



Maßstäbe / **neu definiert**

Application for Health Insurance

Your insurance application

The submission of this application form constitutes a binding application for the conclusion of an insurance policy on the basis of the terms and conditions and information relating to the policy which you were provided with beforehand.

We can accept your application by sending you a certificate of insurance or a formal declaration of acceptance.

The insurance policy is considered concluded upon receipt.

■ Your Service Partner:



Please complete in block letters

Grid for personal data: NL/VD, BD, AB, Agent no., Org.KZ, Motive, GSG, ZUW, Insurance number, SV-/VK-No., First application, Request for amendment

Foreign key

Applicant/ Policyholder

Personal details: Name, First name, Title, Street, house number, Postcode, Town/City, Usual place of abode, Occupation, Date of birth, Nationality, Telephone, Facsimile, E-mail, Private Sector, Public Sector, Worker, Employee, Self-employed, Freelancer, Civil servant, Student/scholar, Housewife/House husband, Other

Previous insurance with AXA/DBV

Are you/the person to be insured current or previous holders of health insurance with AXA/DBV/DBV-Winterthur? Yes No

Policy number

Insurance applicants

1st Applicant: Name, First name, Date of birth, Nationality, Professional occupation, Estimated completion of apprenticeship/training, Private Sector, Public Sector, Worker, Employee, Housewife/House husband, Freelancer, Civil servant, Student/scholar, Other, Self-employed, Number of employees subject to social insurance contributions, Self-employed since, Company name and address or address of practice

2nd Applicant: Name, First name, Date of birth, Nationality, Professional occupation, Estimated completion of apprenticeship/training, Private Sector, Public Sector, Worker, Employee, Housewife/House husband, Freelancer, Civil servant, Student/scholar, Other, Self-employed, Number of employees subject to social insurance contributions, Self-employed since, Company name and address or address of practice

Please complete for sickness daily allowance tariffs

Gross earnings per month in euros (average of the last 12 months, see reverse of application form), Right to claim continued payment of salary Yes, Weeks, No

Gross earnings per month in euros (average of the last 12 months, see reverse of application form), Right to claim continued payment of salary Yes, Weeks, No

Previous insurance policies

Comprehensive health insurance in the last 12 months: SHI, PHI, Medical Care, Name of insurer, Policy number, Begin, End, Who cancelled or intends to cancel the policy? Policyholder, Insurer, No health insurance, Are premiums payable to your previous insurer in arrears or was your health insurance cancelled by the previous insurer due to premium arrears? Yes, No

Comprehensive health insurance in the last 12 months: SHI, PHI, Medical Care, Name of insurer, Policy number, Begin, End, Who cancelled or intends to cancel the policy? Policyholder, Insurer, No health insurance, Are premiums payable to your previous insurer in arrears or was your health insurance cancelled by the previous insurer due to premium arrears? Yes, No

Existing coverage

Supplementary insurance (e.g. out-patient, in-patient, supplementary dental insurance), Type of insurance, Insurer, Daily benefits insurance (e.g. daily benefits during hospitalisation, daily sickness allowance, care and attendance benefits). Please state amount of daily benefit, Type of insurance, Daily benefit amount, Insurer

Supplementary insurance (e.g. out-patient, in-patient, supplementary dental insurance), Type of insurance, Insurer, Daily benefits insurance (e.g. daily benefits during hospitalisation, daily sickness allowance, care and attendance benefits). Please state amount of daily benefit, Type of insurance, Daily benefit amount, Insurer



Applicant/Policyholder Name First name

Inception date 01.

Table for 1st Applicant with columns: Tariffs, Premium in EUR, Statutory surcharge. Includes a total row at the bottom.

Table for 2nd Applicant with columns: Tariffs, Premium in EUR, Statutory surcharge. Includes a total row at the bottom.

For the tariff group EL including EL Bonus U Foreign Travel Health Insurance ARJ Tariff Re. options. Includes checkboxes for ametropia and annual premium.

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Health Service 360° under Fully Comprehensive Health Insurance Cover

Support regarding prevention and motivation and medical supervision in the event of illness

Revocable direct debit authorisation and mode of payment. Includes fields for account no., bank sort code, financial institute, and signature.

Questions regarding the application for compulsory long-term care insurance

1. Please state your previous long-term care insurance provider... 2. Additional questions if non-contributory long-term care insurance is applied for... Includes various checkboxes and input fields.



Applicant/Policyholder	Name	First name
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Information regarding state of health

Please answer all questions in full and to the best of your knowledge. Please also quote – for the periods requested – any complaints or illnesses which you may even consider to be insignificant or the significance of which you are not in a position to judge or which have, in the meantime, healed.

With regard to the legal consequences of any breach of the duty to disclose information we refer to the special notice according to § 19, para. 5, sentence 1 VVG - German Insurance Contract Act (see reverse) contained in this application.

		1st Applicant		2nd Applicant	
		Height in cm	Weight in kg	Height in cm	Weight in kg
Do you have a general practitioner (GP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person	Name and address of general practitioner	GP's specialist area/field			
1.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
2.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			

Information regarding state of health

1. Do you wear corrective lenses (e.g. spectacles, contact lenses) or do you require them or are advised to wear them? If so, please state the dioptre reading for your left and right eye.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	L <input style="width: 50px;" type="text"/>	R <input style="width: 50px;" type="text"/>	L <input style="width: 50px;" type="text"/>	R <input style="width: 50px;" type="text"/>
2. Are you suffering from illnesses (e.g. also eye disorders), anomalies, disabilities, defective positions, deformities or reductions in capacity of any part of the body – also if you are not currently receiving treatment for any of the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you, in the following periods, received treatment as an out-patient or an in-patient, been placed under medical observation, undergone examinations, therapies, check-ups or operations- also due an unfulfilled wish to have own children or due to psychiatric or psychosomatic illnesses and treatment - by doctors or other service providers in the health care system? Out-patient – in the last 3 years? In-patient – in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. Are any of the above necessary, advised or intended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3b. Have you, in the course of the last 3 years, taken or applied medicines over a period of at least 10 days without interruption? This also applies to medicines which have not been prescribed or which do not require a prescription (e.g. Aspirin).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently suffering from or have you suffered from any recognised injury/illness as a consequence of military service, any reduction in earning capacity, invalidity, occupational disability, serious disability or have you required long-term care in the past 5 years? If so, please enclose documentary evidence of medical findings and/or treatment/care plans with a description and indication of the degree of the disability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been or are you currently addicted to medicines, alcohol, drugs or other intoxicating substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has an HIV infection/AIDS ever been diagnosed or are the results of a test pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Only for tariffs with dental insurance cover and optional tariffs

