

Travel Insurance

Insurance Product Information Document
Company: AWP P&C S.A., Germany Branch

Product: MAWISTA Reisurecare
(worldwide excluding USA / Canada)

This information sheet provides you with a brief overview of the essential contents of our insurance product. The insurance cover is exhaustively described in the General Policy Conditions. To be fully informed, please read all documents.

What is this type of insurance?

MAWISTA Reisurecare (worldwide excluding USA / Canada) is a comprehensive Travel Insurance and includes the following benefits: Foreign Travel Health Insurance, Patient Repatriation Transportation and Travel Assistance.



What is insured?

Foreign Travel Health Insurance and Travel Assistance

Which events are insured?

✓ Illness or accident during the temporary travel in the agreed area of validity

What will be reimbursed?

✓ Costs for outpatient treatment by a physician

✓ Costs for medical treatment and medication prescribed by a physician

✓ Costs for inpatient treatment in a hospital

✓ Up to € 5,000 for the costs of search, rescue and recovery measures after an accident

As part of Travel Assistance: Assistance for personal emergencies (illness, accident, death) and organisation of repatriation with medically adequate means, as soon as this is medically advisable and reasonable.

Patient Repatriation Transportation

✓ Reimburses the costs of the medically advisable and appropriate return transportation to the nearest suitable hospital to the place of residence and, in the event of death, the repatriation of mortal remains.



What is not insured?

Foreign Travel Health Insurance and Travel Assistance

x Benefits in those countries in which the insured person has a permanent residence.

x Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to inception of insurance cover or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.

x Massage and wellness treatment, fango and lymph drainage

x Childbirth after the 36th week of pregnancy as well as abortions and the consequences thereof that are not medically indicated and can be postponed



Are there any restrictions on cover?

Foreign Travel Health Insurance and Travel Assistance

! A maximum of € 250 for dental treatment and repairs to dentures and provisional dentures after an accident

! Costs of medical treatment up to the day the insured is fit to be transported

! In Germany, medical and dental treatment as an outpatient is reimbursed at the 1.8 fold rate of the Scale of Medical Fees (GOA) or the Scale of Dental Fees (GOZ), services mainly of a medico-technical nature are reimbursed at a 1.3 fold rate at the maximum, laboratory services at a 1.15 fold rate at the maximum

! The costs of inpatient hospital treatment are reimbursed according to the applicable regular rate of the local health insurance responsible for the locality.



Where am I covered?

✓ Insurance cover applies to the respectively insured temporary travel in foreign countries (excluding USA / Canada). Those countries in which the insured person has a permanent residence are deemed not to be foreign countries.



What are my obligations?

- You are obliged to report the damage or loss to us promptly.

Foreign Travel Health Insurance and Patient Repatriation Transportation

- In case of severe injuries or serious illnesses, particularly prior to hospitalisation, you have to contact the Assistance immediately.



When and how do I pay?

The premium is due as soon as the insurance contract is concluded and must be paid by the chosen means of payment upon delivery of the insurance policy.



When does the cover start and end?

Insurance cover commences:

- Within the agreed term, but no earlier than upon crossing the border into the area of validity, and ends with the departure from the area of validity, however at the latest at the time agreed.

- For insurance contracts agreed upon after the entry to a country in the agreed area of validity or not prior to expiration of an insurance contract applicable starting upon entry as subsequent insurance, after a waiting period of 7 days – 0:00 a.m. on day 8 – from the attachment date. In case of an accident, insurance cover shall apply from the inception of insurance cover. The insured person shall be required to document the date of entry, the prior insurance if any, and the temporary nature of travel.

The maximum for a term of insurance is 365 days.

The insurance can be taken out at any time.



How do I cancel the contract?

The insurance contract ends at the agreed point in time. You do not have to cancel.

Documents to Insurance Policy

The insurance purchased is documented in the insurance policy!

Overview of Benefits

MAWISTA Reisurecare (worldwide excluding USA / Canada)

- Foreign Travel Health Insurance
- Patient Repatriation Transportation
- Travel Assistance

We are there for you

Assistance in an emergency

If you require help in an emergency the Assistance is there for you. Our 24-hour emergency service guarantees rapid and expert assistance all over the world!

