



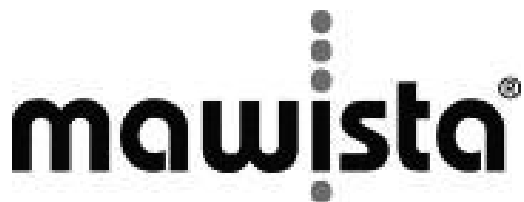
# HALLESCHÉ

**HALLESCHÉ**

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

## **Application to the Group Insurance and Compulsory Nursing Care Insurance (compulsory part of the German national insurance – Pflege-Pflichtversicherung/PPV)**

acted as broker:



## Information of the Consequences of the Violation of the Disclosure Obligation

Dear Customer,

So that we can check your application/your demand for an offer 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.

HALLESCH

Krankenversicherung auf Gegenseitigkeit

## Application to the Group Insurance and Compulsory Nursing Care Insurance

Received on	Health Insurance Policy No.	GRP 1391	Nursing Care Insurance Policy No.	GRP 1391	Agent No. (with HALLESCHE) 620143	Antragsnummer
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**Applicant/  
Main Person  
insured/  
Policy  
holder PPV**

Surname/title	
First name	
Date of birth (day/month/year)	<input type="checkbox"/> male <input type="checkbox"/> female
Street	
Post code	Place
Phone (voluntary detail)	Fax (voluntary detail)
E-mail (voluntary detail)	

acted as broker:



**Persons to  
be insured**

As per the conditions of the group insurance the following persons are provided with insurance coverage from the

day/month/year

**Please note the »Information of the Consequences of the Violation of the Disclosure Obligation« after the cover page.**

**person 1**

Surname	
First name	
Date of birth (day/month/year)	<input type="checkbox"/> male <input type="checkbox"/> female
Beginning of stay in Germany (day/month/year)	

**person 2**

Surname	
First name	
Date of birth (day/month/year)	<input type="checkbox"/> male <input type="checkbox"/> female
Beginning of stay in Germany (day/month/year)	

**Please mark  
the tariffs  
according  
to which  
insurance  
coverage  
is required**

- ☐ DOGP.2, PVN  
☐ BD.2, PVN  
☐ EKT.43/50 €

EKT = Daily sickness allowance

- ☐ DOGP.2, PVN  
☐ BD.2, PVN  
☐ EKT.43/50 €

**Compulsory  
nursing care  
insurance**

**1. Compulsory nursing care insurance exists/existed**

from	up to
with the following insurer	

Proof of private insurance period:

☐ enclosed

from	up to
with the following insurer	

Proof of private insurance period:

☐ enclosed

**2. Details only required if a contribution-free co-insurance of children or the marital partner's resp. registered civil partner's maximum contribution shall be checked**

a. Does the monthly total income (definition see following pages) of the person to be insured exceed 1/7 of the monthly reference figure as per § 18 para. 1 of the German Social Legislation Book IV (SGB IV) (€ 455 monthly, as per 1 January 2020, current value may be asked for) or does it amount to more than € 450 in case of a low-wage part-time employment as per § 8 para. 1 SGB IV, § 8a SGB IV (as per 1 January 2020, a possible more current version may be asked for)? If both types of income are applicable, the higher income limit is valid.

☐ no ☐ yes

☐ no ☐ yes

**person 1****person 2**

b. **Spouses/registered civil partners:** If the spouse/registered civil partner shall not be insured with this application, does he or she already have a private compulsory nursing care insurance or has such coverage been applied for?

☐ no☐ yes,

name of spouse/registered civil partner

insurer of spouse/registered civil partner

exists since

Insurance confirmation: ☐ enclosed

Does the monthly total income (see above) of the spouse/registered civil partner who shall not be insured with this application surpass the stated income limits?

☐ no☐ yes☐ no☐ yes,

name of spouse/registered civil partner

insurer of spouse/registered civil partner

exists since

Insurance confirmation: ☐ enclosed☐ no☐ yes**3. Details required to check the contribution of children**

a. Is your child in school or university at the moment?

☐ no☐ yes,☐ school:

since/from:

probably up to:

confirmation of school: ☐ enclosed☐ university:

since/from:

probably up to:

confirmation of university: ☐ enclosed☐ no☐ yes,☐ school:

since/from:

probably up to:

confirmation of school: ☐ enclosed☐ university:

since/from:

probably up to:

confirmation of university: ☐ enclosed

b. Is or was your child doing a Voluntary Service (such as the Federal Voluntary Service (»Bundesfreiwilligendienst«) or a voluntary social or ecological service year)?

