



ADVIGON



Your customer information

Travel health insurance
November 2023

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Unlike most contracts, THE INSURANCE POLICY is shaped by mutual trust.

THE CUSTOMER INFORMATION contains provisions stipulated by a legislator that ensures you as the policyholder to have the greatest possible amount of information about your insurance cover.

This brochure contains all the information important for your insurance cover and the insurance terms and conditions. Please keep the documents safe, together with your insurance documents.



**Dear customer,
Welcome to Advigon!**

We are pleased to welcome you to Advigon's world of products. Our customers' satisfaction and health are very close to our heart. This is reflected both in our products and in our customer service. We offer you personal customer assistance, quick and flexible solutions and up-to-date customised products.

What can you expect from the next few pages?

This brochure contains information about all of the issues that relate to your insurance policy - with particular reference to information about the content and extent of insurance cover. The general insurance terms and conditions are legally binding and govern all mutual rights and duties.

We are happy to help you with any questions you might have.

You can find the most important contact details here at-a-glance:

Contact for questions concerning contracts:

TEL.: 040 5555-4014
E-MAIL: client-services@advigon.com
WEB: www.advigon.com

Advigon Versicherung AG
Client-Services
20911 Hamburg

Contact for questions concerning benefits:

TEL.: 040 5555-4055
E-MAIL: claim-services@advigon.com
WEB: www.advigon.com

Advigon Versicherung AG
Claim-Services
20911 Hamburg

Advigon Versicherung AG



What is to be done in the event of a claim?

Dear client,

This information sheet contains important details to help you receive reimbursement as quickly as possible in the event of a claim and to prevent you from incurring costs for which you are responsible.

We therefore ask you to read the information carefully and to take note of the following points when submitting claims in the future:

In the event of a claim, please send us (Advigon Versicherung AG) the original treatment invoice with the following details:

- Insurance certificate number
- Reimbursement account/bank details

Please ensure that the original invoice from the doctor/hospital contains the following information for both outpatient and inpatient treatment:

- Name of the patient
- Disease name
- Duration of treatment
- Individual services provided by the doctor/hospital
- Exact details of the foreign currency
- Account details for the doctor/hospital

In the event of an accident, please consult a doctor immediately. If a third party is responsible for the accident, please gather as much of the following information as you can and provide it to us:

- All personal data of the person responsible for the accident
- Name of the liability insurer of the person responsible for the accident
- Description of what happened in the accident (including relevant photo documentation, if available)

Please note: incompletely submitted documents may result in delays in claims processing.

Wishing you all the best!
Advigon



Important information

The following information in accordance with Section 7 Paragraph 2 of the Insurance Contract Act (Versicherungsvertragsgesetz, VVG) gives you an overview of the basis of your insurance policy with Advigon Versicherung AG.

Please keep this customer information in a safe place.
It is an integral part of your insurance policy.

Your insurer

Advigon Versicherung AG, Drescheweg 1, 9490 Vaduz, LIECHTENSTEIN

Head Office: Vaduz
Registered in the Liechtenstein Commercial Register
FL-0002.181.006-7

Legally authorised representatives of Advigon Versicherung AG

Management:
Kai-Uwe Blum, Godehard Laufköter, Rinaldo Manetsch

Main business activity of Advigon Versicherung AG

Advigon Versicherung AG provides direct health and life insurance.

Responsible supervisory body

FMA Finanzmarktaufsicht (Financial Market Authority) Liechtenstein,
Postfach 279,
Landstraße 109, 9490 Vaduz, LIECHTENSTEIN

Basis and main features of the insurance

The basis of the contract is your application, or request for a quote, the insurance certificate and general insurance terms and conditions (insurance terms and conditions for health insurance for foreign guests ADAKVI2 or insurance terms and conditions for health insurance - Young Travel ADAKVI3).

Applicable law

The contractual relationship (including the relationship to the policyholder before the insurance policy is concluded) is subject to German law.

Insurer services

The insurance cover is supplementary, non-substitutive health insurance for persons who are only staying in the Federal Republic of Germany on a temporary basis.

For required medical treatment due to illness or the impact of an accident, there is entitlement to compensation for expenses for medical treatment and other agreed services within the health insurance. Please see the attached insurance product information document and the other policy documents mentioned for important features of the insurance policy and the scope of insurance services. Insurance benefits are due to you upon completion of the surveys required to establish the insured event and scope of benefits. So that you receive payment for your benefits as quickly as possible, we require supporting evidence from you. Please see Section III Clause 4.3 (ADAKVI2)

or Section III Clause 5.3 (ADAKVI3) of the insurance terms and conditions for further details regarding this.

Premium amount

The total premium to be paid is calculated based on the extent of insurance cover selected by the policyholder. The respective premiums for the components of the insurance cover can be found in the premium overview.

Additional costs

No further costs such as fees are payable by you. Phone charges are payable when using our service lines. Health insurance is generally tax-exempt according to § 4 paragraph 1 no. 5 b) of the Insurance Tax Act.

Payment of premium

The first or one-off premium is due immediately, regardless of the right of withdrawal. Where renewal premiums have been agreed for long-term insurance contracts, these are due on the agreed date. Where it is agreed that an annual premium may be paid in instalments, only the first instalment of the first annual premium shall be deemed to be the first premium. If the premium cannot be collected for a reason that is beyond the control of the policyholder, the payment shall still be deemed to be on time if payment is made immediately upon receipt of a written payment request from the insurer. Further details can be found in the insurance terms and conditions.

Period of validity for the information provided

The information provided is valid for an unlimited period of time.

Implementation of the policy

The insurance policy comes into effect when Advigon Versicherung AG provides a declaration of acceptance to the application in writing or electronically, or issues an insurance certificate, or when Advigon Versicherung AG's offer is accepted in writing.

Commencement of insurance cover

Insurance cover commences upon receipt of the insurance certificate or a written declaration of acceptance, but not before the date shown on the insurance certificate to be the 'start' date (inception date) and only after any and all waiting periods have elapsed.

Contractual term

The contract is limited to the duration selected.

Expiration of the contract

The contract is concluded for the requested duration and shall expire on the agreed date, or when the temporary stay in Germany comes to an end.

Contractual clause on the competent court

Legal action may be brought against Advigon Versicherung AG at the Vaduz court, at a court in the place you are domiciled or at a court at your usual place of residence. If you move your place of domicile or usual place of residence after concluding the contract to a place that is not a European Union Member State or a signatory state to the European Economic Area Treaty, or if your place of domicile or usual place or residence is unknown at the time of initiating legal action, the Vaduz court shall be the competent court.

Contract language

The contractual terms and conditions and further information are in German. Communication between Advigon Versicherung AG and the policyholder is also carried out in German for the contractual term.

Note on extrajudicial arbitration procedures

If it has not been possible to reach an agreement with Advigon, an application for arbitration procedures and appeals can be sent to the following arbitration office: Schlichtungsstelle im Finanzdienstleistungsbereich, Postfach 343, 9490 Vaduz, LIECHTENSTEIN.

Note on the option to appeal to the FMA

You may contact the responsible supervisory authorities, FMA Finanzmarktaufsicht (Financial Market Authority) Liechtenstein, Postfach 279, Landstraße 109, 9490 Vaduz, LIECHTENSTEIN. Your option to take legal action is unaffected by this.

Important notice under Section 37 Paragraph 2 of the VVG: If the insured event occurs after the contract has been concluded and if the first or one-off insurance premium has not yet been paid at such time, Advigon Versicherung AG shall not be obligated to pay out any compensation, unless the policyholder is not responsible for non-payment.

Cancellation policy

Section 1

Right of withdrawal, consequences of withdrawal and special notes

Right of withdrawal

You are entitled to cancel your contractual declaration in writing (e.g. letter, fax, email) within a period of 14 days without stating reasons.

The cancellation deadline begins after you have received

- the insurance policy,
- the contractual provisions,
- including the General Terms and Conditions of Insurance applicable to the contractual relationship, these in turn including the tariff provisions,
- this information,
- the insurance product information document,
- and the other information listed in section 2

in text form.

To meet the cancellation deadline, it is sufficient to submit the cancellation in a timely fashion.

The cancellation should be sent to:

Drescheweg 1, 9490 Vaduz, LIECHTENSTEIN,
E-Mail: client-services@advigon.com,
Fax: (+49) 040/5555-4014.

Consequences of cancellation

In the event of an effective cancellation, the insurance cover ends and the insurer reimburses you for the premiums paid. The refund of repayable orders shall be made immediately, at the latest 30 days after receipt of the cancellation. The insurer shall reimburse repayable amounts without delay, at the latest 30 days after receipt of the cancellation.

If the insurance cover does not commence before the end of the cancellation deadline, the effective cancellation shall result in the return of benefits received and the surrender of benefits derived (e.g. interest).

If you have effectively exercised your right of cancellation with regard to the insurance contract, you are also no longer bound by a contract related to the insurance contract. A related contract exists if it is related to the cancelled contract and concerns a service provided by the insurer or a third party on the basis of an agreement between the third party and the insurer. A contractual penalty may neither be agreed nor demanded.

Special notes

Your right of withdrawal will end if the contract is entirely fulfilled at the explicit request of both you and us, before you have exercised your right of withdrawal.