Phone: +49.89.6 24 24-570

Important for help in an emergency:

- Please hold the exact address and phone number of your current whereabouts ready to hand.
- Note down the name of your contacts, e.g. physician, hospital or police.
- Describe as exactly as possible the facts of the case and have the necessary information at hand.

Notification of claim

The simplest and quickest way of notifying us of your claim is via

www.mawista.com/schaden-melden

(or alternatively by post to our Claims Department).

AWP P&C S.A.

Niederlassung für Deutschland

(Germany Branch)

MAWISTA Schadenabteilung

Bahnhofstraße 16

D - 85609 Aschheim (near Munich)

Telefon: +49.89.6 24 24-0

Telefax: +49.89.6 24 24-222

General information in the event of claim

What do you do in any case of damage?

The insured person must minimise and document the damage as far as possible. For this reason, please ensure that you have suitable proof of the occurrence of the damage (e.g. confirmation of damage, medical certificate) and of the extent of damage (e.g. bills, receipts).

What should you do if you fall ill, injure yourself or any other emergency occurs during travel? (Travel Health Insurance / Patient Repatriation Insurance / Travel Assistance)

Please immediately contact the Assistance in case of severe injuries or serious illnesses, particularly prior to hospitalisation, so that adequate treatment or repatriation transport can be ensured. For the reimbursement of the costs you have paid at the location, please submit **original bills and/or prescriptions**.

Important: The bills must show the name of the person receiving treatment, the name of the illness, the treatment data and the individual medical services provided and the costs of these. Prescriptions must provide information on the medications prescribed, the prices and bear the stamp of the pharmacy.

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Please note the following important information

Scope of validity: Insurance cover applies to the respectively insured temporary travel in foreign countries (worldwide excluding USA / Canada). Those countries in which the insured person has a permanent residence are deemed not to be foreign countries.

Maximum insured travel duration: The insurances are valid for the agreed term, maximum 365 days.

Insurable person: Persons up to the age of 80 who do not have a permanent residence in the respective country of travel are insurable. Any person who does not meet these requirements is not covered by the insurance, even if premiums have been paid. The insurer may demand proof that the requirements have been met.

Guidelines on taking out insurance: The insurance can be taken out at any time. If the insurance is not taken out prior to entering the area of validity or before the expiration of an insurance contract with validity from the date of entry, then there is a waiting period of 7 days. This waiting period does not apply in case of accident.

Insurance cover is provided only for the person named on the insurance policy.

The premium is due as soon as the insurance contract is concluded and must be paid upon delivery of the insurance policy. The payment of the premium can be made by using one of the available payment methods (e.g. SEPA direct debit or credit card).

If the insurer has been authorized to debit the premium from the selected payment method, the payment shall be deemed to have been made, if there is sufficient cover on the stated payment method at the time of debiting. The amount of the premiums is usually based on the selected insurance cover and the term of the contract.

There is no insurance cover if the non-recurring or initial premium has not been paid, unless the insured party is not responsible for non-payment.

The contractually agreed insurance payments are offered by AWP P&C S.A. (Allianz Partners) in compliance with the Terms and Conditions of Insurance named below. This translation is for information purposes only. In the event of any conflict or inconsistency between the German and the English versions, the German original shall prevail. Verbal agreements are invalid. Insurance tax is included in the premiums. No fees are charged. The premiums and service specifications documented in the insurance policy are relevant for the scope of insurance.



Olaf Nink, Chief Executive Officer

Allianz Partners
AWP P&C S.A.
Niederlassung für Deutschland
(Germany Branch)
Bahnhofstraße 16
D - 85609 Aschheim (near Munich)

Chief Executive Officer: Olaf Nink
Registration Court: München HRB 4605
VAT ID no: DE 129274528
Insurance tax no.: 802/V90802001910

AWP P&C S.A.
Public limited company under French law
Registered Office: Saint-Ouen (France)
Commercial register: R.C.S. Bobigny 519 490 080
Board of Management: Rémi Grenier (Chairman), Dan Assouline, Fabio de Ferrari, Ulf Lange, Claudius Leibfritz, Lidia Luka-Lognoné, Mike Nelson, Sylvie Ouziel

Data Protection

In accordance with Art. 13 of the General Data Protection Regulation (GDPR), we are informing you about the processing of your personal data by AWP P&C S.A., Niederlassung für Deutschland (Germany Branch), and about your rights under the data protection law.