7. Do you have teeth missing which have not yet been replaced? Please state the number. (Complete closure of a gap, missing wisdom teeth and milk teeth are not deemed to be missing teeth).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	How many? <input style="width: 50px;" type="text"/>		How many? <input style="width: 50px;" type="text"/>	
7a. Are you currently undergoing dental or orthodontic treatment or is such treatment necessary, advised or intended? (If applicable, please submit cost estimate).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Have periodontitis, parodontitis, misaligned teeth or an anomaly of the jaw been diagnosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note: If at least one of the questions 7, 7a, 7b has been answered affirmatively, please refer to the Personal "Tooth Damage" declaration. If any of Special Agreements applies to the tariff applied and to the response, then the **personal "Tooth Damage" declaration** must be completed and the consent of the client obtained.

Comments/Agreements



Applicant/Policyholder	Name	First name
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Explanation of questions answered affirmatively, quoting the Applicant in question and the question number(s). It is important to describe the details as accurately as possible. Always state the nature and scope of any possible consequences or additional medical treatment requirements! Where there is not enough space, the required details must be specified on a separate sheet of paper to be signed by the Applicant and any other person(s) to be insured under the policy and enclosed with the application.

	Exact description of illness/ailment (diagnosis)/nature of complaint/nature of treatment – out-patient or in-patient – in hospitals, sanatoria, health clinics, therapy centres and nature of the therapy (e.g. talk therapy/ergotherapy, speech therapy), nature of the body implant/foreign material/nature and period of application of the medicines (also including the application of ointments, drops and injections).	Treatment received from - to	Out-P	In-P	Unable to work from - to	How often has the illness occurred?	Administered treatment (therapy)	Are you awaiting results? Any knock-on effects?
1st Applicant			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
2nd Applicant			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

	Insured person	Re. question no.:	Name and exact address of the doctor/dentist or other service provider in the health care system	Specialist field
Information re. doctors/dentist and other service providers in the health care system				

Consent to communication of data and tax identification number I hereby consent that the data required for the tax-deductible health and long-term care insurance contributions (name, contract data, tax identification number, contributions paid and, if applicable, information regarding reimbursed contributions) is communicated to the tax authorities by AXA Krankenversicherung. I am aware that the tax deductibility of the health and compulsory long-term care insurance contributions shall be reduced if I do not give my consent or if I give only my limited consent or if, after giving my consent, I exercise my right to withdraw it either partially or in full.

Applicant/Policyholder <input type="checkbox"/> Yes <input type="checkbox"/> No Tax ID number (11 figure) <input style="width: 100%;" type="text"/>	1st Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Tax ID number (11 figure) <input style="width: 100%;" type="text"/>	2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Tax ID number (11 figure) <input style="width: 100%;" type="text"/>
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Although requested, the tax identification number is not stated. It should be established by AXA Krankenversicherung.

Consent to the collection and usage of health data and declaration of release from the duty to maintain confidentiality¹

The provisions of the German Insurance Contract Act, of the Federal Data Protection Act and other data protection regulations do not contain any sufficient legal bases for the collection, processing and usage of health data by insurance companies. In order to collect and use your health data for this application, we, AXA Krankenversicherung AG, therefore require your consent regarding data protection. In addition, we require your release from the duty to maintain confidentiality in order to be permitted to obtain health data from entities which must maintain confidentiality, from doctors for example. As a health insurance company we also require your release from the duty to maintain confidentiality in order to be permitted to pass your health data or other data protected according to § 203 of the German Penal Code (Strafgesetzbuch), such as, for example, the fact that a policy has been concluded with you, to other entities, for example, assistance companies, IT service providers or to the Association of Private Health Insurers.

The following declarations of consent and release from the duty to maintain confidentiality are essential for the examination of the application and for the substantiation, management or termination of your insurance policy with AXA Krankenversicherung AG. Should you not submit them, it will, as a rule, not be possible to take out the insurance policy.

- The declarations concern the handling of your health data and other data protected by § 203 of the German Penal Code
- by AXA Krankenversicherung AG itself (under 1.),
 - in connection with enquires made with third parties (under 2),
 - for communication to entities outside of AXA Krankenversicherung AG (under 3) and
 - if the policy is not concluded (under 4).

The declarations apply to those persons you legally represent such as your children, insofar as these do not realise the consequences of this declaration and are therefore not in a position to submit their own declarations.

¹ The wording of the declaration of consent/release from the duty to maintain confidentiality was agreed upon with regards to content with the data protection supervisory authorities in 2011.



1. AXA Krankenversicherung AG – collection, storage and usage of the health data you provide.

I hereby consent to AXA Krankenversicherung AG collecting, storing and using the data supplied by me in this application and in future insofar as this is required for the examination of the application and also for the substantiation, management or termination of this insurance policy.

I consent to AXA Krankenversicherung AG, insofar as beneficial conditions are granted on the basis of co-operations with statutory health insurance providers, associations, organisations, companies or other third parties, for the purpose of examining whether a corresponding membership or affiliation with a right to claim beneficial conditions exists, to compare data with the named third parties and I hereby release the insurer in this respect from its duty to maintain confidentiality.