Section 2

List of further information required for the start of the time limit

With regard to the further information referred to in section 1 clause 2, the information requirements are detailed below: The insurer must provide you with the following information:

<ol style="list-style-type: none"> 1. the identity of the insurer and of the branch, if any, through which the contract is to be concluded; the commercial register in which the legal entity is registered and the corresponding register number must also be indicated; 2. the summonable address of the insurer and any other address relevant for the business relationship between the insurer and you, in the case of legal persons, associations of persons or groups of persons also the name of an authorised representative; insofar as the notification is made by transmitting the contractual provisions including the General Terms and Conditions of Insurance, the information must be in a prominent and clearly designed form; 3. the insurer's principal business activity; 4. the essential features of the insurance benefit, in particular information on the type, scope and due date of the insurer's benefit; 5. the total price of the insurance, including all taxes and other price components, whereby the premiums are to be shown individually if the insurance relationship is to comprise several independent insurance contracts, or, if an exact price cannot be stated, information on the basis of its calculation enabling you to verify the price; 6. Details regarding payment and fulfilment, in particular on the method of payment of premiums; 7. Information on the period of validity for the information provided, e.g. the period of validity for temporary offers especially concerning premiums 8. Information on how the contract comes into being, in particular on the start of the insurance and the insurance cover as well as the duration of the period during which the applicant is to be bound by the application; 9. the existence or non-existence of a right of cancellation as well as the conditions, details of the exercise, in particular the name and address of the person to whom the cancellation is to be declared, and the legal consequences of the cancellation, including information on the amount you may have to pay in the event of cancellation; if the notification is made by transmitting the contractual provisions including the General Terms and Conditions of Insurance, the information must be in a prominent and clearly designed form; 10. Details of the duration of the contract; 11. Information on the termination of the contract, insofar as the notification is made by transmitting the contractual provisions including the General Terms and Conditions of Insurance, the information must be in a prominent and clearly designed form; 12. the member states of the European Union whose law the insurer uses as a basis for establishing relations with you before concluding the insurance contract; 13. the law applicable to the contract, a contractual clause on the law applicable to the contract or on the competent court; 14. the languages in which the policy conditions and the advance information referred to in this subsection will be communicated and the languages in which the insurer undertakes, with your consent, to communicate during the duration of this policy; 15. possible access for you to an out-of-court complaint and redress procedure and, if applicable, the conditions for such access; it must be expressly stated that this does not affect the possibility for you to take legal action; 	<p>16. Name and address of the competent supervisory authority and the possibility of lodging a complaint with this supervisory authority.</p> <p>End of the cancellation policy</p>
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Customer information for electronic contracts

The following information in accordance with Sections 312i and 312j of the German Civil Code (Bundesgesetzbuch, BGB) provides an overview for contracts that are concluded with Advigon Versicherung AG electronically.

Technical steps that result in a contract being concluded

You normally complete your application online and confirm electronic submission to us.

Online submission

Only when you click on the button



will your application be sent to us as an online conclusion of the contract. Your online application is then deemed to have been made. You will also receive a message from us confirming we have received the application. Your application will then be reviewed by us and if accepted, you will receive an insurance certificate. We will notify you if we cannot accept your application.

Additional notes on concluding contracts online

You should check your information before submitting the application online, and if required, you can use the button



to correct or add information.

You can save the application you have completed online as a PDF and print out your documents.

It is only possible to conclude the contract in German.

The contract wording shall be saved by us after the contract is concluded. You will then receive an insurance certificate which will document the status of the contract.

You have the option to obtain information about your insurance cover verbally or in writing at any time. In accordance with Section 3 of the Insurance Contract Act (Versicherungsvertragsgesetz), you also have the right to request transcripts of all clarifications given with regard to your contract. However, you will not have the option of accessing your contract data online after the contract has been concluded.



Notice pursuant to Section 19 Paragraph 5 of the VVG about the consequences of breaching the legal duty of disclosure

Dear customer,

So that we are able to properly review your insurance application form, we require you to answer the questions contained in the insurance application form truthfully and in full. You should also give details about circumstances to which you might not attach a great amount of importance.

If you have details that you don't want to share with your insurance broker, these must be given in writing immediately and directly to Advigon Versicherung AG, Postfach 1130, Drescheweg 1 in 9490 Vaduz, LIECHTENSTEIN.

Please note that you are putting your insurance cover at risk if you provide incorrect or incomplete information. More details on the consequences of breaching the duty of disclosure can be found in the following information.

What pre-contractual duties of disclosure are there?

You are obligated to truthfully and fully disclose all of the circumstances you are aware of that could be relevant in terms of risk that we have asked for in writing or electronically up until the contractual declaration is submitted. If we have asked about circumstances that could be relevant in terms of risk in writing or electronically after your contractual declaration but before the contract is accepted, you are also obligated to disclose such information in this respect.

What consequences could there be if a pre-contractual duty of disclosure were to be breached?

1. Withdrawal and discontinuation of insurance cover

If you breach a pre-contractual duty of disclosure, we are entitled to withdraw from the contract. This shall not apply if you can demonstrate that this was not done intentionally or through gross negligence.

If you have breached a duty of disclosure through gross negligence, we have no right of withdrawal if we concluded the contract even if we were aware of the undisclosed circumstances, even if the contract was concluded under different conditions.

Insurance cover shall cease to exist in the case of withdrawal. If we give notice of withdrawal after an insured event has arisen, we shall remain obligated to provide benefits if

you demonstrate that the circumstance not disclosed or not disclosed properly was not causal for

- the occurrence or establishment of the insured event
- nor the establishment or extent of our obligation to provide benefits.

However, our obligation to provide benefits expires if you have intentionally or fraudulently breached the duty of disclosure.

In the case of withdrawal, we are entitled to a part of the contribution that corresponds to the contractual term that has lapsed up to the effective date of the withdrawal notice.

2. Termination

If we cannot rescind the contract because you have only negligently breached the pre-contractual duty of disclosure, we can terminate the contract by maintaining a notice period of one month.

Our right of termination is further excluded if we concluded the contract although we were aware of the undisclosed circumstances, even if the contract was concluded under different conditions.

3. Amendment to the contract

If we cannot withdraw from or terminate the contract because we concluded the contract although we were aware of the undisclosed circumstances that were relevant for risk, even if the contract was concluded under different conditions, the different conditions shall form an integral part of the contract at our request. If you have negligently breached the duty of disclosure, the other conditions shall form an integral part of the contract with retroactive effect. This may result in a retroactive increase in the contribution payable, or retroactive conclusion of risk cover for the undisclosed circumstance and in this respect, retroactive discontinuation of insurance cover. If you have breached a duty of disclosure for which you are not to blame, we are not entitled to amend the contract. If the amendment to the contract results in the contribution increasing by more than 10%, or if we exclude risk cover for the undisclosed circumstance, you may terminate the contract within a month of receiving our notification about the amendment to the contract with no notice. We will make you aware of this right in our notification.

4. Exercising our rights

We may only assert our rights of withdrawal, termination or right to amend the contract in writing within one month. The period begins on the date we become aware of the breach of the duty of disclosure that forms the basis for the right asserted by us. When exercising our rights, we must state the circumstances which form the basis of our notice. By way of justification, we are able to subsequently disclose further circumstances if the deadline for doing so has not elapsed under Sentence 1.

We cannot act on the authority of rights to rescind, terminate or amend the contract if we were aware of the undisclosed risk-related circumstance or the inaccuracy of the disclosure made.

Our rights of withdrawal, termination and the right to amend the contract expire three years after concluding the contract. This shall not apply to insurance claims that arise before this period expires. The period is ten years if you have intentionally or fraudulently breached the duty of disclosure.

5. Representation by another person

If another person represents you when concluding the contract, your representative's knowledge and fraudulent intent as well as your own knowledge and fraudulent intent shall be taken into consideration with respect to the duty of disclosure, withdrawal, termination and amendments to the contract, as well as the limitation period for exercising our rights. You may only plead that the duty of disclosure was not breached intentionally or in a grossly negligent way if neither you nor your representative acted with intent or gross negligence.



Notice pursuant to Section 28 Paragraph 4 of the VVG about the consequences of breaching obligations after the insured event

Dear customer,

If an insured event has occurred, we need your cooperation.

Obligations to provide information and clarifications

Based on the contractual agreements made with you, we can request that after the insured event has occurred, you provide us with all the information we require in order to assess the insured event or the extent to which we are obligated to provide benefits (obligation to provide information), and to allow us to properly review our obligation to provide benefits to the extent you provide us with all information that helps to clarify the facts (obligation to provide clarifications). We may also request that you provide us with evidence, where this can be reasonably expected from you.

Exclusions of cover

If you intentionally do not provide any information, or provide dishonest information in contravention of the contractual agreements or if you intentionally do not provide us with the requested evidence, you will lose your claim to insurance benefits. If

you breach these obligations in a grossly negligent way, you will not completely lose your claim, but we are entitled to reduce our payment of benefits by an amount proportionate to the level of severity of your culpability. If you demonstrate that you did not fail to meet the obligation as a result of gross negligence, the claim amount shall not be reduced.

Despite your obligations to provide information, clarifications and evidence, we are however obligated to provide benefits to the extent that you have demonstrated that the intentional or grossly negligent breach of obligation was neither causal for the establishment of the insured event nor for the establishment or extent of our obligation to provide benefits.

If you breach the obligation to provide information, clarifications or evidence in a fraudulent way, we shall be released from our obligation to provide benefits in any event.

