

Your contact at HanseMerkur Versicherungsgruppe

HanseMerkur Geschäftsstelle Daniel Weist

Neuenhöfer Allee 49, 50935 Köln

Tel. +49 2421 480 86 66, Fax +49 2421 480 86 98, Email: info@hm-d-weist.de

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 the tariff VB-KV 2014 (AvH)

The following persons are signing in from for the period of months purpose of travel: science, research, teaching
(inception date)

Insured Persons:

	Family name, Given name	Gender	Date of birth	Place of residence	Date of arrival in Germany	Previous insurance (only if applying later than 31 days after arrival in Germany)	
						from - to	provider
1							
2							
3							
4							
5							

- Basic** Travel health insurance up to 5 years 75.00 EUR per person and month (Code 52309)
- Professional** (including costs for childbirth) Travel health insurance up to 5 years 190.00 EUR per person and month (Code 52310)

for:

Street, House No. Postal code Place

E-mail

Date, Signature

SEPA direct debit mandate for recurring payments

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

Street, House No., Postal code Place

IBAN

BIC Name of your bank

Place, Date Signature of the account holder

SEPA Mandate

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 are applicable.