Applicant Questionnaire Health Insurance
for collecting data required for a consultation
on Private Health Insurance

Your agent

**Dr. Schlemann unabhängige Finanzberatung
GmbH & Co. KG**
Dr. Berndt Schlemann | Geschäftsführer
Ernastr. 31 | D-51069 Köln
Telefon: 0221 68 80 40 | Telefax: 0221 68 80 81
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Application to the Health Insurance

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SC	VD	health insurance policy no.	agent no.	customer no.	Antragsnummer	

☐ New Application
☐ Modified Application

Applicant/ policy holder

☐ Mr. ☐ Ms.

surname/title

concern resp. employer

first name | date of birth

practised activity | branch

☐ self-employed ☐ free-lance ☐ employee ☐ not working

street

street

post code | place

post code | place

phone (voluntary detail) | fax (voluntary detail)

phone (voluntary detail) | fax (voluntary detail)

e-mail (voluntary detail)

Persons to be insured

person 1 ☐ male ☐ female

person 2 ☐ male ☐ female

surname/title

surname/title

first name

first name

date of birth | marital status

date of birth | marital status

☐ self-employed ☐ free-lance ☐ employee ☐ not working ☐ employer's certificate required

☐ self-employed ☐ free-lance ☐ employee ☐ not working ☐ employer's certificate required

professional activity | branch of industry

professional activity | branch of industry

claim of subsidies as ☐ civil servant/family member ☐ public employee/family member according to the rules of the

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☐ Federal Republic | federal country | out-patient %

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If applicant/policy holder is not the person to be insured:
Which relation do you have to the applicant/policy holder?

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Which relation do you have to the applicant/policy holder?

☐ Spouse or civil partner ☐ child or adoptive child

☐ Spouse or civil partner ☐ child or adoptive child

☐ parent ☐ other relationship

☐ parent ☐ other relationship

Additional information for self-employed persons

date of setting up in business/of freelancing

date of setting up in business/of freelancing

commencement of present activity

commencement of present activity

previous activity

previous activity

GmbH director: share of nominal capital | number of directors

GmbH director: share of nominal capital | number of directors

Only when taking out daily indemnity

monthly net income (for employees necessary from € 120 KT on) **(definition net income see »page 1«)**

monthly net income (for employees necessary from € 120 KT on) **(definition net income see »page 1«)**

Previous insurance coverage during the last 3 years

insurer/health insurance fund (remarks see »page 1«)

insurer/health insurance fund (remarks see »page 1«)

types and extend of insurance | amount of daily benefits (GKV as well)

types and extend of insurance | amount of daily benefits (GKV as well)

exists since | ends/ended

exists since | ends/ended

insurer/health insurance fund (remarks see »page 1«)

insurer/health insurance fund (remarks see »page 1«)

types and extend of insurance | amount of daily benefits (GKV as well)

types and extend of insurance | amount of daily benefits (GKV as well)

exists since | ends/ended

exists since | ends/ended

Further details to the current statutory health insurance/insurer

When statutorily covered | terminated by

When statutorily covered | terminated by

☐ voluntary insured ☐ policy holder

☐ voluntary insured ☐ policy holder

☐ compulsory insured ☐ statutory health insurance/insurer

☐ compulsory insured ☐ statutory health insurance/insurer

☐ family cover

☐ family cover

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☐ **The declaration of the state of health is not made on this application but on »Declaration on medical examination« (form VG 152).**

Remark: The application is only valid if the »Declaration on medical examination« for persons n° _____ is handed in!

Information of the Consequences of the Violation of the Disclosure Obligation

Dear Customer,

So that we can check your application properly, it is necessary for you to answer the enclosed questions truthfully and completely. Such circumstances which you may deem to be trivial should also be included.

If you or any of the persons to be insured do not wish to disclose information in this instance, you may remedy this situation by writing to the Board of Directors in Stuttgart within seven days. Your details will be treated in the strictest confidence in any case.

Please note that you will jeopardise your insurance cover if you give incorrect or incomplete information. Please see the information below for more detailed information on the consequences of violation of the disclosure obligation.