Note:

If the right to contractual benefits is not owed to you, but to a third party, this third party is also obligated to provide information, clarifications and evidence.



Conditions of Health Insurance for Foreign-National Visitors

Dear client

The scope of your insurance cover is set out in the insurance certificate, any separate written agreements, these Conditions of Insurance and the statutory provisions that apply in the Federal Republic of Germany. In these Conditions of Insurance, the policyholder and insured persons are referred to as “you”. You are the policyholder if you have taken the insurance contract out with Advigon. You are an insured person if you have been included in the scope of cover, for example as the person travelling with the policyholder. As the policyholder, you can also be an insured person. These Conditions of Insurance apply to you as the policyholder and to you as the insured person.

Your Conditions of Insurance consist of three sections.

Section I provides an overview of the types of benefits and the benefit amounts provided for as part of this rate.

Section II provides explanatory information on the insured group of people, the conclusion periods and premium payments, in particular.

The exact wording concerning the types of benefits is provided in Section III.

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Section I – Overview of benefits

You can find the exact wording concerning the insured benefits and events under the listed points in Section III – Description of benefits.

Insured benefits		Rate Basic	Rate Professional
The amount of the benefit is based on the rate you have chosen			
2.1.1	Outpatient medical treatment pursuant to the Scale of Fees described in Section III 1.2	100%	100%
2.1.2	Pain-relieving dentistry pursuant to the Scale of Fees described in Section III 1.2 per insurance year	EUR 500	EUR 1,000
2.1.3	Medication and bandages	100%	100%
2.1.4	Radiation, light and other physical treatments	100%	100%
2.1.5	Massages, packs and inhalations per insurance year	EUR 300	100%
2.1.6	Aids as a result of an accident per insurance year	EUR 500	100%
2.1.7	Aids (insofar as Advigon has issued its consent in advance) per insurance year	Not insured	EUR 500
2.1.8	Repairs of existing aids per insurance year	Not insured	EUR 250
2.1.9	Visual aids	Not insured	EUR 200
2.1.10	Surgery	100%	100%
2.1.11	Inpatient treatment on a general (not private) ward (room containing several beds), excluding optional benefits (treatment by a private doctor)	100%	100%
2.1.12	Medical check-ups aimed at the early detection of cancer per insurance year	Not insured	EUR 300
2.1.13	Medical check-ups for children based on the programmes introduced by law in Germany	Not insured	100%
2.2.1	Dentures at 80% of the reimbursable invoice amount per insurance year	Not insured	EUR 1,250
2.2.2	Dental check-ups per insurance year	Not insured	EUR 200
2.3.1	Pregnancy treatment due to complaints	100%	100%
2.3.2	Pregnancy check-ups and childbirth	Not insured	100%
2.4.1	Patient transportation	100%	100%
2.4.2	Repatriation where it makes medical sense	100%	100%
2.5	Return of body to home country or burial in the Federal Republic of Germany	EUR 10,000	EUR 10,000
2.6	Option of daily allowance for stays in hospital for up to 14 days, per day	EUR 75	EUR 75
2.7	Run-off liability until the patient is able to travel again for a maximum period of	Three months	Three months
Excess			
The excess per insured event is EUR 25.			

Health insurance – Foreign guests

Section II – General provisions

1 Policyholder, insurable persons and eligibility for insurance

- 1.1 The policyholder is the natural person or legal entity that took the insurance contract out with Advigon. Insured persons are the individuals specified in the insurance certificate for whom the premium was paid. Newborns of insured persons are insured based on their parents' rate from the time of birth onwards. This is subject to the proviso that:
- they are insured with Advigon with retroactive effect within two months of the date of birth;
 - the insurance contract has been in place for an uninterrupted period of at least three months; and
 - no other insurance cover is in place.
- 1.2 Individuals up to the age of 75 who are only in Germany temporarily are eligible for insurance.
- 1.3 The following individuals are not eligible for insurance despite premiums being paid:
- 1.3.1 Individuals who are subject to mandatory statutory health and/or long-term care insurance in the country of stay.
- 1.3.2 Individuals who are in permanent need of long-term care and individuals who are permanently excluded from participating in society. The mental condition and objective life circumstances of the individual concerned, in particular, are to be taken into account for the purposes of this classification. The term "in need of long-term care" applies to individuals who largely require assistance from third parties for everyday activities.
- 1.3.3 Individuals who are professional sportspeople.
- 1.4 The insurance contract cannot be concluded for individuals who do not meet the requirements set out in points 1.1 and 1.2, even if the premium is paid. If the premium is paid for these individuals nonetheless, then the amount is available to the sender.

2 Conclusion, inception, term and termination of the insurance contract and the insurance cover

2.1 Conclusion and inception of the insurance contract

- 2.1.1 The application to take out an insurance contract can be submitted at any time. It is to be submitted for the entire remaining duration of the stay.
- 2.1.2 The insurance contract is concluded when the corresponding application has been completed in a due and proper manner and received by Advigon, and when Advigon sends you confirmation of cover. The application is only considered to have been completed in a due and proper manner if all of the required information has been provided clearly and in full.
- 2.1.3 The insurance contract cannot be concluded if the provisions set out in points 2.1.1 or 2.1.2 are not adhered to, even if the premium is paid. In such cases, the premium paid is available to the sender.

2.2 Inception of the insurance cover

The insurance cover will commence at the time specified in the insurance certificate (contract inception date) following the end of the waiting periods. This is subject to the proviso that the insurance contract has been established. No benefits will be paid for insured events occurring prior to the contract inception date or before the end of the waiting period.

2.3 Term

The insurance cover applies for the agreed term. The maximum insurance period is five years. The maximum insurance period also applies taking equivalent insurance contracts that were not previously in place with Advigon into account.

2.4 Termination

The statutory provisions on the extraordinary right of termination will remain unaffected by these agreements. The insurance cover ends upon the termination of the insurance contract. The insurance con-

tract will end, also for insured events that are not yet completed and/or pending insured events:

- 2.4.1 at the agreed point in time;
- 2.4.2 upon the death of the policyholder; the insured persons can continue the insurance contract, providing the name of the future policyholder, within a period of two months after the policyholder's death;
- 2.4.3 if the requirements governing eligibility for insurance cease to be met; and
- 2.4.4 in the event of repatriation, upon arrival at the nearest suitable hospital in your home country.

2.5 Insurance year and waiting periods

- 2.5.1 The insurance year is a period of 12 months. The first insurance year begins on the contract inception date. If benefits that are subject to a limit per insurance year are claimed in a given insurance year, then once this benefit limit has been exhausted, insurance cover for this benefit is only provided after the end of this insurance year. If a benefit is subject to a limit per insurance year, insurance cover is provided for this benefit until the benefit limit has been exhausted, even for contract terms of less than 12 months.
- 2.5.2 If the insurance cover or benefits are linked to waiting periods, these are calculated from the contract inception date onwards. Unless special waiting periods are specified below, the general waiting period is 31 days. The general waiting period ceases to apply if the application is submitted no later than 31 days after entering the country. Advigon must be provided with proof of the date on which the individual entered the country on request. The waiting period also ceases to apply in the event of accidents or medical assistance to avert an acute danger to your life. The existence of comparable previous insurance that was in force for an uninterrupted period between the date on which the individual entered the country and the contract inception date will count towards the general waiting period. The benefit restrictions pursuant to Section III 3 (Excess and benefit restrictions) and Section III 4 (Exclusions and benefit obligation), as well as the special waiting periods, continue to apply subject to no restrictions.

3 Scope of the insurance cover

- 3.1 The insurance cover applies during temporary stays in Germany and for temporary trips to countries in the European Union (EU), the Schengen countries, to Andorra, Monaco, San Marino and Vatican City, but not to your home country. The term "home country", within the meaning of this provision, refers to your permanent place of residence prior to your temporary stay in Germany.
- 3.2 In cases involving insurance contracts with a term of at least 12 months, insurance cover is also provided for temporary trips back to your home country by way of derogation from point 3.1. Insurance cover in your home country is limited to a maximum of six weeks for all trips home made per insurance year.

4 What do you have to bear in mind with regard to premium payment?

4.1 Premium amount

The premium for an insured person is shown in the premium overview.

4.2 Payment of the first or single premium

- 4.2.1 The first or single premium falls due on the insurance contract inception date.
- 4.2.2 If you fail to pay the first or single premium on time, then you will not have any insurance cover from the outset, unless you are not responsible for the unpaid premium or the delayed payment. If you are, however, responsible for not paying the premium on time, then the insurance cover will only commence when you make the payment.

- 4.2.3 Advigon is also entitled to rescind the contract for as long as the premium has not been paid. The contract cannot be rescinded if you are not responsible for the unpaid premium.

4.3 Payment of renewal premiums

- 4.3.1 If you fail to pay a renewal premium on time, then Advigon will send you a reminder, setting a payment deadline of two weeks.
- 4.3.2 If you are still in default on the payment after this payment deadline has passed, Advigon is entitled to terminate the contract if this option was drawn to your attention when the reminder was issued.
- 4.3.3 If Advigon has terminated the contract and you pay the amount referred to in the reminder within one month of receiving the notice of termination, the contract will remain in force. No insurance cover is provided, however, for insured events occurring between the expiry of the payment deadline and the time of payment.