☐ no☐ yes,

from:

to:

from:

to:

from:

to:

confirmation (of period of service): ☐ enclosed☐ no☐ yes,

from:

to:

from:

to:

from:

to:

confirmation (of period of service): ☐ enclosed

c. **Only for male persons:** Is or was your child doing the military or community service or the voluntary additional military service?

☐ no☐ yes,

from:

to:

from:

to:

confirmation of period of service: ☐ enclosed☐ no☐ yes,

from:

to:

from:

to:

confirmation of period of service: ☐ enclosed**4. Details only required if your child shall be insured himself or herself  
(Details to the private compulsory nursing care insurance of one parent)**

first name and surname of parent

name of insurer

confirmation: ☐ enclosed

first name and surname of parent

name of insurer

confirmation: ☐ enclosed**5. Additional details for foreign nationals in case of stays in Germany****(Further details required to check the obligation of insurance or eligibility for the private compulsory nursing care insurance)**

Does a delegation (definition see following pages) exist in the sense of the German Social Legislation Book?

☐ no,actual day of entry  
to Germany

on:

day/month/year

estimated day of depar-  
ture from Germany

on:

day/month/year

☐ yes,

from which country has the person been delegated?

country of dispatch:

Intended stay in Germany?

since/from:

probably up to:

☐ no,actual day of entry  
to Germany

on:

day/month/year

estimated day of depar-  
ture from Germany

on:

day/month/year

☐ yes,

from which country has the person been delegated?

country of dispatch:

Intended stay in Germany?

since/from:

probably up to:

**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.

**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**« after the cover page.

**Please also read the information and declarations on the following pages.** 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 expiry of the cancellation period if necessary.

**You may cancel your contractual declaration within two weeks. See the detailed information on the following pages.**

**Signatures**

Place/date	Signature of the persons to be co-insured from the age of 18 years on as far as all above declarations are concerned
Signature of the applicant/policy holder PPV – possibly the statutory representative of the persons to be co-insured 	

**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 the following pages. 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 the applicant/policy holder PPV 
Signature of persons to be co-insured (if not legally represented) 	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 7 11/66 03-3 33

## 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 <sup>1</sup> )		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
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<sup>1</sup> Provided you, the account holder are 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](http://www.hallesche.de/datenschutz), email: [service@hallesche.de](mailto:service@hallesche.de), and also on request via the postal services at the above-mentioned address or by calling on 0 800/30 20 100.

**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 % discount<sup>2</sup>)

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.

<sup>2</sup> 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.

## 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.

### 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 »calculation of income 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.

### Income calculation for daily sickness benefits – Definition net income

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.

If the policy holder/principal insured person 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.

### 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.

### 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. 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 € 455 (as per 1 January 2020, current value may be asked for). The income limit of € 450 per month (as per 1 January 2020, a possible more current version may be asked for) is valid in case the total income will be obtained out of a low-wage part-time employment as per § 8 para. 1 no. 1, § 8a German SGB IV. If both types of income are applicable, the higher income limit is valid.

### Delegation in the Sense of the German Social Legislation Book

A »delegation« is if a foreign employee is delegated to Germany for business reasons by his or her foreign employer for a limited period and further remains with this foreign employer.

### Contract conclusion

I am aware that the insurance contract starts upon receipt of the application at HALLESCHE Krankenversicherung. Insurance cover exists – with reservation of any agreed health check – from the date stated on the application, but not prior to receipt of the application at HALLESCHE Krankenversicherung. On the other hand, the insurance may start up to two months prior to receipt of the application at HALLESCHE Krankenversicherung if provided for in the General Insurance Conditions. The premiums and any necessary risk supplements are payable from the start of the insurance cover.

## Caution of Revocation

### Right of Revocation

You may cancel your contractual declaration within 14 days without stating the reasons in writing (e. g. letter, fax, e-mail). This period begins after you have received the insurance confirmation, the insurance conditions including the General Conditions of Insurance as well as the contractual information of § 7 Para. 1 and 2 of the German Insurance Contract Law (»Versicherungsvertragsgesetz«) in connection with §§ 1 to 4 of the Act of Duty to Inform of the German Insurance Contract Law (»Versicherungsvertragsgesetz«) – if and as far as this information is possible according to the kind of the group insurance contract – and these instructions in writing. 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:

07 11/66 03-3 33

### Consequences of Revocation

If you exercise the right of revocation, the coverage ends and we reimburse premiums as of the date when receiving the revocation in case you have agreed that the insurance cover begins prior to expiry of the revocation period. We may keep the portion of the premium which applies to the period until receiving the revocation. It amounts to 1/30 of the total monthly premium per day of insurance which is stated in the insurance confirmation. We shall reimburse the premium without undue delay, 30 days after receipt of the revocation at the latest. 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 claimed your right of revocation as per § 8 of the German Insurance Contract Law (»Versicherungsvertragsgesetz«) effectively, 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 revocation right expires prior to exercising it if the contract is completely fulfilled by you and us and if you explicitly have requested it.