1.1. Collection, processing and usage of information you have provided regarding trade union membership.

I consent to the collection, processing and usage of the information I have provided concerning trade union membership insofar as this is required for the examination of the application and for the substantiation, management or termination of the policy, in particular for the calculation of my insurance premium.

2. Request for health data from third parties

2.1. Request for health data from third parties for the purpose of risk assessment and for the examination of the obligation to perform (indemnify).

In order to appraise the risks to be covered it may be necessary to make enquiries with entities which hold your health data. In addition, in order to appraise the obligation to perform we may have to examine information regarding your state of health upon which you have based your claims or which arises from documents submitted (e.g. invoices, prescriptions, medical appraisals) or information provided, for example, by a doctor or other member of a medical profession.

Any such examination shall only be conducted where required. To render this possible we require your consent, including a release from the duty to maintain confidentiality, for us and for the respective entities in the event that, within the scope of such enquiries, health data or other information protected pursuant to § 203 of the German Penal Code has to be communicated.

We will inform you in each individual cases regarding the persons or establishments we require information from and for what purpose. You may then decide in each case whether you

- wish to procure the required documents yourself.
- or consent to the collection and usage of your health data by AXA Krankenversicherung AG, release the named persons or establishments and their employees from the duty to maintain confidentiality and consent to the communication of your health data to AXA Krankenversicherung AG.

2.2. Declarations in the event of your death

In order to examine the obligation to perform, it may be necessary to examine health information also after you have passed away. An examination may also be required if, within ten years of conclusion of the policy, concrete evidence emerges that information provided at the time of submission of the application was incorrect or incomplete and thereby influenced the risk assessment. For this event also, we shall require a declaration of consent and release from the duty to maintain confidentiality.

Insofar as we have to collect health data after your death, we shall obtain the declarations of consent and the release from the duty to maintain confidentiality from your heirs or - in the case of alternative provisions - from the beneficiaries of the policy.

3. Communication of your health data and other data protected pursuant to § 203 of the German Penal Code to entities outside of AXA Krankenversicherung AG.

AXA Krankenversicherung AG binds the following entities contractually to observe the regulations governing data protection and data security.

3.1. Communication of data for medical appraisal

It may be necessary to appoint a medical appraiser to examine the risks to be covered and to assess the obligation to perform. We require your consent and release from the duty to maintain confidentiality if, in this context, your health data and other data protected pursuant to § 203 German Penal Code is communicated. You shall be informed of any respective communication of data.

I hereby consent to AXA Krankenversicherung AG communicating my health data to medical appraisers insofar as this is necessary within the scope of the risk assessment or an examination of the obligation to perform and that such data is used expediently and the results are communicated back to AXA Krankenversicherung AG. With regard to my health data and other data protected pursuant to § 203 of the German Penal Code, I hereby release the employees of AXA Krankenversicherung AG and the medical appraisers from their duty to maintain

3.2. Transfer of tasks to other entities (companies or persons)

We do not carry out certain tasks ourselves such as risk appraisal, the processing of benefit cases and the provision of telephone customer services and support which may give rise to the acquisition, processing or usage of your health data; we commission another company of the AXA Group or another entity to carry out this work and provide such services. If your data protected pursuant to § 203 of the German Penal Code is communicated in this connection, we shall require your release from the duty to maintain confidentiality for our company and for the other entities.

We keep a continually updated list of the entities and categories of entities which, according to the agreement, collect, process or use health data on our behalf, stating the assigned duties. The currently applicable list is attached as an appendix to the declaration of consent. A current list can also be called up via the Internet under www.axa.de or requested from your service partner named in your policy documents. We require your consent to communicate your health data and for it to be used by the entities named in the list.

I hereby consent to AXA Krankenversicherung AG communicating my health data to the entities named in the list referred to above and to the collection, processing and usage of my health data by those entities for the designated purposes and to the same extent as AXA Krankenversicherung AG is permitted to do so. Where required, I hereby release the employees of the AXA group of companies and other entities from their duty to maintain confidentiality with regard to the communication of health data and other data protected pursuant to § 203 of the German Penal Code.

3.3. Communication of data to reinsurers

In order to secure the fulfilment of your claims, we may involve reinsurers which assume the risk either partially or in full. In some cases, the reinsurers transfer risks to other reinsurers, to whom your data is also communicated. It is possible that we may present your application for insurance or claim to the reinsurer to enable the reinsurer to gain its own impression of the risk or the claim. This is common practice in cases where the sum insured is particularly high or if a risk is particularly difficult to classify.

In addition, by virtue of its expert knowledge, a reinsurer may be called upon to assist us with the assessment of a risk or claim and with the appraisal of processes.

Where reinsurers have undertaken to cover the risk, they may check whether we have appraised a risk or a claim correctly.

In addition, data relating to your existing policies and applications is communicated to reinsurers to the extent required to enable them to examine whether and to what extent they can participate in the risk. Data relating to existing policies may be communicated to reinsurers for the purpose of settling premium payments and claims.

For the above-named purposes, the data communicated is anonymous or under a pseudonym where possible, but personal data may also be used. The reinsurers use your personal data only for the aforementioned purposes. We shall inform you of any communication of your health data to reinsurers.

I hereby consent to the communication of my health data – as appropriate – to reinsurers and their usage thereof for the designated purposes. Where required, I hereby release the employees of AXA Krankenversicherung AG from their duty to maintain confidentiality with regard to the health data and other data protected pursuant to § 203 of the German Penal Code.



3.4. Exchange of data with the Hinweis- und Informationssystem (HIS) – the German reference and information system for the insurance industry.