4.4 Premium collection

If it has been agreed that the premiums are to be collected from an account, they will be collected as soon as the corresponding mandate has been issued. Payment is considered to have been made in a timely manner if Advigon is able to collect the premium on the date of debiting and you do not object to a justified collection. If Advigon is unable to collect a premium that is due through no fault of your own, payment will still be considered to have been made on time if it is made as soon as possible after Advigon has requested payment in written or electronic form.

4.5 Premium calculation

The premium calculation is defined in the insurer's technical calculation basis. If the premiums change, also due to changes in the insurance cover, then the age (age group) of the insured person for the purposes of the insurance rate will be taken into account when the change takes effect.

5 What do you have to bear in mind with regard to benefit payments?

5.1 Payment due date

As soon as proof of insurance and premium payment has been furnished and Advigon has established its payment obligation and the amount of the benefit, it will pay the benefit within two weeks at the latest.

If the payment obligation has been established but the amount of the benefit cannot be determined within one month of receipt of the notice of claim by Advigon, an appropriate advance on the benefit can be requested.

If official investigations or criminal proceedings have been initiated against you in connection with the insured event, Advigon is entitled to postpone the settlement of the claim until such proceedings have been finally concluded.

5.2 Costs in foreign currencies

Advigon will convert the costs incurred at the euro exchange rate that applies on the date on which it receives the supporting documents. The official exchange rate applies unless the currency used to pay the invoices was purchased at a less favourable rate.

Advigon is entitled to deduct any additional costs incurred because it transfers amounts abroad or opts for special forms of bank transfer at your request from the benefits.

5.3 Benefits under other insurance contracts

If a benefit for the insured event can be claimed under another insurance contract, the other contract will take precedence over this contract. If the insured event is reported to Advigon first, then the latter will make payment in advance and will then contact the other insurers directly in order to arrange for the costs to be shared.

6 What law applies and when do claims under the contract become statute-barred?

To whom do the provisions apply?

Supplementary to these provisions, the German Insurance Contract Act (*Gesetz über den Versicherungsvertrag – VVG*) and, as a general rule, German law apply, unless international law sets out provisions to the contrary. Claims under this insurance contract become statute-barred after a period of three years. The limitation period

commences at the end of the year in which the benefit can be claimed. If you have made a claim, then the limitation period is suspended until the time at which you receive Advigon's decision in written or electronic form. All provisions set out in the insurance contract also apply accordingly to the insured persons.

7 Set-off

Only counterclaims that are undisputed or have been established in a final and non-appealable judgement can be offset against claims of Advigon.

8 What do you have to bear in mind with regard to notifications?

All notices and declarations addressed to Advigon are to be sent in written or electronic form to the address specified in the insurance certificate. The contractual language is German.

9 Whom can you contact if you are dissatisfied with the insurer?

9.1 Complaints management

You can contact your insurer at any time. The internal Complaints Department is available to you for this purpose. You can currently reach it as follows:

Advigon Versicherung AG
Complaints Management
PO Box 1130
Drescheweg 1
9490 Vaduz
Liechtenstein
E-mail: bm@advigon.com
Internet: www.advigon.com

If you are not satisfied with the decision or a negotiation with the insurer has not produced the result you desired, you have the following options for lodging a complaint:

9.2 Conciliation Board

9.2.1 You can contact the Conciliation Board for Insurance Companies. You can currently reach it as follows:

Financial Services Conciliation Board
PO Box 343
9490 Vaduz
Liechtenstein
E-mail: info@schlichtungsstelle.li
Internet: www.schlichtungsstelle.li

The Conciliation Board is independent. Participation in the conciliation procedure is voluntary for you as consumer and for the insurer. Consumers must pay a fee of CHF 50 for proceedings before the Conciliation Board pursuant to the Alternative Dispute Resolution Act. The procedure is otherwise free of charge.

9.2.2 If you are a consumer and concluded the contract online (e.g. through a website or by e-mail), you can also lodge your complaint using the online platform <http://ec.europa.eu/consumers/odr>. Your complaint will then be forwarded through this platform to the responsible Conciliation Board.

9.3 Insurance supervision

If you are dissatisfied with the assistance provided by the insurer, or if differences of opinion arise, you can also contact the responsible supervisory authority. The insurer is subject to supervision by the Liechtenstein Financial Market Authority (FMA). The current contact details are:

Liechtenstein Financial Market Authority
Landstrasse 109
PO Box 279
9490 Vaduz
Liechtenstein
E-mail: info@fma-li.li

Please note that the FMA is not an arbitration board and cannot issue binding decisions on individual disputes.

9.4 Legal action

You also have the right to take legal action.

Section III – Description of benefits

1 Scope of cover

- 1.1 The term “insured event” refers to medically necessary treatment due to illness or the consequences of an accident. The insured event starts when your treatment begins. It ends when you no longer require treatment based on medical findings. If your treatment has to be extended to include an illness or the consequences of an accident that has no causal link to the illness or accident for which you previously received treatment, a new insured event is considered to have occurred. The term “insured event” also refers to the death of the insured person and medically necessary treatment for complaints experienced during pregnancy, premature births up to and including the 36th week of pregnancy, miscarriages, the termination of pregnancy in cases in which this is medically necessary, provided that there was no need for treatment at the time the contract was taken out, and outpatient check-ups.
- 1.2 During your stay, you are free to select from the doctors, dentists and hospitals that are recognised by law and licensed in your country of stay. Hospitals must be permanently managed by medical professionals. They must offer sufficient options for diagnosis and treatment and must keep medical records. These hospitals must not perform health resort/sanatorium treatment and must not admit reconvalescent patients either. Advigon will reimburse the costs incurred in accordance with point 2 (Insured benefits).
- 1.2.1 In Germany, Advigon assumes the costs incurred for medically necessary treatment up to the thresholds set out in the Scale of Fees for Doctors (*Gebührenordnung für Ärzte – GOÄ*) and the Scale of Fees for Dentists (*Gebührenordnung für Zahnärzte – GOZ*) that apply in Germany. The thresholds for benefits are as follows:
 - 2.3 times the fee rate pursuant to the Scale of Fees for Dentists;
 - 1.15 times the fee rate pursuant to the Scale of Fees for Doctors in accordance with No. 437 and section M (Laboratory services) of the Scale of Fees for Doctors;
 - 1.8 times the fee rate pursuant to sections A, E and O (Technical services); and
 - for all other services rendered under the Scale of Fees for Doctors, 2.3 times the fee rate.
- 1.2.2 Outside of Germany, Advigon assumes the costs incurred for medically necessary treatment as long as it is charged in line with the valid official scale of fees – where such a scale exists – or based on the standard local fees.
- 1.3 Advigon only covers the costs of examination or treatment methods and medication that are recognised across the board, or in the main, by conventional medicine. In addition, it covers the costs of methods and medication that have proven to be just as successful in practice or that are used because no conventional medical methods or medication are available (e.g. homoeopathic, anthroposophical medical and herbal medical treatment). Advigon is, however, entitled to reduce the benefits it provides to the amount that would have been incurred for the use of available conventional medical methods or medication.

2 Insured benefits

In an insured event, Advigon provides the benefits listed below, provided that they are insured based on the rate you have chosen and provided that the insured event occurred after the inception of the insurance cover and following the expiry of the waiting periods. You can find a corresponding overview in Section I of these Conditions of Insurance.

If the rate provides for benefits for aids, the following items are considered to be aids: bandages, trusses, inlays, crutches and compression stockings, hearing aids, corrective splints, artificial limbs/prosthetic devices, seat shells and foam positioners, wheel-

chairs, breathing monitors, infusion pumps, inhalation devices, oxygen units, baby monitors, orthopaedic trunk, arm and leg supports, and voice transmission devices.

2.1 Treatment costs

The term “treatment”, within the meaning of these provisions, refers to medically necessary

- 2.1.1 outpatient medical treatment;
- 2.1.2 pain-relieving restorative dentistry including simple fillings and repairs of existing dentures as long as this treatment is performed or prescribed by a dentist;
- 2.1.3 medication and bandages prescribed by a doctor (the term “medication” does not include nutritional products and tonics or cosmetic products, even if they are prescribed by a doctor);
- 2.1.4 radiation, light and other physical treatment prescribed by a doctor;
- 2.1.5 massages, packs and inhalations prescribed by a doctor;
- 2.1.6 simple aids prescribed by a doctor that the individual needs for the very first time, solely due to an accident, and that are used as part of direct treatment for the consequences of the accident;
- 2.1.7 simple aids prescribed by a doctor that are purchased for the first time and in respect of which Advigon has issued its prior consent in writing;
- 2.1.8 repairs of existing aids prescribed by a doctor;
- 2.1.9 visual aids, such as glasses and contact lenses, if visual acuity has changed by at least 0.5 dioptres;
- 2.1.10 surgery that cannot be postponed;
- 2.1.11 inpatient treatment that cannot be postponed on a general (not private) ward (room containing several beds), excluding optional benefits (treatment by a private doctor).
- 2.1.12 medical check-ups aimed at the early detection of cancer in accordance with programmes introduced by law in Germany after a six-month waiting period has expired;
- 2.1.13 outpatient medical check-ups for children based on the programmes introduced by law in Germany.

2.2 Denture and dental check-up costs

The term “dentures”, within the meaning of this rate, refers to pivot teeth, inlays, crowns, orthodontic treatment, functional analytical and functional therapeutic measures, as well as dental implants.