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. HALLESCHKE 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, HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung directly (see 1.),
- in connection with the enquiry with third parties (see 2.),
- as far as the passing on to bodies different from HALLESCHKE 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. HALLESCHKE's Inquiry, Storage and Use of Health Data Given by You

I agree that HALLESCHKE 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 HALLESCHKE 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. HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung and to passing on of my health data to HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung from a period of up to ten years before my applying to HALLESCHKE Krankenversicherung.

Furthermore I agree that in this connection – as far as necessary – my health data will be passed on by HALLESCHKE Krankenversicherung to these institutions and also release all persons working for HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung

HALLESCHKE 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. HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung and medical experts from their professional oath of secrecy.

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

HALLESCHKE 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 – HALLESCHKE group or any other body. If data protected as per § 203 of the German Penal Code are passed on for these tasks, HALLESCHKE Krankenversicherung requires your release from the professional oath of secrecy for itself and if necessary for the other bodies.

HALLESCHKE Krankenversicherung has a list which is continually updated mentioning all the bodies and categories of bodies which collect, handle or use health data for HALLESCHKE 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](http://www.hallesche.de/dienstleisterliste)) or may be demanded with the company's data protection supervisor (address: HALLESCHKE Krankenversicherung a. G., Reinsburgstraße 10, 70178 Stuttgart) or on the phone on 0 800/30 20 100.

HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung may do this. If necessary, I release the employees of ALTE LEIPZIGER – HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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, HALLESCHKE 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 HALLESCHKE 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, HALLESCHKE 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. HALLESCHKE Krankenversicherung also stores your data to be in a position to answer possible questions of further insurers. Your data will be stored with HALLESCHKE Krankenversicherung up to the end of the third calendar year after the year of application resp. demand for an offer.

I agree that HALLESCHKE 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.

HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE 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 HALLESCHKE Krankenversicherung to these companies and persons and also release the persons working for HALLESCHKE 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. For 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 HALLESCHKE Krankenversicherung directly collects information about my general payment behaviour. This may also be effected by a company of the ALTE LEIPZIGER – HALLESCHKE group or a credit agency (e.g. SCHUFA).
- for the handling of the application resp. demand for an offer, contract and claims so that HALLESCHKE 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) 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](http://www.hallesche.de/datenschutz).

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

#### 1. Person Responsible for Data Processing

HALLESCHKE Krankenversicherung a.G.  
Reinsburgstraße 10  
70178 Stuttgart  
Phone: 0711/66 03-0  
Fax: 0711/66 03-333  
email address: [service@hallesche.de](mailto: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](mailto: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](http://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 – HALLESCHKE 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 HALLESCHKE 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 – HALLESCHKE group:

Specialised companies or departments of our group exercise particular tasks concerning data processing for the affiliated companies of the group. As far as there is an insurance contract between you and one or more companies of the group, your data can be processed centrally by one of the companies of the 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](http://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 information for the controller as well as the company data protection officer

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

The SCHUFA company data protection officer may be reached at the address listed above, attn. Department of Data Protection or by email at [datenschutz@schufa.de](mailto:datenschutz@schufa.de).

### 2. Data processing by SCHUFA

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

SCHUFA processes personal data in order to provide recipients with a legitimate interest information needed to evaluate the creditworthiness of individuals and legal entities. Scores are calculated and provided to this end. It only provides information if a legitimate interest in such information is credibly shown in a particular case and processing such information is permissible upon weighing all interests concerned. Without limitation, a legitimate interest in present upon entering into transactions with a financial default risk. A credit assessment serves to protect the recipient against losses in the lending business and, at the same time, provides an opportunity to protect borrowers from unreasonable indebtedness by providing counselling. Furthermore, data is processed for purposes of fraud prevention, integrity assessment, money laundering prevention, identity and age verification, address location, customer service or risk management as well as tariff classification and assessing conditions. Pursuant to Art. 14 (4) GDPR, SCHUFA will provide information regarding any changes to the purposes for which it processes data.