What pre-contractual disclosure obligations exist?
You are obliged, prior to submission of your contractual declaration, to disclose truthfully and completely all material circumstances known to yourself, which we have requested in writing. If we request material circumstances in writing after your contractual declaration but prior to contract acceptance, you are obliged to disclose to this extent.

What consequences may occur if a pre-contractual disclosure obligation is violated?

1. Withdrawal and lapsing of insurance cover
If you violate the pre-contractual disclosure obligation, we can withdraw from the contract. This does not apply if you can prove that there is neither malice aforethought nor gross negligence.

In the event of gross negligent violation of the disclosure obligation, we have no right to withdraw if we had concluded the contract in the knowledge of the undisclosed circumstances, even in accordance with other conditions.

There is no insurance cover in the event of withdrawal. If we declare withdrawal after occurrence of the insurance case, we remain obliged to provide benefits if you prove that the undisclosed or incorrectly disclosed circumstance was the cause of

- neither the occurrence or establishment of the insurance case
- nor the establishment or the extent of our benefit obligation.

However, our benefit obligation does not apply if you have fraudulently violated the disclosure obligation.

In the event of a withdrawal, we are entitled to that part of the premium which corresponds to the contractual period which has elapsed up to the implementation of the withdrawal declaration.

2. Termination
If we are unable to withdraw from the contract because you have only violated the disclosure obligation with slight negligence, we can terminate the contract giving one month's notice.

Our termination right is excluded if we had concluded the contract in the knowledge of the undisclosed circumstances, even in accordance with other conditions.

3. Contract amendment
If we are unable to withdraw or give notice to terminate because we had concluded the contract in the knowledge of the undisclosed risk factors, even in accordance with other conditions, the other conditions become part of the contract at our request. If you have negligently violated the disclosure obligation, the other conditions will become part of the contract retroactively. This may also lead to us not being obliged to reimburse the costs for events insured already having occurred or occurring in future, if conditions have been or are the cause for these, which have not been mentioned or which have not been mentioned correctly. If you have inadvertently violated the disclosure obligation, we are not entitled to amend the contract.

If the premium increases by more than 10 % as a result of the contract amendment or if we exclude the risk cover for the undisclosed circumstance, you can terminate the contract within one month from receipt of our letter on the contract amendment. We will refer to this right in our letter.

4. Exercising of our rights
We can only invoke our rights to withdrawal, termination or contract amendment within one month in writing. This period begins on the date on which we gain knowledge of the violation of the disclosure obligation which justifies our invoked right. In exercising our rights, we have to state the circumstances on which our declaration is based. We can state further circumstances for justification retroactively if the period for this purpose in accordance with Clause 1 has not expired.

We cannot invoke the rights to withdrawal, termination or contract amendment if we had knowledge of the undisclosed risk factor or the inaccuracy of the disclosure.

Our rights of revocation, cancellation and modification of the contract expire after the period of three years after the conclusion of the contract. This does not apply for events insured against which have occurred before this period. The period is ten years, if you have violated the obligation of disclosure intentionally or fraudulently.

5. Representation by another person
If you are represented by another person for the conclusion of the contract, the knowledge and malevolence of your representative as well as your own knowledge and malevolence have to be considered as far as the obligation of disclosure, the revocation, the cancellation, the modification of the contract and the preclusive time limit are concerned for the execution of our rights. You may only refer to the fact that the obligation of disclosure has not been violated intentionally or grossly negligently, if neither your representative nor you may be charged for it.

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We ask you not to send us any results or data of genetic examinations or analysis! You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.

	person 1		person 2	
height in cm				
weight in kg				
	no	yes	no	yes
1. Have out-patient examinations (medical check-ups due to pre-existing diseases or development disturbances as well) or treatments by doctors, non-medical practitioners or other persons who have treated you been carried out during the last 3 years? Have you been in need of care during the last 3 years?	☐	☐	☐	☐
2. Did in-patient examinations, in-patient treatments or operations take place within the last 10 years? (For persons 32 years of age and younger only the details for the last 5 years have to be given – for definition of »entry age« see »page 1«.)	☐	☐	☐	☐
3. Has a psychotherapy been recommended or carried out for the last 10 years or is a psychotherapy intended?	☐	☐	☐	☐
4. During the last 3 years have you had or do you have an examination, have you been or are you in medical treatment or consultation due to sterility or do you have an unfulfilled wish for a child (to be answered by male and female applicants)?	☐	☐	☐	☐