- 2.2.1 Advigon reimburses 80% of the reimbursable invoice amount relating to medically necessary simple dentures after a six-month waiting period has expired.
- 2.2.2 After a six-month waiting period has expired, Advigon reimburses the costs of one dental check-up per insurance year.

2.3 Insurance benefits relating to pregnancy and childbirth

- 2.3.1 Advigon reimburses the costs incurred for medically necessary pregnancy treatment due to complaints, delivery until the end of the 36th week of pregnancy (premature birth), treatment due to miscarriage and the termination of pregnancy in cases in which this is medically necessary. This is subject to the proviso that there was no need for treatment on the contract inception date.
- 2.3.2 If the individual was not yet pregnant on the contract inception date, Advigon reimburses the costs incurred for pregnancy check-ups and childbirth after a six-month waiting period has expired. The costs associated with examination and treatment performed by midwives is only possible if the costs are not invoiced by a doctor at the same time.

2.4 Transportation costs

- 2.4.1 Advigon reimburses the costs for patient transportation to the nearest suitable hospital and back to the individual's accommodation.
- 2.4.2 Advigon reimburses the additional costs incurred for repatriation to your place of residence or the nearest suitable hospital in your home country insofar as repatriation is medically reasonable and justifiable, the treating doctor estimates that the treatment in hospital in Germany will last more than 14 days or further treatment in Germany is likely to cost more than repatriation.

2.5 Transfer and burial costs

Advigon reimburses the necessary additional costs incurred upon the death of an insured person to transport his/her remains to

his/her home country, or assumes the costs of burial in Germany up to the amount of the expenses that would have been incurred to transport the remains abroad.

2.6 Daily allowance for stays in hospital

In the event of inpatient treatment, Advigon can pay a daily allowance for stays in hospital as opposed to the treatment costs (points 2.1.10 and 2.1.11) and patient transportation (point 2.4.1) if this option is selected. The daily allowance for stays in hospital is paid to you from the start of your inpatient treatment for every day that you need to spend in hospital, but for a maximum period of 14 days. The days of admission and discharge both count as full days. You can only opt to receive the daily allowance for stays in hospital at the start of your inpatient treatment.

2.7 Run-off liability

If an illness requires treatment that extends beyond the end of the insurance cover because the return trip is not possible due to a proven inability to travel, Advigon will remain obliged to pay benefits under this rate until the individual is well enough to travel again, for a maximum period of three months.

3 Excess and benefit restrictions

- 3.1 The excess per insured event is EUR 25.
- 3.2 You are responsible for making a co-payment of EUR 5,000 per insurance year or part thereof to cover the costs of treatment for illnesses, complaints and the consequences of accidents that were known in the last six months prior to the contract inception date. The benefits provided in this regard are limited to a maximum of EUR 30,000 for each insured person for the entire contractual term.
- 3.3 If medical treatment exceeds the medically necessary level or if the costs of medical treatment exceed the customary local level, Advigon is entitled to reduce its benefits to an appropriate amount.

4 Exclusions from the benefit obligation

Advigon does not provide benefits

- 4.1 if you caused the insured event with wilful intent or attempt to fraudulently conceal circumstances that are significant to the reasons for, or the amount of, the benefit;
- 4.2 for treatment that was the sole reason, or one of the reasons, for embarking on the trip and for treatment that you already knew would be necessary, if you were to continue with your stay as planned, when you embarked on the trip, unless you travelled due to the death of your spouse/partner under the German Act on Registered Life Partnerships (*Lebenspartnerschaftsgesetz* – LPartG) or the death of a first-degree relative;
- 4.3 for treatment that was the sole reason, or one of the reasons, for taking out the insurance contract and for treatment that you already knew would be necessary during the contractual term when you took out the insurance contract;
- 4.4 for illnesses, including their consequences, or for the consequences of accidents caused by foreseeable acts of war or active participation in unrest that are not explicitly included in the scope of cover; the term "foreseeable" refers to acts of war or civil unrest in particular if the Federal Foreign Office of the Federal Republic of Germany issues a travel warning for the country concerned – before you embarked on the trip;
- 4.5 for treatment in a health resort or sanatorium or for rehabilitation measures, unless these measures follow insured, fully inpatient treatment in hospital due to a severe stroke, severe heart attack or a severe musculoskeletal condition (disc surgery, hip replacement) and are designed to shorten the stay in hospital, and provided that the insurer issued a written commitment in respect of these benefits before the treatment started;
- 4.6 for addiction withdrawal treatment, including stays in facilities designed for this purpose;
- 4.7 for outpatient treatment in a medical spa or health resort; this restriction ceases to apply if the treatment is required due to an accident that occurred there; in the event of illnesses, the restriction ceases to apply if you were only in the medical spa or health resort temporarily and not for curative purposes;

- 4.8 for treatment performed by spouses, parents, children or individuals you are living with within your own or a host family; substantiated non-personnel costs will be reimbursed in accordance with the provisions governing the rate;
- 4.9 for treatment or accommodation required due to infirmity, a need of care or being committed to an institution;
- 4.10 for psychoanalytical treatment and psychotherapy;
- 4.11 for dentures, pivot teeth, inlays, crowns, bridges, orthodontic treatment, preventative treatment, bite aids and splints, functional analytical and functional therapeutic measures, as well as dental implants, in the absence of any provisions to the contrary that apply to the rate;
- 4.12 for immunisation measures;
- 4.13 for treatment due to disorders affecting, and damage to, reproductive organs including sterility, artificial insemination and related check-ups and follow-up treatments;
- 4.14 for suicide, attempted suicide and its consequences; and
- 4.15 for organ donation and its consequences.

5 Obligations and consequences of breaches of obligation

5.1 Obligation to minimise costs

You are obliged to minimise the loss and avoid doing anything that could lead to unnecessary cost increases. If you are able to travel, you must consent to being repatriated to the nearest suitable hospital in your home country if Advigon approves repatriation depending on the nature of the illness and the need for it to be treated.

5.2 Obligation to provide information

You must complete the notice of claim you receive from Advigon truthfully and return it to Advigon without delay. If Advigon considers it necessary, you are obliged to undergo an examination conducted by a doctor commissioned by it.

5.3 Obligation to furnish evidence

You must submit the following evidence, which then becomes Advigon's property:

- 5.3.1 Original receipts showing the name of the individual treated, the name of the illness and the services performed by the individual providing treatment, broken down by type, location and treatment period. If you have other insurance cover for treatment costs and a claim is made under this insurance first, then the invoice copies showing confirmation of reimbursement are sufficient as proof.
- 5.3.2 Prescriptions together with the treatment invoice and invoices regarding remedies or aids together with the prescription.
- 5.3.3 Evidence regarding the costs that would be incurred for planned return travel if benefits for repatriation are being claimed. In addition, a medical certificate issued by the treating doctor abroad is to be presented, together with detailed grounds demonstrating that repatriation is medically reasonable and justifiable.
- 5.3.4 An official death certificate and medical certificate on the cause of death if costs to transfer remains abroad/burial costs are to be paid.
- 5.3.5 Further supporting documents and receipts requested by Advigon to review its obligation to pay benefits if you can be reasonably expected to obtain them (e.g. proof of the date on which you entered the country).

5.4 Obligation to safeguard claims to compensation against third parties

- 5.4.1 If you have a claim for compensation against a third party, this claim passes to Advigon insofar as the latter pays indemnity for the loss. You must safeguard the claim to compensation or a right securing such a claim in line with the valid formal and deadline requirements and help to enforce it if necessary. If the claim for compensation is vis-à-vis an individual with whom you live in the same household at the time the loss occurs, the transfer cannot be asserted unless this individual caused the loss with wilful intent.
- 5.4.2 Your claims vis-à-vis individuals providing treatment who charged an excessive fee pass to Advigon to the extent permitted by law if the latter reimbursed the costs involved. You are required to help enforce the claims if need be.

5.5 Consequences of breaching obligations

If you breach one of the obligations set out above, Advigon is released from its obligation to pay benefits. In cases involving a grossly negligent breach of obligation, Advigon is entitled to reduce its benefits to an extent that reflects the degree of fault. If you prove that the obligation was not breached in a grossly negligent manner, the insurance cover remains in effect.



Conditions of Health Insurance – Young Travel

Dear client

The scope of your insurance cover is set out in the insurance certificate, any separate written agreements, these Conditions of Insurance and the statutory provisions that apply in the Federal Republic of Germany. In these Conditions of Insurance, the policyholder and insured persons are referred to as “you”. You are the policyholder if you have taken the insurance contract out with Advigon. You are an insured person if you have been included in the scope of cover, for example as the person travelling with the policyholder. As the policyholder, you can also be an insured person. These Conditions of Insurance apply to you as the policyholder and to you as the insured person.

Your Conditions of Insurance consist of three sections.

Section I provides an overview of the types of benefits and the benefit amounts provided for as part of this rate.

Section II provides explanatory information on the insured group of people, the conclusion periods and premium payments, in particular.

The exact wording concerning the types of benefits is provided in Section III.

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Section I – Overview of benefits

You can find the exact wording concerning the insured benefits and events under the listed points in Section III – Description of benefits.