#### 2.2 Legal bases for data processing

SCHUFA processes personal data on the basis of the provisions of the General Data Protection Regulation. Data is processed on the basis of consent as well as on the basis of Art. 6 (1) (f) GDPR provided that processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party and such interests are not overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data. Consents may be revoked at any time by declaration to the relevant contractual partner. This applies in like manner to consents provided prior to the effective date of the GDPR. The revocation of consent does not affect the legality of personal data processed prior to revocation.

#### 2.3 Data sources

SCHUFA receives its data from its contractual partners. They are institutions, finance companies and payment service providers domiciled in the European Economic Area and Switzerland as well third countries as applicable (to the extent an adequacy decisions from the European Commission is available) that are exposed to a financial default risk (e.g. banks, savings banks, cooperative banks, credit card, factoring and leasing companies) as well as additional contractual partners who use SCHUFA products for the purposes described in section 2.1, in particular (mail order) retailers, e-commerce companies, service providers, leasing, energy supply, telecommunications, insurance or collections companies. Furthermore, SCHUFA processes information from generally accessible sources such as public registries and official publications (e.g. debtor registers, insolvency announcements).

#### 2.4 Categories of personal information that is processed (personal data, payment history and contractual compliance)

- Personal data, e.g. surname (if applicable prior names that may be provided upon special request), given name, date of birth, place of birth, address, prior addresses
- Information regarding the initiation and execution of a transaction in accordance with the contract (e.g. Giro accounts, instalment loans, credit cards, garnishment-exempt accounts, basic accounts)
- Information regarding undisputed, past-due claims subject to repeated dunning or reduced to judgement and their resolution
- Information regarding abusive or otherwise fraudulent activities such as identity theft or credit rating fraud
- Information from public registries and official publications
- Scores

#### 2.5 Categories of recipients of personal data

Recipients comprise contractual and business partners listed in section 2.3 domiciled in the European Economic Area and Switzerland as well other third countries as applicable (to the extent an adequacy decision from the European Commission is available for such countries). Additional recipients may include external contractors pursuant to Art. 28 GDPR as well as external and internal SCHUFA recipients. SCHUFA is furthermore subject to the statutory powers of intervention held by public authorities.

#### 2.6 Duration of data storage

SCHUFA stores information about persons only for a certain period.

Necessity is the decisive factor for defining this period. SCHUFA has established standard periods for a review of necessity for further storage and/or deletion of personal data. Based on these rules, the general storage period for personal data is three years from the date of their transaction. The foregoing notwithstanding, examples of other deletion periods include:

- Information regarding enquiries twelve months to the date
- Information regarding trouble-free contractual data related to accounts that are documented without the associated claim (e.g. Giro accounts, credit cards, telecommunications accounts or energy accounts), information regarding contracts for which an evidential review of provided by law (e.g. accounts exempt from garnishment, basic accounts) as well as guarantees and trading accounts that are maintained on the credit side, immediately after notification of termination.
- Data from debtor registers of the central enforcement courts three years to the day, however earlier if SCHUFA is shown evidence of deletion by the central enforcement court
- Information on consumer/insolvency proceedings or residual-debt exemption proceedings three years to the day following termination of the insolvency proceedings or issuance of a residual debt exemption. Deletion may be also be performed at an earlier date as specially warranted in specific cases.
- Information regarding the rejection of an insolvency petition due to a lack of assets, the suspension of a stay or the failure of the residual debt exemption, three years to the day
- Personal prior addresses remain stored for three years to the day; a review of the necessity of an additional three years of storage is conducted thereafter. Thereafter, they are deleted three years to the day provided that a longer storage period is not required for identification purposes.

### 3. Rights of the data subject

In relation to SCHUFA, every person concerned has the right of access under Art. 15 GDPR, the right of rectification under Art. 16 GDPR, the right to erasure under Art. 17 GDPR and the right to restrict processing under Art. 18 GDPR. SCHUFA has set up a consumer service centre for the concerns of data subjects. It may be reached in writing at SCHUFA Holding AG, Privatkunden ServiceCenter, Postfach 10 34 41, 50474 Cologne, by telephone at +49 (0) 6 11-92 78 0 and via an online form available at [www.schufa.de](http://www.schufa.de). Furthermore, it is also possible to contact the supervisory authority responsible for SCHUFA, the Commissioner for Data Protection of Hesse. Consents may be revoked at any time by declaration to the relevant contractual partner.