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		person 1		person 2	
5.	Is an out-patient or in-patient examination, treatment or operation by doctors, non-medical practitioners or other persons necessary, intended or recommended?	☐ no	☐ yes	☐ no	☐ yes
6.	Have you been suffering from any disease, complaint or addiction (such as drugs, alcohol or medicaments), physical or psychological faults which have not been treated for the last 3 years or are you suffering from them at present?	☐ no	☐ yes	☐ no	☐ yes
7.	Do chronic diseases, organic or physical faults (including maxillodental abnormalities), body implants or prostheses (e. g. breast implants or artificial joints) exist?	☐ no	☐ yes	☐ no	☐ yes
8.	Have you ever been diagnosed with HIV (e.g. by an AIDS test)?	☐ no	☐ yes	☐ no	☐ yes
9.	Do you have a recognized handicap? If so, please join a copy of the recognition certificate mentioning the wording of your handicap or the degree of the handicap (German GbB).	☐ no	☐ yes	☐ no	☐ yes
10.	Have you taken during the last 3 years or do you take medicaments regularly – possibly also as a prevention?	☐ no	☐ yes	☐ no	☐ yes
11.	Do you wear spectacles or contact lenses or have they been recommended or prescribed? (Please state dioptres from +8/–8 dioptres on.) **In case of short-sightedness or long-sightedness possibly the following monthly surcharge is applicable for the respective person: in tariff AE: € 2.50; in tariff BEa.50/BEb.50/BEc.50: € 0.85; in tariff BEa.70/BEb.70/BEc.70: € 1.20; in tariff BEa.80/BEb.80/BEc.80: € 1.35.**	☐ no	☐ yes	☐ no	☐ yes

right _____ / left _____ (person 1)   right _____ / left _____ (person 2)

Only for tariffs of dental coverage

		person 1		person 2	
12.	Have you had dental examinations (check-ups as well) or treatment during the last 3 years?	☐ no	☐ yes	☐ no	☐ yes
13.	Are you in dental treatment at the moment or is treatment because of dental or orthodontic regulation, periodontosis or dentures being carried out or is it necessary, recommended or intended? (If applicable, please join the tentative treatment plan)	☐ no	☐ yes	☐ no	☐ yes
14.	Does a gum disease (e. g. periodontosis, periodontitis) or an anomalous position of the teeth exist?	☐ no	☐ yes	☐ no	☐ yes
15.	Do you have a grinder brace or has such a brace been prescribed or is it necessary?	☐ no	☐ yes	☐ no	☐ yes

Only for persons 16 years of age and older:

		person 1		person 2	
16.	Are any teeth (except for wisdom teeth or teeth having been extracted as a result of few space) missing which have not been replaced yet?	☐ no	☐ yes	☐ no	☐ yes
		number of teeth ___		number of teeth ___	
17.	Do you have dentures (replaced or crowned teeth, included implants, bridges, crowns, partial crowns and prostheses)? (In case of bridges all relevant teeth are to be counted separately, inclusively the armature or abutment tooth.)	☐ no	☐ yes	☐ no	☐ yes
		number of teeth ___		number of teeth ___	

Who is your general practitioner respectively which doctor/non-medical practitioner can give best information about your state of health and which dentist have you visited for the last time?

		Name and address	none existent
person 1	doctor		☐
	dentist		☐
person 2	doctor		☐
	dentist		☐

Details to questions 1 to 15 answered with »yes«	To question n°	To person n°	Type of disease or complaints, injuries, treatments, cures, etc., examination findings **(in case of check-ups, routine or control examinations please state the findings of the examination)**, type of physical faults, psychological faults and required medicaments?	How often occurred?	From when/ to when?	Operation? no yes	Is it completely cured? no yes	Since when? day/month/year	Total days absent from work?
						☐ ☐	☐ ☐		
						☐ ☐	☐ ☐		
						☐ ☐	☐ ☐		
						☐ ☐	☐ ☐		
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						☐ ☐	☐ ☐		
						☐ ☐	☐ ☐		

Details Gesundheitsfragen:
=> siehe Beiblatt