For the purpose of more exact risk and claim appraisal the insurance industry uses the Hinweis- und Informationssystem (HIS) - the German reference and information system for the insurance industry, which is currently operated by Informa Insurance Risk and Fraud Prevention GmbH, Rheinstraße 99, 76532 Baden-Baden, www.informa-irfp.de). We can report any peculiarities which may indicate insurance fraud and increased risks to the HIS. We and other insurance providers retrieve data from the HIS within the scope of the risk or claim appraisal if there is a justified interest to do so. This does not involve the communication of health data, but in order to be permitted to communicate your data protected pursuant to § 203 of the German Penal Code we require your release from the duty to maintain confidentiality. This applies irrespective of whether the policy is concluded with you or not.

I release employees of AXA Krankenversicherung AG from their duty to maintain confidentiality insofar as they report data from the application or claim appraisal to the respective operator of the Hinweis- und Informationssystem (HIS) – the German reference and information system for the insurance industry.

To the extent required for the appraisal of the duty to indemnify, the HIS system serves to identify insurance providers you have been in contact with in the past and which may have relevant information at their disposal. Data required for the further examination of claims can be requested from these insurance providers (see under section 2).

3.5. Forwarding data to independent intermediaries

As a matter of principle we do not forward any information regarding your health to independent intermediaries. However, in the following cases it may be happen that data from which conclusions regarding your health may be drawn, or information protected pursuant to § 203 of the German Penal Code is submitted to the attention of the intermediary through your policy.

To the extent required for policy-related consultation purposes, the agent looking after you can receive information regarding whether and possibly under what preconditions (e.g. acceptance with risk loading, exclusion of particular risks) your policy can be accepted.

The intermediary who mediates your policy learns that the policy was concluded and the content thereof. In doing so he also learns whether risk loadings or the exclusion of particular risks were agreed.

In the event of a change in the intermediary responsible for you to another intermediary, policy data containing information regarding existing risk loadings and the exclusion of particular risks may be communicated to the new intermediary. In the event of any change in the intermediary who looks after you to another intermediary you will be informed prior to the forwarding of health data and you will be advised of your possibilities to object.

I hereby consent that AXA Krankenversicherung AG may, in the above-named cases, communicate my health data and other data protected pursuant to § 203 StGB – where required – to the independent intermediary responsible for my insurance affairs and that such data may be collected, stored and used for consultation purposes.

This consent applies accordingly to data processing by broker pools or other service providers (e.g. operators of comparison software, broker administration programmes) which my intermediary involves in the conclusion and administration of my insurance policies. I can request my intermediary to provide information regarding the respective service providers.

4. Storage and usage of your health data if the policy falls through

If the health insurance policy falls through, we shall store your health data acquired for the risk assessment in case you reapply to take out insurance cover. In addition it is possible that we may provide a reference concerning your application to the (HIS) – the German reference and information system for the insurance industry, which is communicated to enquiring insurance providers for the purpose of their appraisal of risks and claims (see section 3.4). We also store your data in order to respond to any enquiries made by other insurance providers. Your data is stored by us and in the HIS until the end of the third calendar year following submission of your application.

I hereby consent to AXA Krankenversicherung AG storing and using my health data – in the event that the policy falls through – for a period of three years from the end of the calendar year in which I submit my application for the aforementioned purposes.

Issued documents

- I have received the product information sheets, policy information, the insurance terms and conditions for the tariffs applied for:
 Electronically per data carrier hard copy

Applicant's signature – where applicable as the legal representative of any other persons covered by the insurance.

Important for applicant and persons to be insured

Please check that the details and declarations you write, or the intermediary writes for you, in this application or in other documents are correct and complete, otherwise you could jeopardise your insurance cover. **Before you sign this application, please also read the explanations and information on the reverse of this application form. These contain, among other things, also the consent to the collection of information regarding your general payment record and your ability to pay and your customer relationship. With your signature you make these declarations a constituent part of the policy.**

I have been informed of my statutory right of withdrawal according to the instructions printed on the reverse.

Signatures (apply also to information regarding marital status, claim to assistance and consent to the conversion service in the supplementary declaration for persons in the public sector)

Place and date

Signature of Applicant/Legal representative

Signature of all other persons to be co-insured hereunder with reference to all of the above declarations (age 16 or over) .

Intermediary's signature/Name and Stamp

and, where required, the signature of the legal representative of the persons to be insured.



**Additional declaration for Public Sector employees
(Civil servants and employees) and their relatives who are eligible for assistance**

21008983 (11.12)