1. Who is responsible for processing your personal data?

Responsibility for processing your personal data rests with

AWP P&C S.A.
Niederlassung für Deutschland
(Germany Branch)
Bahnhofstraße 16
D-85609 Aschheim (bei München).

The Data Protection Officer can be contacted by standard mail at the aforementioned address, using the suffix "Data Protection Officer", or by email at datenschutz-azpde@allianz.com.

2. For what purpose is your data processed, and on what legal basis does this take place?

a) What applies to all categories of personal data?

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (BDSG), the provisions of the German Insurance Contract Act (VVG) relevant to data protection law, as well as all other applicable laws.

When you submit an application for insurance cover, we will require the information provided by you in this regard, in order to conclude the contract and to estimate the risk assumed by us. If the insurance contract comes into existence, we will process this data for the implementation of the contractual relationship, such as for invoicing purposes. We require information about the damage/loss in order to be able to assess if an insured event has occurred and determine the extent of this damage/loss.

It is not possible to conclude and implement the insurance contract without processing your personal data.

Art. 6 section 1 b) GDPR constitutes the legal basis for the processing of personal data for pre-contractual and contractual purposes.

We will also process your data for the purposes of the legitimate interests pursued by us or by third parties (Art. 6 section 1 f) GDPR). This can particularly be the case:

- for ensuring IT security and IT operation,
- for marketing our own insurance products, and for conducting marketing and opinion polls,
- for the prevention and investigation of criminal activities; in particular we use data analyses for the detection of facts that could indicate insurance fraud.

We also process your personal data in order to fulfil other statutory obligations, such as regulatory stipulations, as well as retention obligations imposed by commercial and tax law regulations. The legal basis of the data processing in this case, is provided by the relevant statutory regulations in conjunction with Art. 6 para. 1 c) GDPR.

If we intend to process your data for any purpose other than those described above, we will notify you in advance within the framework of the statutory regulations.

b) What applies to special categories of personal data, especially health-related data?

There are special safeguards on the processing of special categories of personal data, of which health-related data is one. As a rule, processing is possible only if you have consented, or if one of the legally defined situations exist (Art. 9 section 2 GDPR).

aa) Processing of your special categories of personal data

In many cases, in order to examine the benefit entitlement, we require personal data belonging to a special category. This includes health-related data, for example. If, in connection with a specific insurance claim, you provide us with such data together with a request to examine the case and process the claim, you are explicitly permitting us to process your health-related data as necessary in order to process the insurance claim. We will remind you again separately of this fact by way of the claims form.

The consent may be withdrawn at any time, taking effect for the future. However, please be informed that it may no longer be possible to examine our duty to indemnify as a result of the insured event. If the insurance claim has already been processed, it may be the case that the data cannot be deleted for statutory retention periods, for example.

bb) Requesting health-related data from third parties in order to examine the duty to indemnify

In order to examine our duty to indemnify, it may be necessary for us to check information concerning your state of health, as provided by you in substantiating claims, or which is evident from documents submitted (e.g. invoices, prescriptions, reports) or statements, e.g. from a doctor or other member of a healthcare profession.

For this purpose, we will require your consent, including a confidentiality waiver covering us and all agencies subject to a duty of confidentiality, and which are required to provide information to enable the duty to indemnify to be examined.

We will notify you in each specific case about what persons or institutions require information for what purpose. You may then decide in each case whether you consent to us collecting and using your medical information, and whether to release the named persons or institutions and their employees from their duty of non-disclosure, and if you agree to the communication of your medical data to us, or if you want to personally provide the necessary documentation.

3. To what recipients will we communicate your data?

Recipients of your personal data may include: selected external service providers (e.g. assistance service providers, benefit processors, transport service providers, technical service providers, etc.), other insurers or re-insurers.

In addition, we may also communicate your personal data to other recipients, such as public authorities for the fulfilment of statutory duties of notification (e.g. finance authorities or criminal investigation agencies).