Insured benefits		Rate Basic	Rate Professional
The amount of the benefit is based on the rate you have chosen			
2.1.1	Outpatient medical treatment pursuant to the Scale of Fees described in Section III 1.2	100%	100%
2.1.2	Pain-relieving dentistry pursuant to the Scale of Fees described in Section III 1.2 per insurance year	EUR 250	100%
2.1.3	Medication and bandages	80 %	100%
2.1.4	Radiation, light and other physical treatments	100%	100%
2.1.5	Massages, packs, inhalations and physiotherapy	Not insured	100%
2.1.6	Aids as a result of an accident	100%	100%
2.1.7	Surgery	100%	100%
2.1.8	Inpatient treatment on a general (not private) ward (room containing several beds), excluding optional benefits (treatment by a private doctor)	100%	100%
2.1.9	Rehabilitation measures	100%	100%
2.1.10	Medical check-ups aimed at the early detection of cancer per insurance year	Not insured	EUR 200
2.1.11	Outpatient psychoanalytic and psychotherapeutic treatment (up to 5 sessions per insurance year)	Not insured	EUR 1,000
2.2.1	Dentures required due to accident	EUR 500	EUR 2,000
2.2.2	Dentures at 50 % of the reimbursable invoice amount per insurance year	Not insured	EUR 2,000
2.3.1	Pregnancy treatment and treatment for premature birth	100%	100%
2.3.2	Pregnancy examinations per insurance year Childbirth, including costs for examinations and treatment performed by midwives	EUR 250 100%	100% 100%
2.4.1	Patient transportation	100%	100%
2.4.2	Repatriation where it makes medical sense	100%	100%
2.4.3	Accompanying person for repatriation	100%	100%
2.5	Return of body to home country or burial in the Federal Republic of Germany	EUR 20,000	100%
2.6	Patient visit for stays in hospital of more than 14 days	Not insured	EUR 1,000
2.7	Option of daily allowance for stays in hospital for up to 14 days, per day	EUR 75	EUR 75
2.8	Run-off liability until the patient is able to travel again	100%	100%

Health insurance – Young Travel

Section II – General provisions

1 Policyholder, insurable persons and eligibility for insurance

- 1.1 The policyholder is the natural person or legal entity that took the insurance contract out with Advigon. Insured persons are the individuals specified in the insurance certificate for whom the premium was paid. Newborns of insured persons are insured based on their parents' rate from the time of birth onwards. This is subject to the proviso that:
- they are insured with Advigon with retroactive effect within two months of the date of birth;
 - the insurance contract has been in place for an uninterrupted period of at least three months; and
 - no other insurance cover is in place.
- 1.2 The following individuals are insurable at the time the application is submitted: au-pairs, schoolchildren, language school pupils, students, scholarship holders or PhD students, participants in work & travel programmes or other individuals who can prove that they are travelling to the Federal Republic of Germany temporarily for further education purposes, until these individuals have turned 35, provided they have foreign citizenship and their permanent place of residence abroad.
- 1.3 The following individuals are not eligible for insurance despite premiums being paid:
- 1.3.1 Individuals who are subject to mandatory statutory health and/or long-term care insurance in the country of stay.
- 1.3.2 Individuals who are in permanent need of long-term care and individuals who are permanently excluded from participating in society. The mental condition and objective life circumstances of the individual concerned, in particular, are to be taken into account for the purposes of this classification. The term "in need of long-term care" applies to individuals who largely require assistance from third parties for everyday activities.
- 1.3.3 Individuals who are professional sportspeople.
- 1.4 The insurance contract cannot be concluded for individuals who do not meet the requirements set out in points 1.1 and 1.2, even if the premium is paid. If the premium is paid for these individuals nonetheless, then the amount is available to the sender.

2 Conclusion, inception, term and termination of the insurance contract and the insurance cover

2.1 Conclusion and inception of the insurance contract

- 2.1.1 The application to take out an insurance contract can be submitted at any time. It is to be submitted for the entire remaining duration of the stay.
- 2.1.2 The insurance contract is concluded when the corresponding application has been completed in a due and proper manner and received by Advigon, and when Advigon sends you confirmation of cover. The application is only considered to have been completed in a due and proper manner if all of the required information has been provided clearly and in full.
- 2.1.3 The insurance contract cannot be concluded if the provisions set out in points 2.1.1 or 2.1.2 are not adhered to, even if the premium is paid. In such cases, the premium paid is available to the sender.

2.2 Inception of the insurance cover

The insurance cover will commence at the time specified in the insurance certificate (contract inception date) following the end of the waiting periods. This is subject to the proviso that the insurance contract has been established. No benefits will be paid for insured events occurring prior to the contract inception date or before the end of the waiting period.

2.3 Term

The insurance cover applies for the agreed term. The maximum insurance period is five years. The maximum insurance period also applies taking equivalent insurance contracts that were not previously in place with Advigon into account.

2.4 Termination

The statutory provisions on the extraordinary right of termination will remain unaffected by these agreements. The insurance cover ends upon the termination of the insurance contract. The insurance contract will end, also for insured events that are not yet completed and/or pending insured events:

- 2.4.1 at the agreed point in time;
- 2.4.2 upon the death of the policyholder; the insured persons can continue the insurance contract, providing the name of the future policyholder, within a period of two months after the policyholder's death;
- 2.4.3 if the requirements governing eligibility for insurance cease to be met; and
- 2.4.4 in the event of repatriation, upon arrival at the nearest suitable hospital in your home country.

2.5 Insurance year and waiting periods

- 2.5.1 The insurance year is a period of 12 months. The first insurance year begins on the contract inception date. If benefits that are subject to a limit per insurance year are claimed in a given insurance year, then once this benefit limit has been exhausted, insurance cover for this benefit is only provided after the end of this insurance year. If a benefit is subject to a limit per insurance year, insurance cover is provided for this benefit until the benefit limit has been exhausted, even for contract terms of less than 12 months.
- 2.5.2 If the insurance cover or benefits are linked to waiting periods, these are calculated from the contract inception date onwards. Unless special waiting periods are specified below, the general waiting period is 31 days. The general waiting period ceases to apply if the application is submitted no later than 31 days after entering the country. Advigon must be provided with proof of the date on which the individual entered the country on request. The waiting period also ceases to apply in the event of accidents or medical assistance to avert an acute danger to your life. The existence of comparable previous insurance that was in force for an uninterrupted period between the date on which the individual entered the country and the contract inception date will count towards the general waiting period. The benefit restrictions pursuant to Section III 3 (Limitations of insurance cover) and the special waiting periods continue to apply subject to no restrictions.

3 Scope of the insurance cover

- 3.1 The insurance cover applies during temporary stays in Germany and for temporary trips outside of Germany and outside of your home country. For trips to the USA or Canada, this insurance cover is limited to 14 days per trip. The term "home country", within the meaning of this provision, refers to your permanent place of residence prior to your temporary stay in Germany.
- 3.2 In cases involving insurance contracts with a term of at least 12 months, insurance cover is also provided for temporary trips back to your home country by way of derogation from point 3.1. Insurance cover in your home country is limited to a maximum of six weeks for all trips home made per insurance year.

4 What do you have to bear in mind with regard to premium payment?

4.1 Premium amount

The premium for an insured person is shown in the premium overview.

4.2 Payment of the first or single premium

4.2.1 The first or single premium falls due on the insurance contract inception date.

4.2.2

If you fail to pay the first or single premium on time, then you will not have any insurance cover from the outset, unless you are not responsible for the unpaid premium or the delayed payment. If you are, however, responsible for not paying the premium on time, then the insurance cover will only commence when you make the payment.

4.2.3 Advigon is also entitled to rescind the contract for as long as the premium has not been paid. The contract cannot be rescinded if you are not responsible for the unpaid premium.

4.3 Payment of renewal premiums

4.3.1 If you fail to pay a renewal premium on time, then Advigon will send you a reminder, setting a payment deadline of two weeks.

4.3.2 If you are still in default on the payment after this payment deadline has passed, Advigon is entitled to terminate the contract if this option was drawn to your attention when the reminder was issued.

4.3.3

If Advigon has terminated the contract and you pay the amount referred to in the reminder within one month of receiving the notice of termination, the contract will remain in force. No insurance cover is provided, however, for insured events occurring between the expiry of the payment deadline and the time of payment.

4.4 Premium collection

If it has been agreed that the premiums are to be collected from an account, they will be collected as soon as the corresponding mandate has been issued. Payment is considered to have been made in a timely manner if Advigon is able to collect the premium on the date of debiting and you do not object to a justified collection.

If Advigon is unable to collect a premium that is due through no fault of your own, payment will still be considered to have been made on time if it is made as soon as possible after Advigon has requested payment in written or electronic form.

4.5 Premium calculation

The premium calculation is defined in the insurer's technical calculation basis. If the premiums change, also due to changes in the insurance cover, then the age (age group) of the insured person for the purposes of the insurance rate will be taken into account when the change takes effect.

5 What do you have to bear in mind with regard to benefit payments?

5.1 Payment due date

As soon as proof of insurance and premium payment has been furnished and Advigon has established its payment obligation and the amount of the benefit, it will pay the benefit within two weeks at the latest.

If the payment obligation has been established but the amount of the benefit cannot be determined within one month of receipt of the notice of claim by Advigon, an appropriate advance on the benefit can be requested.

If official investigations or criminal proceedings have been initiated against you in connection with the insured event, Advigon is entitled to postpone the settlement of the claim until such proceedings have been finally concluded.