	Applicant Policyholder	Surname	First name																																							
Marital status Questions regarding claim to assistance	1st Applicant		2nd Applicant																																							
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced																																							
	Employer		Employer																																							
	Assistance status *) 1st insured Eligibility regulation**) VP 1		Assistance status*) 1st insured Eligibility regulation**) VP 1																																							
<p>*) Eligibility status</p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">B = Eligible for assistance</td> <td style="width:33%;">In the case of Baden-Württemberg: BA = Single person eligible to assistance VA = Single recipient of benefit</td> <td style="width:33%;">A = Employee without allowance A2 = Employee without allowance/2 children EAZ = Employee's spouse with allowance EA = Employee's spouse without allowance KAZ = Child of an employee with allowance KA = Child of an employee without allowance</td> </tr> <tr> <td>V = Recipient of benefit</td> <td>AZ = Employee with allowance AZ2 = Employee with allowance/2 children</td> <td></td> </tr> <tr> <td>E = Eligible spouse</td> <td></td> <td></td> </tr> <tr> <td>K = Eligible child</td> <td></td> <td></td> </tr> <tr> <td>H = Free health care</td> <td></td> <td></td> </tr> <tr> <td>B2 = Eligible for assistance/2 children</td> <td></td> <td></td> </tr> </table> <p>**) Eligibility regulation Association? "Bundesland" (SchH., HH, HB, NdS, Bln, NW, Hess, RhIPf, BaWü, Bay, Saar, M-V, Brbg, LSA, Sachs, Thür)? KVB?</p>				B = Eligible for assistance	In the case of Baden-Württemberg: BA = Single person eligible to assistance VA = Single recipient of benefit	A = Employee without allowance A2 = Employee without allowance/2 children EAZ = Employee's spouse with allowance EA = Employee's spouse without allowance KAZ = Child of an employee with allowance KA = Child of an employee without allowance	V = Recipient of benefit	AZ = Employee with allowance AZ2 = Employee with allowance/2 children		E = Eligible spouse			K = Eligible child			H = Free health care			B2 = Eligible for assistance/2 children																							
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Number of persons eligible for assistance (Persons eligible and who can be considered for assistance) <input type="text"/> Changes to/cessation of assistance in the case of requirement adjustments Month <input type="text"/> Year <input type="text"/> Have you in the last 12 months prior to the application been seconded/deployed abroad or employed/occupied abroad <input type="checkbox"/> Yes <input type="checkbox"/> No If so: Where? From <input type="text"/> Until <input type="text"/>		Number of persons eligible for assistance (Persons eligible and who can be considered for assistance) <input type="text"/> Changes to/cessation of assistance in the case of requirement adjustments Month <input type="text"/> Year <input type="text"/> Have you in the last 12 months prior to the application been seconded/deployed abroad or employed/occupied abroad <input type="checkbox"/> Yes <input type="checkbox"/> No If so: Where? From <input type="text"/> Until <input type="text"/>																																								
Conversion service tariff group B and Vision B	I agree that my policy, in the event of changes to the law governing allowances, shall be converted appropriately within the scope of the tariffs available for sale. I may revoke my participation at any time. I shall have the right to demand that policy conversions effected within the scope of the conversion service are rescinded within one month of receipt of notification of the conversion. <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Personal declaration upon conclusion of the tariff Vision B or Vision B-N and Vision B-U, BN3 and BN3/1-N and BN3/1-U, BN3/2-N and BN3/2-U, BN4, BN4-N and BN4-U	I hereby declare the following (please tick) Name, first name of the person to be insured <input type="text"/> <input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Optical aids		I hereby declare the following (please tick) Name, first name of the person to be insured <input type="text"/> <input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Optical aids																																							
	<p>A non-smoker is deemed to be a person who in the 12 months prior to the conclusion of the policy has not smoked either cigarettes or cigars, a pipe or other tobacco and who does not intend to smoke in future. As a smoker, I hereby agree to a surcharge payable on top of the VISION B, Vision B-N, Vision B-U tariff premium. From the age of 16 this amounts to 17% of the tariff premium. I am aware that this surcharge will be adjusted accordingly in the event of a required premium adjustment.</p> <p>If I become a smoker after concluding the policy, I hereby undertake to inform the insurer immediately in this regard. I agree that the surcharge applicable to me will be charged from the time I become a smoker.</p>																																									
	For my optical aid I agree to a surcharge on top of the tariff premium Vision B/Vision B-N/Vision B-U and – where applied for – on the tariff BN3, BN3/1-N, BN3/1-U, BN3/2-N, BN3/2-U, BN4, BN4-N, BN4. The amount is the same for children, teenagers and adults - per person under the tariff:																																									
	<table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:left;">Tariff</th> <th style="text-align:left;">Tariff</th> </tr> </thead> <tbody> <tr> <td>Vision B, Vision B-N, Vision B-U</td> <td>BN3, BN3/1-N, BN3/1-U, BN3/2-N, BN3/2-U, BN4, BN4-N, BN4-U</td> </tr> <tr> <td colspan="2">with the following listed rates of reimbursement/tariff supplements:</td> </tr> <tr> <td>00 7.00 EUR</td> <td></td> </tr> <tr> <td>50T, 50-NT, 50T-U 3.50 EUR</td> <td>50 2.00 EUR</td> </tr> <tr> <td>30 2.10 EUR</td> <td>30 2.80 EUR</td> </tr> <tr> <td>20 1.40 EUR</td> <td>20 2.80 EUR</td> </tr> <tr> <td>15 1.05 EUR</td> <td>15 3.40 EUR</td> </tr> <tr> <td>20 15 1.40 EUR</td> <td>20 2.80 EUR</td> </tr> <tr> <td>25 15 1.75 EUR</td> <td>25 3.00 EUR</td> </tr> <tr> <td>25 1.75 EUR</td> <td>25 3.00 EUR</td> </tr> <tr> <td>30 15 2.10 EUR</td> <td>30 2.80 EUR</td> </tr> <tr> <td>35 20 2.45 EUR</td> <td>35 2.60 EUR</td> </tr> <tr> <td>35 2.45 EUR</td> <td>35 2.60 EUR</td> </tr> <tr> <td>40 25 2.80 EUR</td> <td>40 2.40 EUR</td> </tr> <tr> <td>40 2.80 EUR</td> <td>40 2.40 EUR</td> </tr> <tr> <td>45 30 3.15 EUR</td> <td>45 2.20 EUR</td> </tr> <tr> <td>45 3.15 EUR</td> <td>45 2.20 EUR</td> </tr> <tr> <td>50 35 3.50 EUR</td> <td>50 2.00 EUR</td> </tr> <tr> <td>50 3.50 EUR</td> <td>50 2.00 EUR</td> </tr> </tbody> </table> <p>(Examples: The optical aid surcharge in the tariff Vision B30-N and. Vision B30-U EUR 2.10 and in the tariff BN3/1 30-N and. BN3/1 30-U amounts to EUR 2.80 and in the tariff Vision B 50-NT and Vision B 50T-U EUR 3.50 and in the tariff BN4 50-N and BN4 50-U EUR 2,00.) Premium surcharges are not imposed during a deferred benefit insurance period.</p>			Tariff	Tariff	Vision B, Vision B-N, Vision B-U	BN3, BN3/1-N, BN3/1-U, BN3/2-N, BN3/2-U, BN4, BN4-N, BN4-U	with the following listed rates of reimbursement/tariff supplements:		00 7.00 EUR		50T, 50-NT, 50T-U 3.50 EUR	50 2.00 EUR	30 2.10 EUR	30 2.80 EUR	20 1.40 EUR	20 2.80 EUR	15 1.05 EUR	15 3.40 EUR	20 15 1.40 EUR	20 2.80 EUR	25 15 1.75 EUR	25 3.00 EUR	25 1.75 EUR	25 3.00 EUR	30 15 2.10 EUR	30 2.80 EUR	35 20 2.45 EUR	35 2.60 EUR	35 2.45 EUR	35 2.60 EUR	40 25 2.80 EUR	40 2.40 EUR	40 2.80 EUR	40 2.40 EUR	45 30 3.15 EUR	45 2.20 EUR	45 3.15 EUR	45 2.20 EUR	50 35 3.50 EUR	50 2.00 EUR	50 3.50 EUR
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Important declarations of the applicant and person(s) to be insured and important information!