4. For how long will we store your data?

We will store your data for the period during which claims may be made against our company (statutory retention period from 3 to 30 years). We will also store your data if we are under a legal obligation to do so, e.g. according to the provisions of the German Commercial Code, the German Fiscal Code or the German Money Laundering Act. The relevant retention periods amount to 10 full years in these cases.

5. What are your rights?

You have the right to be informed about all of the information stored by us, and to demand that incorrect data be corrected. Under certain conditions, you also have the right to deletion of data, the right to object to processing, the right to restriction of processing and the right to data portability.

Right of objection

You may object to the processing of your data for direct marketing purposes. If we process your data in order to protect legitimate interests, you may object to this processing for reasons pertaining to your particular situation.

If you have any objections concerning the handling of your data, you may contact the aforementioned Data Protection Officer in this regard. You are also entitled to raise objections with a data protection supervisory authority.

Insurance Information

Complaint Notice:

Our goal is to offer first-class services. It is equally important to us to respond to your concerns. If you are not satisfied with any of our products or our service, please notify us directly.

You can send us your complaints relating to contract or claim issues using any means of communication. You can reach us by telephone at +49.89.6 24 24-460, in writing by e-mail to service@allianz-assistance.de, or by regular mail to AWP P&C S.A., Beschwerdemanagement, Bahnhofstrasse 16, D - 85609 Aschheim (bei München), Germany. Additional information on our complaint process can be found at www.allianz-reiseversicherung.de/beschwerde. We will not participate in dispute settlement proceedings before a consumer arbitration board.

In the event of complaints relating to all types of insurance, please contact the responsible supervisory authority, Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin - the German Federal Financial Supervisory Authority), Graurheindorfer Strasse 108, D - 53117 Bonn, Germany (www.bafin.de).

The contract is governed by the laws of the Federal Republic of Germany, unless this conflicts with international law. Legal action based on the insurance contract can be brought by the policyholder or the insured person before the court with jurisdiction over the principal place of business or the branch of the insurer. If the policyholder or the insured person is a natural person, legal action can also be brought before the court in the district of which the policyholder or the insured person has his place of residence when the legal action is brought or, if he does not have a place of residence, his habitual place of abode.

Right to revoke contracts valid for a term of one month or more:

You can revoke your contractual declaration within 14 days in writing (e.g., letter, fax, e-mail) without stating reasons. The period begins after you have received the insurance certificate, the terms of the contract including the Terms and Conditions of Insurance, the additional information pursuant to § 7 (1) and (2) of the Insurance Contracts Act (VVG) in conjunction with §§ 1 through 4 of the VVG Decree on Information Duties - each of these notifications in written form. In case of contracts in electronic commerce (§ 312i (1)(1) of the German Civil Code (BGB), this period shall not commence prior to our performance of our duties pursuant to § 312i (1)(1) of the German Civil Code in conjunction with Article 246c of the Introductory Law to the German Civil Code (EGBGB).

The deadline for revocation is deemed met if the revocation is dispatched in good time. It must be sent to:

AWP P&C S.A., Bahnhofstraße 16, D - 85609 Aschheim (near Munich), Fax + 49.89.6 24 24-244, E-mail: service@allianz-assistance.de

Consequences of revocation:

When revocation is effective, insurance cover ceases and we shall refund to you that portion of the premium allocated to the period after receipt of the revocation if you consented to insurance cover beginning prior to the end of the revocation period. We are entitled in this case to retain that portion of the premium that is allocated to the period until receipt of the revocation. This is a sum calculated proportionally by days. Amounts to be refunded will be remitted without undue delay, no later than 30 days after receipt of the revocation. If insurance cover does not commence prior to the end of the revocation period, then effective revocation means that payments received must be refunded and uses made thereof (e.g., interest) must be disbursed.

Special notes:

Your right of revocation lapses when the contract is completely performed both by you and also by us at your express request before you have exercised your right of revocation.

Your AWP P&C S.A., Germany Branch

Terms and Conditions of AWP P&C S.A., Germany Branch

AWP is the abbreviation of Allianz Partners and will hereinafter be referred to as "the insurer".