5.2 Costs in foreign currencies

Advigon will convert the costs incurred at the euro exchange rate that applies on the date on which it receives the supporting documents. The official exchange rate applies unless the currency used to pay the invoices was purchased at a less favourable rate.

Advigon is entitled to deduct any additional costs incurred because it transfers amounts abroad or opts for special forms of bank transfer at your request from the benefits.

5.3 Benefits under other insurance contracts

If a benefit for the insured event can be claimed under another insurance contract, the other contract will take precedence over this contract. If the insured event is reported to Advigon first, then the latter will make payment in advance and will then contact the other insurers directly in order to arrange for the costs to be shared.

6 What law applies and when do claims under the contract become statute-barred?

To whom do the provisions apply?

Supplementary to these provisions, the German Insurance Contract Act (*Gesetz über den Versicherungsvertrag – VVG*) and, as a general rule, German law apply, unless international law sets out provisions to the contrary. Claims under this insurance contract become statute-barred after a period of three years. The limitation period commences at the end of the year in which the benefit can be claimed. If you have made a claim, then the limitation period is suspended until the time at which you receive Advigon's decision in written or electronic form.

All provisions set out in the insurance contract also apply accordingly to the insured persons.

7 Set-off

Only counterclaims that are undisputed or have been established in a final and non-appealable judgement can be offset against claims of Advigon.

8 What do you have to bear in mind with regard to notifications?

All notices and declarations addressed to Advigon are to be sent in written or electronic form to the address specified in the insurance certificate. The contractual language is German.

9 Whom can you contact if you are dissatisfied with the insurer?

9.1 Complaints management

You can contact your insurer at any time. The internal Complaints Department is available to you for this purpose. You can currently reach it as follows:

Advigon Versicherung AG
Complaints Management
PO Box 1130
Drescheweg 1
9490 Vaduz
Liechtenstein
E-mail: bm@advigon.com
Internet: www.advigon.com

If you are not satisfied with the decision or a negotiation with the insurer has not produced the result you desired, you have the following options for lodging a complaint:

9.2 Conciliation Board

9.2.1 You can contact the Conciliation Board for Insurance Companies. You can currently reach it as follows:

Financial Services Conciliation Board
PO Box 343
9490 Vaduz
Liechtenstein
E-mail: info@schlichtungsstelle.li
Internet: www.schlichtungsstelle.li

The Conciliation Board is independent. Participation in the conciliation procedure is voluntary for you as consumer and for the insurer. Consumers must pay a fee of CHF 50 for proceedings before the Conciliation Board pursuant to the Alternative Dispute Resolution Act. The procedure is otherwise free of charge.

9.2.2 If you are a consumer and concluded the contract online (e.g. through a website or by e-mail), you can also lodge your complaint using the online platform <http://ec.europa.eu/consumers/odr>. Your complaint will then be forwarded through this platform to the responsible Conciliation Board.

9.3 Insurance supervision

If you are dissatisfied with the assistance provided by the insurer, or if differences of opinion arise, you can also contact the responsible supervisory authority. The insurer is subject to supervision by the Liechtenstein Financial Market Authority (FMA). The current contact details are:

Liechtenstein Financial Market Authority
Landstrasse 109
PO Box 279
9490 Vaduz
Liechtenstein
E-mail: info@fma-li.li

Please note that the FMA is not an arbitration board and cannot issue binding decisions on individual disputes.

9.4 Legal action

You also have the right to take legal action.

Section III – Description of benefits

1 Scope of cover

- 1.1 The term “insured event” refers to medically necessary treatment due to illness or the consequences of an accident. The insured event starts when your treatment begins. It ends when you no longer require treatment based on medical findings. If your treatment has to be extended to include an illness or the consequences of an accident that has no causal link to the illness or accident for which you previously received treatment, a new insured event is considered to have occurred. The term “insured event” also refers to the death of the insured person and medically necessary treatment for complaints experienced during pregnancy, premature births up to and including the 36th week of pregnancy, miscarriages, the termination of pregnancy in cases in which this is medically necessary, provided that there was no need for treatment at the time the contract was taken out, and outpatient check-ups.
- 1.2 During your stay, you are free to select from the doctors, dentists and hospitals that are recognised by law and licensed in your country of stay. Hospitals must be permanently managed by medical professionals. They must offer sufficient options for diagnosis and treatment and must keep medical records. These hospitals must not perform health resort/sanatorium treatment and must not admit reconvalescent patients either. Advigon will reimburse the costs incurred in accordance with point 2 (Insured benefits).
- 1.2.1 In Germany, Advigon assumes the costs incurred for medically necessary treatment up to the thresholds set out in the Scale of Fees for Doctors (*Gebührenordnung für Ärzte – GOÄ*) and the Scale of Fees for Dentists (*Gebührenordnung für Zahnärzte – GOZ*) that apply in Germany. The thresholds for benefits are as follows:
 - 2.3 times the fee rate pursuant to the Scale of Fees for Dentists;
 - 1.15 times the fee rate pursuant to the Scale of Fees for Doctors in accordance with No. 437 and section M (Laboratory services) of the Scale of Fees for Doctors;
 - 1.8 times the fee rate pursuant to sections A, E and O (Technical services); and
 - for all other services rendered under the Scale of Fees for Doctors, 2.3 times the fee rate.
- 1.2.2 Outside of Germany, Advigon assumes the costs incurred for medically necessary treatment as long as it is charged in line with the valid official scale of fees – where such a scale exists – or based on the standard local fees.
- 1.3 Advigon only covers the costs of examination or treatment methods and medication that are recognised across the board, or in the main, by conventional medicine. In addition, it covers the costs of methods and medication that have proven to be just as successful in practice or that are used because no conventional medical methods or medication are available (e.g. homoeopathic, anthroposophical medical and herbal medical treatment). Advigon is, however, entitled to reduce the benefits it provides to the amount that would have

been incurred for the use of available conventional medical methods or medication.

2 Insured benefits

In an insured event, Advigon provides the benefits listed below, provided that they are insured based on the rate you have chosen and provided that the insured event occurred after the inception of the insurance cover and following the expiry of the waiting periods. You can find a corresponding overview in Section I of these Conditions of Insurance.

If the rate provides for benefits for aids, the following items are considered to be aids: bandages, trusses, inlays, crutches and compression stockings, hearing aids, corrective splints, artificial limbs/prosthetic devices, seat shells and foam positioners, wheelchairs, breathing monitors, infusion pumps, inhalation devices, oxygen units, baby monitors, orthopaedic trunk, arm and leg supports, and voice transmission devices.

2.1 Treatment costs

The term “treatment”, within the meaning of these provisions, refers to medically necessary

- 2.1.1 outpatient medical treatment;
- 2.1.2 pain-relieving restorative dentistry including simple fillings and repairs of existing dentures as long as this treatment is performed or prescribed by a dentist;
- 2.1.3 medication and bandages prescribed by a doctor (the term “medication” does not include nutritional products and tonics or cosmetic products, even if they are prescribed by a doctor);
- 2.1.4 radiation, light and other physical treatment prescribed by a doctor;
- 2.1.5 massages, packs, inhalations and physiotherapy prescribed by a doctor;
- 2.1.6 simple aids prescribed by a doctor that the individual needs for the very first time, solely due to an accident, and that are used as part of direct treatment for the consequences of the accident;
- 2.1.7 surgery that cannot be postponed;
- 2.1.8 inpatient treatment that cannot be postponed on a general (not private) ward (room containing several beds), excluding optional benefits (treatment by a private doctor);
- 2.1.9 medically necessary rehabilitation measures;
- 2.1.10 medical check-ups aimed at the early detection of cancer in accordance with programmes introduced by law in Germany after a six-month waiting period has expired;
- 2.1.11 outpatient psychoanalytical treatment or psychotherapy.

2.2 Dentures

The term “dentures”, within the meaning of this rate, refers to pivot teeth, inlays, crowns, bridges, orthodontic treatment, functional analytical and functional therapeutic measures, as well as dental implants.

- 2.2.1 Advigon reimburses the costs of dentures required for the first time due to an accident that occurred during the insured period.
- 2.2.2 Advigon reimburses 50 % of the reimbursable invoice amount relating to medically necessary simple dentures after a six-month waiting period has expired.

2.3 Insurance benefits relating to pregnancy and childbirth

- 2.3.1 Advigon reimburses the costs incurred for medically necessary pregnancy treatment due to complaints, delivery until the end of the 36th week of pregnancy (premature birth), treatment due to miscarriage and the termination of pregnancy in cases in which this is medically necessary. This is subject to the proviso that there was no need for treatment on the contract inception date.
- 2.3.2 If the individual was not yet pregnant on the contract inception date, Advigon reimburses the costs incurred for pregnancy check-ups and childbirth after a six-month waiting period has expired. The costs associated with examination and treatment performed by midwives is only possible if the costs are not invoiced by a doctor at the same time.

2.4 Transportation costs

- 2.4.1 Advigon reimburses the costs for patient transportation to the nearest suitable hospital and back to the individual's accommodation.
- 2.4.2 Advigon reimburses the additional costs incurred for repatriation to your place of residence or the nearest suitable hospital at your place of residence insofar as repatriation is medically reasonable and justifiable, the treating doctor estimates that the treatment in hospital in Germany will last more than 14 days or further treatment in Germany is likely to cost more than repatriation.
- 2.4.3 Advigon also assumes the costs for one accompanying person, including medical escort if necessary, if the escort is medically necessary, ordered by the authorities or prescribed by the executing transport company.

