

**1. Personal data (Please fill in in block capitals):**

First name:	Telephone:
Last name:	Mobile:
Date of birth: <input type="radio"/> m <input type="radio"/> f	E-mail:
Street address:	Association & no.:
Postcode, city, country:	Language: <input type="radio"/> DE <input type="radio"/> GB <input type="radio"/> FR <input type="radio"/> ES <input type="radio"/> IT
May we address you informally? <input type="radio"/> yes <input type="radio"/> no	May we keep you updated on our latest news? <input type="radio"/> yes* <input type="radio"/> no

\*By indicating my e-mail address and checking "yes", I agree to receive information about new products, special offers and surveys via e-mail. I can withdraw my consent at any time by contacting aqua med.

**2. How did you learn about the dive card?**

Diving school/instructor     Social Media  
 Internet     Trade show  
 Magazine:     Other:

**3. 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

**4. Choose your dive card**

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

**Do you want your policy to start immediately?**

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.

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

First & last name:	<input type="radio"/> m <input type="radio"/> f	Date of birth:
First & last name:	<input type="radio"/> m <input type="radio"/> f	Date of birth:
First & last name:	<input type="radio"/> m <input type="radio"/> f	Date of birth:

If you wish to include more children, please use a separate sheet.

**5. Choose a payment method**

**via invoice**  
 **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 oder 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	<b>X</b> Signature account/card holder
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**Contract terms for the aqua med cards and right of revocation**

I have taken note of the "Contract terms for the aqua med cards (Vers. 01.2019)" and of the "Right of revocation".

**Declaration of consent to the processing of personal data (§§ 4a, 3 para. 9 BDSG)**

I understand the privacy statement and consent to the personal data listed below being processed for the administration of my contract, the use of certain services and to enable payment procedures done by Medical Helpline Worldwide GmbH (MHW). This includes the transmission of data to our insurers to enable the investigation of claims as well as to our sales partners or, in case of a PADI membership, to PADI EMEA (for details, please see the privacy statement art. 7.1). I can withdraw consent at any time by contacting MHW. As a result, I might not be able to use certain services any more.

Place, Date	<b>X</b> Signature
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## 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 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 GDPR and BDSG, you can request information regarding data 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](mailto:service@aqua-med.eu)

about you at any time 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. Read more about your rights in our privacy notice according to article 13 GDPR at <https://www.aqua-med.eu/dsgvo/>.

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

The legal basis for processing your personal data is the GDPR, BDSG as well as 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 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 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 the MHW to be able to provide its assistance services and in order for the insurer to verify its duty to provide benefits, it may be necessary for the MHW 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 contract is valid for persons 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! Should you move to a country outside of the EU, Switzerland or Liechtenstein during your contract period, the contract will no longer be valid. Fees that have already been paid will not be reimbursed.

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 SE and the R+V Allg. Versicherung AG.

German law shall apply; for customers residing in Switzerland/ Liechtenstein, local insurance 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 contract is valid for 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](http://www.aqua-med.eu)) or request from us at any time, form the basis of this contract.

### 1. Payment method

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

- via Invoice: payment until 14 days after the first invoice is tendered
- 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.