

Your contact at HanseMerkur Reiseversicherung AG
HanseMerkur Geschäftsstelle Daniel Weist
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 Website: www.hm-d-weist.de

Application for Health Insurance

on the basis of the General Terms and Conditions for travel health insurance according to tariff VB-KV 2014 (AvH)

The following persons are taking out insurance from: for the period of months
(Inception date)

Insured person:

No.	family name, first name	gender	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						

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

Profj (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:

Family name, first name

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

Neuenhöfer Allee 49, 50935 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 debit date. The terms and conditions of my/our payment service provider are applicable.