General Provisions

AVB AB 17 MR

The regulations as stipulated under §§ 1 to 11 apply to all MAWISTA Reiscare insurance products.

The regulations printed thereafter apply to the respective insurance. Insurance cover is provided if you have contractually agreed the insurance concerned.

§ 1 Who is insured?

1. The persons named in the policy or the group of persons specified in the certificate of insurance are deemed insured persons.
2. Persons up to the age of 80 who do not have a permanent residence in the respective country of travel are insurable. Any person who does not meet these requirements is not covered by the insurance, even if premiums have been paid. The insurer may demand proof that the requirements have been met.

§ 2 For which travel is the insurance applicable?

Insurance cover applies to the respectively insured temporary travel in foreign countries (area of validity). Those countries in which the insured person has a permanent residence are deemed not to be foreign countries.

§ 3 When is the premium payable?

1. The premium is due as soon as the insurance contract is concluded and must be paid upon delivery of the insurance policy.
2. If the premium has not been paid upon the occurrence of the insured event, the insurer shall not have a duty to indemnify, unless the insured person is not responsible for non-payment.

§ 4 When does the insurance begin and end?

1. Insurance cover can be purchased at any time. However, waiting periods may apply, cf. No. 3b below.
2. Insurance cover is valid for the agreed term. The maximum for a term of insurance is 365 days.
3. Insurance cover commences:
 - a) Within the agreed term, but no earlier than upon crossing the border into the area of validity, and ends with the departure from the area of validity, however at the latest at the time agreed.
 - b) For insurance contracts agreed upon after the entry to a country in the agreed area of validity or not prior to expiration of an insurance contract applicable starting upon entry as subsequent insurance, after a waiting period of 7 days – 0:00 a.m. on day 8 – from the attachment date. In case of an accident, insurance cover shall apply from the inception of insurance cover. The insured person shall be required to document the date of entry, the prior insurance if any, and the temporary nature of travel.

§ 5 In which cases does insurance cover not apply?

No insurance cover is provided in the following cases:

1. Damage or loss caused by strikes, nuclear energy, confiscation and other invention acts by public authority, as well as damage or loss in areas for which the German Federal Foreign Office has issued a travel warning. If an insured person is at such a location at the time when a travel warning is issued, insurance cover ends seven days after the issuance of the travel warning.
2. Damage or loss due to war or events similar to war; however, insurance cover does exist if the damage or loss occurs in the first seven days after the beginning of the events. This does not apply in case of stays in countries in whose territory war or civil war is already ongoing or where such an outbreak was foreseeable.
3. Damage or losses intentionally caused by the insured person.
4. Expeditions.

§ 6 What are the duties and obligations of the insured person in the event of damage or loss?

The insured person is obliged to

1. minimise the damage or loss as far as possible and avoid unnecessary costs;
2. report the damage or loss to the insurer without delay;
3. prove the day of entry in an appropriate way (copy of entry documents, passport / visa if required for entry, tickets etc.);
4. describe the damaging event or the loss as well as the scope of the claim and truthfully provide the insurer with any and all pertinent information. The insured person must furnish proof in the form of original bills and receipts, release physicians from their confidentiality obligation as necessary – including the physicians of the Assistance – submit documentation that prove the date of entry, any prior insurance, and the temporary nature of travel, and allow the insurer to reasonably examine the cause and amount of the asserted claim.

§ 7 When does the insurer pay compensation?

As soon as the insurer has determined whether and to what extent it has an obligation to indemnify, compensation is paid within two weeks.

§ 8 What applies if the insured person has claims for damages against third parties?

1. In accordance with statutory regulations, claims for damages against third parties pass to the insurer up to the level of payment effected, provided that the insured person suffers no disadvantage thereby.
2. Upon request by the insurer, the insured person is obliged to confirm in writing the transfer of claims to this extent.
3. Any obligations to indemnify arising under other insurance contracts and by social insurance institutions will have precedence over those of the insurer. If the insured person first presents original bills to the insurer for payment, the insurer will be deemed to have made advance payment.

§ 9 When does the insured person forfeit claims to insurance benefits due to a breach of obligations and the statute of limitations?