In the case of submission of an application for loss of earnings/daily sickness allowance insurance, I hereby expressly confirm that the daily sickness benefits applied for together with any other claim(s) already existing or applied for from any other private or statutory health insurance provider do not exceed the insurable income.

Confirmation of personal income

Together with other daily sickness and other sickness benefits

- For workers and employees:
Net income plus full contributions for health, annuity and compulsory long-term care insurance (Fully Comprehensive Health Insurance) Difference between net income and sickness benefit (supplementary insurance)
- Self-employed/freelancers, including self-employed doctors and dentists:
80% of pre-tax profits (provisional expenditure for retirement benefits, depreciations, ongoing operating costs (such as wages, salaries, rent, insurance contributions, taxes, costs of financing, income from investments) etc. cannot be taken in account).

Total income / Marginal earnings threshold Compulsory long term care insurance

Total income is the sum of all income in terms of § 2, para. 1, (German) Income Tax Act. Total earnings within the meaning of income tax law (e.g. wages and salaries, income from rent, income from investments, income from self-employed activity, annuities etc.) are added together to determine total income. The income ceiling is EUR 400.00 per month if the income is earned fully or partially from marginal employment (mini job), otherwise EUR 375 per month (status 01.2012).

The following amounts are not to be deducted from total income:
The proportional tax allowance for elderly retired persons, special expenses, extraordinary burdens, tax exemption for dependent children, the household allowance and other amounts deductible from income according to tax law.

In contrast, tax allowable expenses – except for wages taxed as a lump-sum – and in the case of investment income, the saver's allowance are to be deducted. Income-related child-minding costs (§ 4f German Income Tax Act) are, in the case of self-employment, deductible from tax as operating expenses and in the case of income as an employee as tax allowable expenses.

In the case of pensions, the amount payable shall be considered without earnings points earned during periods dedicated to the upbringing of children. One-off payments are to be split over all of the months of the year, e.g. interest payments. In the case of self-employment the profit is decisive. Maternity benefits, child-raising benefits, child benefits, unemployment benefits, social benefits, student loans, housing benefits and contribution allowances for health and long-term care insurance do not count as income.

The contribution ceiling for spouses/civil partners of 150 % of the PPV contribution (contribution to compulsory long-term care insurance) and exemption from contributions for children can only be granted if the total income of a spouse/civil partner/child does not exceed the income ceiling (see above). In Germany, "Lebenspartnerschaft" (civil partnership) is described as the cohabitation of a couple which is regulated by law and made official by means of registration and which enables same-sex couples only to legally safeguard their relationship.

Additional information regarding compulsory long-term care insurance

Confirmation from other insurance provider for individually insured children and/or individually insured spouse/registered partner.

If a child or the spouse/registered civil partner alone holds compulsory long-term care insurance with AXA or DBV Deutsche Beamtenversicherung Krankenversicherung, subsidiary of AXA Krankenversicherung AG, then confirmation of insurance must be presented for the parent or spouse/registered partner who holds compulsory long-term care insurance with a different private insurance provider. This certificate must confirm the date of inception of insurance and the continuity of the compulsory long-term care insurance afforded by policy. Existing deferred benefits insurance cannot be taken into consideration. A copy of the certificate of insurance or similar shall not suffice as proof of insurance.

Contribution allowances for spouses/registered partners

A prerequisite for obtaining a contribution allowance for the spouse/registered partner is the uninterrupted existence of private compulsory health insurance since 01.01.1995 for at least one of the two spouses/registered partners.

Special Policy

In as far as a special policy number (here: SVNR) has been entered on page 1 of the application, then this becomes an application for admission to the corresponding Group Insurance policy or to the Master Policy providing private health insurance cover. The special terms and conditions of the respective Group or Master Policy shall only apply if you belong to the eligible group of applicants i.o. the special policy in question.

If you cease to be eligible or if the respective special policy is terminated by the parties to the policy, you shall have the right to continue the policy at normal conditions.

Cancellation policy information for the application to take out a new insurance policy and for existing policies – each in the application procedure.

Right of withdrawal

You can withdraw your policy declaration within 14 days without stating a reason in the form of text (e.g. by letter, facsimile, e-mail). The time limit commences once you have received the certificate of insurance, the policy terms and conditions, including the General Terms and Conditions, additional information according to § 7, paragraphs 1 and 2 of the Versicherungsvertragsgesetz (German Insurance Contract Act) in connection with §§ 1, 3 and 4 of the duty to inform regulation of the Versicherungsvertragsgesetz and this instruction, each in the form of text. The dispatch of the written revocation within this set period is considered to be observance of this time limit. The notice of revocation must be sent to: AXA Krankenversicherung AG 50592 Köln, Facsimile 0221/148-36202, E-mail: info@axa.de

Should you apply for the insurance to begin before the cancellation period is due to expire, you agree that insurance cover begins prior to the expiry of this time limit and the first or single premium – notwithstanding the law – shall be payable prior to the expiry of the time limit, i.e. immediately.

