



Personal data:

First name: _____ Tel.: _____
 Last name: _____ Mobile: _____
 Date of birth: _____ m f E-mail: _____
 Street address: _____ Association, no.: _____
 Country, postcode, city: _____ Language: DE GB IT FR ES
 May we keep you updated on our latest news? yes no May we address you informally? yes no

Choose your dive card: Prices are per year.

- dive card basic (49.– €)** **dive card family (109.– €)*** (upgrade to professional versions on request)
 dive card professional (149.– €) **additional travel card (29.– €)*** (for non-diving partners & children under 21)

*Only with dive card family or travel card: Additionally insured family members in common household

First name & last name: _____ m f Date of birth: _____
 First name & last name: _____ m f Date of birth: _____
 First name & last name: _____ m f Date of birth: _____

Do you want your policy to start immediately? yes* later, on: ____ . ____ . ____

*If the services to be provided start immediately, prior to the expiry of the time limit for cancellation, my right of cancellation pursuant to § 312d (3) BGB shall cease to exist.

Do you practise any underwater activities on a professional basis? If so, please tick the appropriate box (Recommendation: dive card professional):

- Diving instructor/assistant UW photographer/guide UW biologist/archaeologist

How did you learn about the dive card?

- Diving school/instructor Internet Trade show Social media Magazine: _____ Other: _____

Choose a payment method:

- via invoice** (For this payment method, we charge a handling fee of 3.– € per year.)
 via SEPA Core Direct Debit: the mandate reference will be submitted separately. Beneficiary: Medical Helpline Worldwide GmbH.

Account holder (if other than above): _____

Address (if other than above): _____

IBAN (max. 35 types): _____

BIC (8 or 11 types): _____ Bank: _____

I hereby give Medical Helpline Worldwide GmbH the right to debit my account as well as authorise my bank to debit the withdrawals requested by the Medical Helpline Worldwide GmbH from my bank account.

Note: I am entitled to ask for a refund within 8 weeks starting from the date on which my account was debited, under the terms and conditions of my agreement with my bank.

- via credit card** Card holder: _____ Mastercard Visa
 Card number: _____ valid until: ____ / ____

I hereby give the Medical Helpline Worldwide GmbH the right to collect due fees from my credit card.

This authorisation is valid for the duration of the contract until a written revocation (including consecutive annual fees).

_____ Place, Date _____ Signature account/card holder

Contract terms for the aqua med cards and right of revocation

I have taken note of the "Contract terms for the aqua med cards (ver. 05.2017)" and of the "Right of revocation".

Declaration of consent to the processing of personal data

I hereby consent to the collection, processing and use of my data, particularly of my health data, for the purposes of the acceptance and administration of this policy, for administrative processing and accounting by the Medical Helpline Worldwide GmbH, including through the intermediary of and together with its distribution partners and, where applicable, for disclosure to the insurers.

_____ Place, Date _____ Signature

VP1203191

Contract terms for the aqua med cards

Ver. 05.2017

I Data Law Provisions

1. Information on the use of your data

In order to perform the contract, particularly in the event of benefit being payable, Medical Helpline Worldwide (hereinafter called aqua med) and the insurer need personal data from you. The collection, processing and use of this data is strictly regulated by law. In accordance with the applicable data protection laws you can request at any time information regarding data about you stored by

Medical Helpline Worldwide GmbH - aqua med
Am Speicher XI 11
28217 Bremen
Tel: +49 (0)421 22227-0, e-mail: service@aqua-med.eu

and most data (except for medical data arising out of cases when benefits become payable) can be viewed directly at <http://customer.aqua-med.eu> using your personal login data. You can also request for your data to be corrected or blocked / deleted if incorrect or if the use of such data proves to be unauthorised or no longer necessary.

2. Consent for the collection, processing and use of data

The legal basis for processing of your personal data is the applicable data protection and the additional rules of the insurance contract act. Your consent in accordance with data protection legislation is necessary for the collection, processing or use of your data. This contract cannot be concluded without such consent.