1. If an obligation is intentionally violated, the insurer is released from its obligation to indemnify; in case of grossly negligent violation, the insurer is entitled to reduce its payment in proportion to the seriousness of the fault of the insured person.
2. The insured person must furnish proof that no gross negligence was involved. Except in case of fraudulent intent, the insurer is obliged to indemnify if the insured person furnishes proof that the violation of the obligation is not the cause of either the occurrence or the determination or the scope of the insurer's obligation to indemnify.
3. The claim to an insurance benefit lapses in three years, calculated from the end of the year in which the claim occurred and the insured person obtained knowledge of the circumstances in order to assert the claim, or would have obtained knowledge without gross negligence.

§ 10 What form must be followed for submitting declarations of intent?

1. Notices and declarations of intent from the insured person and the insurer must be in text form (e.g. letter, fax, e-mail).
2. Insurance brokers are authorised to accept and forward notifications and declarations of intention to the insurer.

§ 11 Which court in Germany is responsible for dealing with the assertion of claims based on the insurance contract and which law applies?

1. The courts of Munich will have jurisdiction and venue.
2. The laws of the Federal Republic of Germany apply insofar as they do not conflict with international law.

Foreign Travel Health Insurance

AVB RK 17 MR

§ 1 What is insured?

The costs of treatment occurring as a result of acute illnesses or accidents during temporary travel in the agreed area of validity are covered. The costs of search, rescue and recovery measures are also covered up to € 5,000 if the insured person has to be rescued or recovered after an accident or if the insured person is missing and it is feared that something has happened to him or her.

§ 2 What costs are reimbursed in case of medical treatment in the area of validity?

1. The insurer reimburses expenditures for all necessary medical assistance in the area of validity, including costs incurred for:
 - a) Outpatient treatment by a physician.
 - b) Medical treatment and medication prescribed by a physician for the insured person.
 - c) Inpatient treatment in hospital, including operations that cannot be postponed. In case of premature birth, the costs of necessary treatment of the newborn child abroad will also be covered up to € 100,000, (notwithstanding § 1 AVB AB MR).
 - d) Patient transportation deemed medically necessary for inpatient treatment in the nearest hospital in the area of validity and back to the insured person's accommodation.
 - e) Walking aids deemed medically necessary and the rental fee for a wheelchair.
 - f) Pain-killing dental treatment and provisional measures, as well as repairs to dentures and repairs to prosthodontics in up to € 250.
2. The insurer reimburses the costs of medical treatment up to the day the insured is fit to be transported.

§ 3 What limitations on insurance cover are to be noted?

1. No insurance cover is provided for the following:
 - a) Medical treatment and other measures ordered by a physician, where the purpose of travel was to seek such treatment.
 - b) Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to inception of insurance cover or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.
 - c) Dental treatment other than pain-killing treatment, repairs to dentures and provisional measures.
 - d) Massage and wellness treatment, fango and lymph drainage as well as the purchase of prostheses and other medical aids.
 - e) Treatment of alcoholism, drug addiction and other addictions, and the consequences thereof.

- f) Childbirth after the 36th week of pregnancy as well as abortions and the consequences thereof that are not medically indicated and can be postponed.
 - g) Treatment or accommodation caused by infirmity, need of nursing care or detention.
 - h) Psychoanalytical and psychotherapeutic treatment and hypnosis.
 - i) Injuries caused by actively participating in competitions held by sports organisations and training in connection therewith.
 - j) Treatment by spouses, life partners, parents or children. Documented material expenses are reimbursed according to tariff.
2. If the medical treatment or any other measure exceeds the medically necessary measure, the insurer can reduce the benefit to a reasonable amount. The fees and charges invoiced may not exceed the extent considered generally customary and reasonable in the country concerned. Otherwise the insurer may reduce the reimbursement to customary rates in that country.

§ 4 What are the duties and obligations of the insured person in case of damage or loss?

The insured person is obliged to do the following:

1. Contact the Assistance immediately in the event of inpatient treatment at a hospital, prior to the commencement of any extensive diagnostic or therapeutic procedures as an inpatient or outpatient, and prior to any submission of acknowledgements of payment.
2. Consent to return or repatriation to his or her home country, assuming the insured person is fit to be transported, if the Assistance authorises the return journey in view of the nature of the illness and the treatment required.
3. Submit to the insurer the original invoices or duplicates with an original reimbursement stamp by another insurance company concerning the benefits granted; these will then become the property of the insurer.