In the event of a policy amendment the following shall apply: If the effective date of the policy amendment applied for lies before the expiry of the revocation period, you hereby agree that, notwithstanding the statutory provision, the amended or single premium shall fall due before the expiry of the deadline, i.e. it must be paid without delay.

Consequences of withdrawal

If you have arranged for insurance cover to begin prior to the expiry of the cancellation period, in the event of an effective withdrawal, insurance cover shall end and we shall refund that part of the premium for the period after receipt of the notification of withdrawal. In this case, we shall have the right to retain the part of the premium due for the period up until receipt of the notification of withdrawal; the amount is calculated depending on the method of payment as follows:

Number of days insurance cover was granted	X	1/360 of the annual premium specified in the application
		1/180 of the half-yearly premium specified in the application
		1/90 of the quarterly premium specified in the application
		1/30 of the monthly premium specified in the application

In the event of a policy amendment the following shall apply: In the event of an effective revocation, the status shall be reinstated as existed prior to the policy amendment and we shall reimburse you, if a higher premium has been paid, for that amount of the higher premium which applies to the period after receipt of the notification of withdrawal. In this case we shall have the right to retain the part of the higher premium due for the period up until receipt of the notification of withdrawal; the amount is calculated depending on the method of payment:

Number of days insurance cover was granted	X	1/360 of the increased part of the annual premium specified in the application
		1/180 of the increased part of the half-yearly premium specified in the application
		1/90 of the increased part of the quarterly premium specified in the application
		1/30 of the increased part of the monthly premium specified in the application

The reimbursement of refundable premiums takes place immediately, at the latest within 30 days of receipt of the notification of withdrawal. If the insurance cover or, in the case of a policy amendment, the amended insurance cover does not begin before the end of the cancellation period, the effective withdrawal means that any premiums received must be returned together with any accrued benefits (e.g. interest).

Please note:

Your right of withdrawal shall cease if the policy is wholly fulfilled by you and by us at your explicit request before you exercise your right of withdrawal.

End of information regarding the right of withdrawal

Information re. advertising

You can object to the processing and usage of your personal data for promotional or advertising purposes informally, at any time, without stating the reasons.

The objection must be sent to: AXA Krankenversicherung AG, 50592 Köln, Facsimile 0221/148-36202, E-mail: info@axa.de



Consent to credit check

According to the German Federal Data Protection Act (here: Bundesdatenschutzgesetz), the use of your general personal data (e.g. age or address) is permitted if required for the management of a contractual relationship or a relationship of trust similar in nature to a contractual relationship (§ 28 Abs. 1 No. 1 BDSG) and no justified interest of the person concerned opposes the processing or usage.

In order to protect the insurance community it is a fundamental requirement to conduct credit checks and apply the scoring procedure. In order to improve transparency for our clients, credit checks and the scoring procedure are conducted on the basis of the following declaration of consent.

I hereby consent that my personal data may be used subject to compliance with the principles of data economy and data avoidance

1. for the processing of the application, policy and claims, as the insurer may request information regarding my general payment record. This can also be performed by another AXA Group company or information agency (e.g. Bürgel, Infoscore, Creditreform, SCHUFA.)
2. for the processing of the application, policy and claims, as the insurer, an AXA Group company or an information agency requests an appraisal of my solvency status or of the client relation record (scoring) on the basis of mathematical, statistical procedures.

I may revoke this declaration of consent at any time.

If the declaration is refused either partially or in full, this may mean that an insurance policy cannot be concluded.

Reimbursement account

If you wish to specify a special reimbursement account, please provide us with the name of the account holder, the account number, the bank sort code and the name of the financial institute.

AXA Krankenversicherung AG

Colonia-Allee 10-20, 51067 Köln · Postal address: 50592 Köln

Internet: www.AXA.de

Registered Office Cologne · Commercial Registry Cologne HR B No. 1012

VAT identification no.: DE 122786679

Chairman of the Supervisory Board: Gernot Schlösser

Management Board: Dr. Thomas Buberl CEO;

Dr. Andrea van Aubei, Etienne Bouas-Laurent, Wolfgang Hanssmann,

Jens Hasselbächer, Dr. Heinz-Jürgen Schwering

24-hour Customer Service: 02 21 - 148 - 4 10 00



Special notice in accordance with Section 19, Clause 5, Sentence 1 of the German Insurance Contract Act regarding the consequences of any breach of the statutory duty of disclosure.

You shall be required to answer the questions truthfully and in full in order for the insurer to be able to inspect your insurance application in due form. You must also provide information regarding any circumstances which you may consider to be of little significance. Please note that you will jeopardise your insurance cover if the information you provide is incorrect or incomplete. Further details regarding the consequences of any breach of the duty of disclosure can be derived from the following information.

What are the duties of disclosure precedent to the policy?

Prior to submission of your application for insurance you are obliged to disclose all material facts, truthfully and in full, which the insurer requests in the form of text. If after submission of your policy declaration but prior to acceptance of your application the insurer enquires regarding material facts once again in the form of text, you shall also be obliged to inform the insurer in this respect.

We would like to point out that the performance of genetic examinations or analyses is not a condition precedent to the conclusion of a policy and that we neither demand such examinations or analyses nor do we use the results and data thus obtained. **Please do not send us any results or data of genetic examinations or analyses!** However, any already existing illnesses, complaints, anomalies, disabilities, defective positions, deformities or reductions in capacity of any part of the body must be declared irrespective of the method of examination which made you aware of the condition.

What are the possible consequences of any breach of the duty of disclosure precedent to the policy?

1st Withdrawal and lapse of insurance cover

If you breach your duty of disclosure precedent to the policy the insurer shall have the right to rescind the insurance policy.

The insurer shall not be entitled to exercise this right if

- you prove that the duty of disclosure was not breached deliberately or due to gross negligence, or
- in the event of any grossly negligent breach of the duty of disclosure if the insurer would have concluded the policy, albeit at different conditions, if the insurer had had knowledge of the circumstances which had been withheld.