**Pursuant to Art. 21 (1) GDPR, data processing may be objected to on grounds relating to the particular situation of the data subject. An objection may be asserted without formal requirements and should addressed to SCHUFA Holding AG, Privatkunden ServiceCenter, Postfach 10 34 41, 50474 Cologne.**

### 4. Profile creation (Scoring)

The SCHUFA credit report may be supplemented by a so-called score. Scoring involves the creation of a forecast of future events on the basis of information collected and past experience. SCHUFA fundamentally calculates all scores on the basis of information stored by SCHUFA regarding the relevant person; this information is provided in response to a request pursuant to Art. 15 GDPR. Furthermore, SCHUFA complies with the provisions of § 31 Federal Data Protection Act (BDSG). On the basis of entries stored in association with an individual, the individual is assigned to a statistical groups of persons who had similar entries in the past. This process is described as "logical regression" and is a well-founded mathematical-statistical that has proven itself over time for forecasting risk probabilities.

The following forms of data are used by SCHUFA when computing a score, whereby not every form of data is used to compute every score: General data (date of birth, gender or number of addresses used in business dealings), prior payment problems, credit activity for the previous year, credit utilisation, length of credit history as well as address data (only if little personal credit-related information is available). Certain information is neither stored nor used for scoring purposes, for example: Information regarding nationality or particular categories of personal data such as ethnic origin or information about political or religious beliefs in accordance with Art. 9 GDPR. Similar, the assertion of rights pursuant to the GDPR, i.e. access to data stored by SCHUFA under Art. 15 GDPR, has no influence on the calculation of a score.

Scores that are provided support the contractual partners in the decision making process and are considered as part of risk management. Risk assessment the evaluation of creditworthiness is performed solely by the direct business partner, whilst only it has a wide variety of additional information available to it - for example information from the credit application. This even applies in the event the business partner relies solely on information and scores provided by SCHUFA. However, by itself a SCHUFA score is not a sufficient basis to decline the conclusion of a contract.

Additional information on the scoring process or the recognition of unusual circumstances is available at [www.Scoring-Wissen.de](http://www.Scoring-Wissen.de).

# DATA PROTECTION: LIST OF SERVICE PROVIDERS

As per: December 2019

## 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 enquiry agencies (Schufa Holding AG, Creditreform e.V., Arvato Infoscore GmbH)
■ Data carrier/file recovery	■ Waste companies
■ Printing, enveloping and dispatch	■ Printing companies and mailing companies
■ Claims management (out of court and court files)	■ Fülleborn Rechtsanwaltsgesellschaft mbH ■ KSP Kanzlei Dr. Seegers, Dr. Frankenheim Rechtsanwaltsgesellschaft mbH
■ IT service providers (writing software programmes, user-help-desk, implementation and support of hard- and software)	■ External IT service providers
■ Marketing (analysis, market research, service studies, customer surveys, mailings)	■ Marketing/market research companies
■ Service card producers (»Card for persons privately insured«)	■ Giesecke & Devrient GmbH

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

Transferred tasks	Agent/Service Categories
■ Assistance providers (repatriation, visits with doctors and hospitals abroad, medical consultation, check of the medical invoices, medical devices)	■ MD Medicus Assistance Service GmbH ■ Global Medical Management Inc. (GMMI) ■ Providers of medical devices
■ Supervision of expatriates abroad (claiming and contractual affairs)	■ MD Medicus Assistance Service GmbH ■ Henner Group
■ Telephone customer service	■ Webhelp Holding Germany GmbH

### Corporate Master Data Processing of the ALTE LEIPZIGER – HALLESCHE Group of Companies

- |  |  |
|--|--|
| ■ ALTE LEIPZIGER Lebensversicherung a. G.          | ■ ALTE LEIPZIGER Pensionskasse AG        |
| ■ HALLESCHE Krankenversicherung a. G.              | ■ ALTE LEIPZIGER Pensionsfonds AG        |
| ■ ALTE LEIPZIGER Versicherung AG                   | ■ ALTE LEIPZIGER Pensionsmanagement GmbH |
| ■ ALTE LEIPZIGER Bauspar AG                        | ■ ALTE LEIPZIGER Treuhand GmbH           |
| ■ ALTE LEIPZIGER Trust Investment-Gesellschaft mbH |  |

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 group insurance holder and the insured persons of the ALTE LEIPZIGER – HALLESCHE Group of Companies may be kept in a shared database.

According to the Code of Conduct, this master data maximally include 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.

The data processing comprises furthermore IT services as well as contracts concerning the use of premises and technology. Apart from that, the individual companies manage their data separately.

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