§ 5 What additional rules apply to the insurance cover provided by the Travel Health Insurance during a stay in Germany?

In Germany, medical and dental treatment as an outpatient is reimbursed at the 1.8 fold rate of the Scale of Medical Fees (GOÄ) or the Scale of Dental Fees (GOZ) at the maximum in accordance with § 2 AVB RK MR; services mainly of a medico-technical nature are reimbursed at a 1.3 fold rate at the maximum, laboratory services at a 1.15 fold rate at the maximum. The costs of inpatient hospital treatment according to § 2 No. 1 and 2 AVB RK MR are reimbursed according to the applicable regular rate of the local health insurance responsible for the locality.

Patient Repatriation Transportation

AVB RT 17 MR

§ 1 What is insured?

The insurance covers the following:

1. Patient transportation due to acute illnesses and accidents occurring during travel.
2. Repatriation of mortal remains in the event of death.

§ 2 What costs does the insurer reimburse in the event of patient repatriation transportation or repatriation of mortal remains?

The insurer reimburses the following:

1. The costs incurred for the medically advisable and appropriate return transportation of the insured person to the nearest suitable hospital to the insured person's place of residence.
2. The direct costs for repatriation of the insured person's mortal remains for burial or, alternatively, the direct costs for burial at the place of death, up to the costs of repatriation.

§ 3 What limitations on cover are to be noted?

No insurance cover is provided for patient transportation or repatriation of mortal remains on account of the following:

1. Medical treatment and other measures ordered by a physician, where the purpose of travel was to seek such treatment.
2. Medical treatment and other measures ordered by a physician that the insured person knew were necessary prior to inception of insurance cover or at the time of taking out the insurance or which he or she could have expected in the circumstances of which he or she was aware.
3. Alcoholism, drug addiction and other addictions, and the consequences thereof.
4. Childbirth after the 36th week of pregnancy as well as abortions and the consequences thereof that are not medically indicated and can be postponed.
5. Injuries caused by actively participating in competitions held by sports organisations and training in connection therewith.

§ 4 What are the duties and obligations of the insured person in the event of damage or loss?

The insured person is obliged to do the following:

1. Contact the Assistance immediately in the event of an acute serious illness or accidental injury.
2. Comply with the formalities and other requirements necessary for discharge from inpatient treatment and for leaving the country.
3. Provide the insurer with all information required to organise and carry out return transportation.

§ 1 What services does the insurer provide under the Assistance?

1. The insurer provides assistance and support to the insured person during travel in the event of any emergency defined below and will pay the costs at the amount stated in each case. The insurer reserves the right to check coverage. Services provided and any cost assumption statements made by the Assistance as well as the commissioning of service providers do not in principle acknowledge the insurer's obligation to indemnify based on the insurance contract with the insured person.
2. The insurer has contracted the Assistance to provide the insured persons of the insurer with the services named below on a 24-hour basis.
3. The insured person must immediately contact the Assistance in an emergency in order to use the services.
4. Insofar as the insured person may be unable to claim the reimbursement of expenditures incurred from either the insurer or from any other payer, the insured person must return the amounts to the insurer within one month of invoicing.

§ 2 What help does the Assistance provide in case of illness and accident?

1. Inpatient treatment / Cost assumption statement
In case of inpatient hospital treatment, the insurer will provide the hospital with a statement of cost assumption up to € 13,000. This statement does not imply that the insurer acknowledges that it has a duty to indemnify. The insurer will assume the task of carrying out settlement with the payer responsible in the name of the insured person.
2. Patient repatriation transportation
As soon as medically advisable and appropriate, the Assistance will organise return transportation using medically adequate means of transport (including air ambulances) to the closest suitable hospital to the insured person's place of residence after prior consultation between the contract physician of the Assistance and the local physicians handling the case.

§ 3 What services does the Assistance provide in the event of the insured person's death?

If the insured person dies during travel, the Assistance organises burial in the area of validity or repatriation of the insured person's mortal remains to the place of burial in accordance with the wishes of family members.