3. Processing and use of your health data

Medical Helpline Worldwide GmbH or aqua med is a medical service business and is therefore subject to the medical duty of confidentiality in accordance with § 203 of the German Criminal Code (StGB). Your health data is thus also subject to the medical duty of confidentiality and cannot be forwarded to third parties, including insurers, without your express consent.

There is an exception to this rule if your health data is needed in an emergency for your medical treatment and our doctors consider it necessary to forward this information to the place of treatment. In such a situation we can also forward this information to the place of treatment even if we have only received oral notification of an emergency from you in order to ensure quick and safe treatment.

4. Verifying the duty to provide benefit

In order for aqua med to be able to provide its assistance services and in order for the insurer to verify its duty to provide benefit, it may be necessary for aqua med or the insurer to verify information about your state of health which you have provided for the purpose of substantiating claims or which is contained in documents (e.g. invoices, prescriptions, reports etc.) which have been submitted or communications from a doctor or other healthcare professionals.

This will only happen if it is necessary and you consent to the collection of data and if you release the places which hold the relevant health information from their duty of confidentiality. You can provide these declarations at a later date in individual cases.

II Important note

The application form is for divers whose place of residence is in the EU and Switzerland/Liechtenstein. Indicating your permanent residence allows us to contact you and is relevant for the validity of the foreign travel health insurance. The foreign travel health insurance only applies in countries

outside of your permanent residence!

Contractual partner and insurance provider for clients domiciled in Switzerland/Liechtenstein are the Chubb Insurances (Switzerland) AG and the UNIQA Versicherung AG in Vaduz. Insurance provider for clients domiciled in the EU are the Chubb European Group Limited and the R+V Allg. Versicherung AG.

German law shall apply; for customers residing in Switzerland and Liechtenstein, local insurance law shall apply. For clients domiciled in Switzerland/Liechtenstein, Swiss/Liechtenstein law shall apply. All prices are in Euro and include value added tax. The contract commences no earlier than the application being received by aqua med. The term of the contract is 1 year and renews itself for another year unless the contract is terminated in writing 14 days prior to the end of the current contract year.

You must inform us of any change of address and of contact details without delay. The contract and insurance conditions, which you can download from our website (www.aqua-med.eu) or request from us at any time, form the basis of this contract.

1. Payment methods:

The due dates for the first amounts depend on the payment method:

- via Invoice: payment until 14 days after the first invoice is tendered (a handling fee of 3.– € will be added)
- via SEPA core direct debit: debit 14 days after the first invoice is tendered
- via credit card: debit after revision of your application, at the latest when the contract commences.

If you object to a direct debit collection without justification, you will be charged for the resulting costs (10.– € for SEPA direct debit and 35.– € for credit card debit) and the entitlement to benefits shall cease until the full payment.

Following payments are automatically due on the day the contract is renewed. Please ensure that your bank account has sufficient funds.

III Right of revocation for long-distance transactions

You have the right to revoke your contract within 14 days if your contract was concluded by means of distance communication. Your revocation will be effective without having to give any reason if you inform us within this period using our contact data set out at I-1 above (Data Protection). The revocation period commences after you have received this information in written or electronic form but not before fulfilling our duties to provide information in accordance with Article 246 § 2 in conjunction with § 1 (1) and (2) of the Introductory Act to the German Civil Code (EGB GB). We will refund in full any sums already paid to us within 14 days after receiving your declaration of revocation. If you wish your contract to commence immediately or within this revocation period then the right of revocation lapses upon the commencement of the contract in accordance with § 312 d (3) of the German Civil Code (BGB). Right of revocation is also granted for clients domiciled in Switzerland/Liechtenstein.

IV Severability clause

Should any provision of these contract conditions be invalid, the validity of the remaining provisions shall not be affected by this. The invalid provision shall be replaced with a valid provision the purpose of which comes as close as possible to the invalid provision.