark for the doctor:

It is up to you to send the examination finding directly to Hallesche.

This form has been handed to the person to be examined by:
(please state SC/VD/agent n°/stamp of agent)

Hallesche
Krankenversicherung
auf Gegenseitigkeit

Date:

Examination findings

This form of the findings must not be filled in by spouses, parents or children of the person to be examined.

Do you know the person to be examined? ☐ yes ☐ no

day of examination: _____

1. Findings of the denture

Upper jaw	right								left							
Requires treatment																
Finding																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Finding																
Requires treatment																
Lower jaw	right								left							
Finding:																
f = missing teeth (fehlende Zähne)									y = defective fillings (defekte Füllungen)							
() = space closure (Lückenschluss)									c = carious teeth - worth keeping (kariöse Zähne (erhaltungswürdig))							
e = already replaced teeth (bereits ersetzte Zähne)									x = teeth not worth keeping (nicht erhaltungswürdige Zähne)							
k = existing crowns (vorhandene Kronen)									in = Inlay							
b = existing bridge parts (vorhandene Brückenglieder)									im = Implant							
g = tooth filling (gefüllter Zahn)									o = tooth without morbid finding (Zahn ohne krankhaften Befund)							
									Requires treatment:							
									E = tooth to be replaced (zu ersetzender Zahn)							
									F = filling (Füllung)							
									K = crown (Krone)							

1.a How do you judge the status of the denture? (Only to be answered if dentures already exist)

- a) its function : ☐ fully functioning
☐ small defects (reparation possible)
☐ severe defects (need to be renewed)
- b) its status of care: ☐ good ☐ moderate ☐ bad

1.b Is there a malposition?

Is an orthodontic measure required? ☐ no ☐ yes

2. Periodontal finding

Upper jaw	right								left							
Bleeding with sounding ¹																
Depth of sounding ²																
Grade of loose tooth ³																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Grade of loose tooth ³																
Depth of sounding ²																
Bleeding with sounding ¹																
Lower jaw	right								left							

1 bleeding with sounding: + = yes
 - = no

2 depth of sounding: * = deepest spot of sounding of 4 spots

3 grade of loose tooth: 0, I, II, III

2.a Only to be answered in case of periodontopathy:

How is the periodontopathy to be rated? Please tick the appropriate

International notation

☐ AP = Adult Periodontitis

☐ EOP = Early Onset Periodontitis

☐ NP = Necrotizing Periodontitis

☐ Other _____

National notation

☐ = Periodontitis marginalis superficialis

☐ = Periodontitis marginalis profunda

☐ = Periodontitis juvenile

☐ Other _____

Is a systematic periodontal therapy required?

simple therapy? ☐ surgical therapy? ☐

☐ no ☐ yes

3. Findings of the functioning:

complaints of the temporomandi-
bular joint?

☐ no ☐ yes

pains when chewing?

☐ no ☐ yes

popping of the TMJ when chewing?

☐ no ☐ yes

Craniomandibular dysfunction?

☐ no ☐ yes

mouth opening:

☐ < 40 mm

☐ > 40 mm

central occlusion:

☐ yes

☐ no

= central relation

(Diff. up to 1 mm) (Diff. > 1 mm)

4. Prognosis:

Which treatment measures are probably required for the making up of the health of mouth/teeth and jaws?

a) surgical dental treatment ☐ no ☐ yes

b) conservative dental treatment ☐ no ☐ yes

c) periodontal treatment ☐ no ☐ yes

d) dentures/separate crowns/implants ☐ no ☐ yes

e) orthodontic treatment ☐ no ☐ yes

f) functional treatment ☐ no ☐ yes

g) change of amalgam ☐ no ☐ yes

h) other ☐ no ☐ yes

If so, which? _____

place, date

stamp, signature of the doctor