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Application for Health Insurance

based on the General Terms for travellers' health insurance according to tariff RRA-04

The following persons are taking out insurance from: _____ for the duration of: _____ months
(beginning)

family name, given name	sex	date of birth	home country	date of arrival in Germany	in case of exceeding the deadline for application please indicate your previous insurance in Germany here	
					from - to	with (company)
1.						
2.						
3.						
4.						
5.						

Costs for childbirth shall be included for the following person (family name, given name): _____

(The premium amounts to 98.00 EUR per month in addition; the supplementary insurance must be taken out with effect from the beginning of the main insurance and cannot be cancelled separately.)

address in Germany:

Please charge the monthly premiums by direct debit:

name of my bank: _____

bankcode (BLZ): _____ account number: _____

(Debit entries you disagree with can be cancelled by your bank within 6 weeks.)

email:

date, signature: _____