2.5 Transfer and burial costs

Advigon reimburses the necessary additional costs incurred upon the death of an insured person to transport his/her remains to his/her home country, or assumes the costs of burial in Germany up to the amount of the expenses that would have been incurred to transport the remains abroad.

2.6 Patient visit

If it has been established that an insured person will be spending more than 14 days in hospital, Advigon will assist in organising travel for a person close to the insured person to the place where the insured person is in hospital and from there back to the visitor's place of residence, and will assume the transportation costs required for the return trip in the standard transportation class. This is, however, subject to the proviso that the stay in hospital has not yet ended when the visitor arrives.

2.7 Daily allowance for stays in hospital

In the event of inpatient treatment, Advigon can pay a daily allowance for stays in hospital as opposed to the treatment costs (points 2.1.7 and 2.1.8) and patient transportation (point 2.4.1) if this option is selected. The daily allowance for stays in hospital is paid to you from the start of your inpatient treatment for every day that you need to spend in hospital, but for a maximum period of 14 days. The days of admission and discharge both count as full days.

You can only opt to receive the daily allowance for stays in hospital at the start of your inpatient treatment.

2.8 Run-off liability

If an illness requires treatment that extends beyond the end of the insurance cover because the return trip is not possible due to a proven inability to travel, Advigon will remain obliged to pay benefits under this rate until the individual is well enough to travel again.

3 Limitations of insurance cover

3.1 Benefit restrictions

If medical treatment exceeds the medically necessary level or if the costs of medical treatment exceed the customary local level, Advigon is entitled to reduce its benefits to an appropriate amount.

3.2 Release from obligation to provide benefits

Advigon does not provide benefits

- 3.2.1 if you caused the insured event with wilful intent or attempt to fraudulently conceal circumstances that are significant to the reasons for, or the amount of, the benefit;
- 3.2.2 for treatment that was the sole reason, or one of the reasons, for embarking on the trip and for treatment that you already knew would be necessary, if you were to continue with your stay as planned, when you embarked on the trip, unless you travelled due to the death of your spouse/partner under the German Act on Registered Life Partnerships (*Lebenspartnerschaftsgesetz* – LPartG) or the death of a first-degree relative;
- 3.2.3 for treatment that was the sole reason, or one of the reasons, for taking out the insurance contract and for treatment that you already knew would be necessary during the contractual term when you took out the insurance contract; you are responsible for making a co-payment of EUR 5,000 per insurance year or part thereof to cover the costs of treatment for illnesses, complaints and the consequences of accidents that were known in the last six months prior to the contract inception date; the benefits provided in this regard are limited to a maximum of EUR 30,000 for each insured person for the entire contractual term;

- 3.2.4 for illnesses, including their consequences, or for the consequences of accidents caused by foreseeable acts of war or active participation in unrest that are not explicitly included in the scope of cover; the term "foreseeable" refers to acts of war or civil unrest in particular if the Federal Foreign Office of the Federal Republic of Germany issues a travel warning for the country concerned – before you embarked on the trip;
- 3.2.5 for treatment in a health resort or sanatorium, unless these measures follow insured, fully inpatient treatment in hospital due to a severe stroke, severe heart attack or a severe musculoskeletal condition (disc surgery, hip replacement) and are designed to shorten the stay in hospital, and provided that the insurer issued a written commitment in respect of these benefits before the treatment started;
- 3.2.6 for addiction withdrawal treatment, including stays in facilities designed for this purpose;
- 3.2.7 for outpatient treatment in a medical spa or health resort; this restriction ceases to apply if the treatment is required due to an accident that occurred there; in the event of illnesses, the restriction ceases to apply if you were only in the medical spa or health resort temporarily and not for curative purposes;
- 3.2.8 for treatment performed by spouses, parents, children or individuals you are living with within your own or a host family; substantiated non-personnel costs will be reimbursed in accordance with the provisions governing the rate;
- 3.2.9 for illnesses, including their consequences, or for the consequences of accidents caused by nuclear energy or acts of government;
- 3.2.10 for treatment or accommodation required due to infirmity, a need of care or being committed to an institution;
- 3.2.11 for hypnosis, psychoanalytic or psychotherapeutic treatment, in the absence of any provisions to the contrary that apply to the rate;
- 3.2.12 for dentures, pivot teeth, inlays, crowns, bridges, orthodontic treatment, preventative treatment, bite aids and splints, functional analytical and functional therapeutic measures, as well as dental implants, in the absence of any provisions to the contrary that apply to the rate;
- 3.2.13 for immunisation measures;
- 3.2.14 for treatment due to disorders affecting, and damage to, reproductive organs including sterility, artificial insemination and related check-ups and follow-up treatments;
- 3.2.15 for suicide, attempted suicide and its consequences; and
- 3.2.16 for organ donation and its consequences.

4 Obligations and consequences of breaches of obligation

4.1 Obligation to minimise costs

You are obliged to minimise the loss and avoid doing anything that could lead to unnecessary cost increases. If you are able to travel, you must consent to being repatriated to your place of residence/to the nearest suitable hospital in your place of residence if Advigon approves repatriation depending on the nature of the illness and the need for it to be treated.

4.2 Obligation to provide information

You must complete the notice of claim you receive from Advigon truthfully and return it to Advigon without delay. If Advigon considers it necessary, you are obliged to undergo an examination conducted by a doctor commissioned by it.

4.3 Obligation to furnish evidence

You must submit the following evidence, which then becomes Advigon's property:

- 4.3.1 Original receipts showing the name of the individual treated, the name of the illness and the services performed by the individual providing treatment, broken down by type, location and treatment period. If you have other insurance cover for treatment costs and a claim is made under this insurance first, then the invoice copies showing confirmation of reimbursement are sufficient as proof.
- 4.3.2 Prescriptions together with the treatment invoice and invoices regarding remedies or aids together with the prescription.
- 4.3.3 Evidence regarding the costs that would be incurred for planned return travel if benefits for repatriation are being claimed. In addition, a medical certificate issued by the treating doctor abroad is to be presented, together with detailed

grounds demonstrating that repatriation is medically reasonable and justifiable.

- 4.3.4 An official death certificate and medical certificate on the cause of death if costs to transfer remains abroad/burial costs are to be paid.
- 4.3.5 Further supporting documents and receipts requested by Advigon to review its obligation to pay benefits if you can be reasonably expected to obtain them (e.g. proof of the date on which you entered the country).

4.4 Obligation to safeguard claims to compensation against third parties

- 4.4.1 If you have a claim for compensation against a third party, this claim passes to Advigon insofar as the latter pays indemnity for the loss. You must safeguard the claim to compensation or a right securing such a claim in line with the valid formal and deadline requirements and help to enforce it if necessary. If the claim for compensation is vis-à-vis an individual with whom you live in the same household at the time the loss occurs, the transfer cannot be asserted unless this individual caused the loss with wilful intent.
- 4.4.2 Your claims vis-à-vis individuals providing treatment who charged an excessive fee pass to Advigon to the extent permitted by law if the latter reimbursed the costs involved. You are required to help enforce the claims if need be.

4.5 Consequences of breaching obligations

If you breach one of the obligations set out above, Advigon is released from its obligation to pay benefits. In cases involving a grossly negligent breach of obligation, Advigon is entitled to reduce its benefits to an extent that reflects the degree of fault. If you prove that the obligation was not breached in a grossly negligent manner, the insurance cover remains in effect.



Premium overview Travel health insurance

Premiums for foreign guests

Premiums for foreign guests are charged as a daily premium, and are age-dependent. The age groups for Basic and Professional tariffs are as follows: 0 – 64 and 65 – 74. At the age of 65, premiums shown are to be paid dependent on insurance cover.

Daily premiums in EUR - foreign guests

Age	Foreign Guests Basic	Foreign Guests Professional
0 to 64	2.40	3.40
65 to 74	8.60	12.70

Premiums for Young Travel

Premiums in the Young Travel Basic and Young Travel Professional tariffs are charged as a daily premium, and are dependent on duration. From the 366th insured day, the daily premium increases for the selected insurance cover.

Daily premiums in EUR - Young Travel

Insurance term covered	Young Travel Basic	Young Travel Professional
1 to 365 days	1.19	1.75
366 to 1.825 days	1.65	2.15



We are here for you: our telephone customer service

Telephone support for questions concerning contracts and benefits

Do you have a question concerning insurance cover? Or do you need our help with clarifying facts? Then you can contact our service team with complete confidence. Your questions and other concerns will be clarified by experienced contact persons quickly and in a straight-forward manner.

For questions about your existing contract:

Contract line 040 5555-4014

from Monday to Friday, 8am to 6pm

For questions about benefits:

Benefit line 040 5555-4055

from Monday to Friday, 8am to 6pm

24 hour emergency assistance line whilst travelling

In case of emergencies, our worldwide emergency assistance line is available for all persons insured by Advigon. It is available at any time, 24/7, including Sundays and public holidays.

For emergencies when travelling:

Telephone +49 621 5490-1906

from Monday to Sunday, around the clock

If you have your Advigon insurance certificate number ready, we will be able to help you quicker. You should absolutely note down your insurance certificate number before travelling abroad.