

Your contact at HanseMerkur Versicherungsgruppe

### HanseMerkur Geschäftsstelle Daniel Weist

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# ADVIGON

## Application for Health Insurance

on the basis of the General Terms and Conditions for travel health insurance according to tariff ADAKVI10 04.18

The following persons are taking out insurance from:  for the period of:  months Purpose of the trip: Science, research, teaching  
(Inception date)

### Insured person:

No.	family name, first name	sex	date of birth	home country	date of arrival in Germany	in case of a pre-existing insurance for Germany please indicate	
						from - to	provider
1							
2							
3							
4							
5							

ADV Basic Travel Health Insurance up to a maximum of 5 years: 75,- EUR per person and month (Code 52309)

ADV Profi (including costs for childbirth) Travel Health Insurance Incoming up to a maximum of 5 years: 190,- EUR per person and month (Code 52310)

for the following person:

Street, house number  Postal code  Place

Email

Date, signature

### Basic SEPA direct mandate for recurring payments

Family name, first name of the debtor (account holder)

Street, house number  Postal Code  Place

IBAN

BIC  Name of your bank

Place, date  Signature of the debtor (account holder)

### SEPA-Authorisation

Creditor/Account Holder  
HanseMerkur Geschäftsstelle  
Daniel Weist  
Raderberger Str. 202,  
50968 Köln  
Creditor ID Number:  
DE13ZZZ00001856897

I/we authorise HanseMerkur Geschäftsstelle Daniel Weist to make direct debits against my/our account on behalf of the HanseMerkur insurance company named in the policy. At the same time, I/we instruct our payment service provider to honour all direct debit requests made by HanseMerkur Geschäftsstelle Daniel Weist to my/our account.  
Note: I/we have the right to request the refund of the debited amount within eight weeks from the debite date. The terms and conditions of my/our payment service provider are applicable.