In the case of rescission, insurance cover shall not be granted as a matter of principle unless the insurer declares rescission after the occurrence of an insured event and you prove that the undisclosed or incorrectly disclosed circumstance

- is not causal in terms of the determination of the insured event
- or in terms of the determination or the scope of the obligation to perform on the part of the insurer.

However, insurance cover shall not be granted also in this case if the insurer has contested the policy declaration due to a fraudulent breach of the duty of disclosure.

In the event of rescission due to any breach of the duty of disclosure, the insurer shall be entitled to the premium due until rescission becomes effective.

2. Cancellation

If you have breached your duty of disclosure neither deliberately nor due to gross negligence, the insurer can cancel the policy – with the exception of health insurance which fulfils the obligation according to § 193 Para. 1 Sentence 3 – subject to a period of notice of one month unless the insurer would have concluded the policy, albeit at different terms, if it had had knowledge of the material facts which had been withheld.

3. Policy amendments

If the insurer is not permitted to rescind or cancel due to a breach of the duty of disclosure precedent to the policy because it would have concluded the policy, albeit at different terms, if it had had knowledge of the circumstances which had been withheld, the other conditions shall become a component of the policy retroactively if the insurer demands that this is the case.

Insofar as these other terms and conditions contain an exclusion, insurance cover shall lapse retroactively for the excluded circumstances.

If you are not responsible for the breach of the duty of disclosure, i.e. this was not attributable to a deliberate act, gross negligence or negligence, the insurer shall not have the right to have the policy amended.

Rights of the Insurer

The insurer can assert his right to rescind, cancel or to have a policy amended only if he does this in writing within the space of a month. The time limit begins at that point in time when the insurer gains knowledge of the breach of the duty of disclosure which justifies it asserting this right. When exercising its rights, the insurer must specify the circumstances upon which it bases its declaration. The insurer can subsequently specify further circumstances to substantiate its declaration provided that the deadline according to sentence 1 has not expired. The rights lapse as a matter of principle when three years have lapsed since the conclusion of the policy. The rights shall lapse after ten years in the event of a deliberate or fraudulent breach of the duty of disclosure.

The insurer shall be barred from exercising its rights if it had knowledge of the material facts which had been withheld or incorrectly disclosed.

Representation

If the policy is concluded by your representative the application of the abovementioned regulations shall take into consideration your knowledge or fraudulent intent as well as that of your representative. You can only plead that the duty of disclosure was not breached deliberately or due to gross negligence if neither you nor your representative are guilty of having committed the breach deliberately or due to gross negligence.





Group companies involved in joint master data processing procedures

- AXA Assistance Deutschland GmbH
- AXA ART Versicherung AG
- AXA Bank AG
- AXA Customer Care GmbH
- AXA easy Versicherung AG
- AXA Konzern AG
- AXA Krankenversicherung AG
- AXA Lebensversicherung AG
- AXA Life Europe Ltd. Niederlassung Deutschland
- AXA Schaden Experten GmbH
- AXA Versicherung AG
- DBV Deutsche Beamtenversicherung AG
- DBV Deutsche Beamtenversicherung Lebensversicherung AG
- Deutsche Ärzteversicherung AG
- Deutsche Ärzte Finanz Beratungs- und Vermittlungs-AG
- INREKA GmbH
- Kölner Spezial Beratungs-GmbH für betriebliche Altersversorgung
- Lucramount AG
- Pro bAV Pensionskasse AG
- winsecura Pensionskasse AG
- winExpertisa Gesellschaft zur Förderung beruflicher Vorsorge mbH
- win Health Consulting GmbH

Service provider with data processing as their main assignment (listed individually):

Commissioning company	Service provider	Subject/purpose of the commission	Health data
All Group companies	AXA Konzern AG AXA Group Solutions SA Zweigniederlassung Köln AXA Logistic Services GmbH AXA Technology Services Germany GmbH AXA Customer Care Center GmbH ARA GmbH Auto und Reise Assistance GDV Dienstleistungs GmbH	Application, policy, benefit processing, operation of group-wide IT applications, mail processing, computer centre operator Customer service hotline Customer service hotline Data transfer with intermediaries and service providers	Yes No Yes Yes Yes No No
AXA Krankenversicherung AG	Medx ViaMed ROLAND Assistance GmbH Medical Contact AG	Benefit processing, Benefit examination, Disease management dDisease management	Yes Yes Yes ¹ Yes ¹
AXA Lebensversicherung AG	AXA Bank	Portfolio management for fund policies	No
DBV Deutsche Beamtenversicherung Lebensversicherung AG	AXA Bank Vorsorge Lebensversicherung AG	Portfolio management for fund policies Application and benefits processing	No Yes
AXA Versicherung AG	AXA Assistance SA, Niederlassung Deutschland ROLAND Assistance GmbH	Disease management Disease management	Yes ¹ Yes ¹
DBV Deutsche Beamtenversicherung AG	AXA Assistance SA, Niederlassung Deutschland ROLAND Assistance GmbH	Disease management Disease management	Yes ¹ Yes ¹

Categories of service providers where data processing is not the main subject of the contract

Commissioning company	Service provider category	Subject/purpose of the commission	Health data
All Group companies	Address investigators Surveyors Assistance Coordinators Market research companies Marketing agencies/providers Letter shops/Printers File storage IT maintenance service provider Law firms Collection agencies Reinsurers	Address verification Application/Benefit/Recourse Examination Assistance services Market research Marketing campaigns Postal items/newsletter (e-mail) File storage System and application maintenance Debt collection Realisation of titled debts Monitoring	No in part ¹ in part ¹ No No No Yes Yes Yes No Yes

¹ with separate consent

A current version of this overview of service providers can be called up via the Internet under www.AXA.de/Datenschutz

