

**INTERNATIONAL HEALTH INSURANCE EXPAT ACADEMIC
GENERAL AND SPECIAL TERMS AND CONDITIONS OF WÜRZBURGER VERSICHERUNGS-AG
(AVBB PART II)**

EXPAT ACADEMIC

1.	INSURER:	Würzburger Versicherungs-AG, Bahnhofstr. 11, D-97070 Würzburg.		
2.	POLICY HOLDER:	Natural persons.		
3.	INDIVIDUALS INSURABLE:	Persons until completion of 35 years of age who stay abroad for educational / vocational training purposes.		
4.	CONTRACTUAL BASIS:	General and special terms and conditions for the BDAE EXPAT ACADEMIC (AVBB EXPAT ACADEMIC), the product EXPAT ACADEMIC, the product specifications and the important information on the contract of insurance.		
5.	AREA OF APPLICATION:			
5.1	HOME COUNTRY IS GERMANY:	For the period of residence outside of Germany.		
5.2	HOME COUNTRY IS OUTSIDE OF GERMANY:	For the period of residence in Germany, the EU including Switzerland, Liechtenstein, Norway and Iceland.		
5.3	COVERAGE IN THE HOME COUNTRY WITHIN ONE INSURANCE YEAR:	Insured at EXPAT ACADEMIC PREMIUM only; not at EXPAT ACADEMIC BASIS or EXPAT ACADEMIC STANDARD. Please note the AVBB EXPAT ACADEMIC, general part, clause 2. Please note that the insurance contract must be concluded for a minimum term of 12 months in this regard. If cover of the EXPAT ACADEMIC PREMIUM excludes USA / Canada, home leaves in the USA and / or Canada of up to 42 days maximum within an insurance year are covered without additional charges. Please note number 15 of the EXPAT ACADEMIC in this context.		
		EXPAT ACADEMIC BASIS	EXPAT ACADEMIC STANDARD	EXPAT ACADEMIC PREMIUM
		Not covered.	Not covered.	Up to 6 weeks in case of travel interruption.
6.	START OF COVERAGE:	At the time specified in the insurance policy, subject to the AVBB EXPAT ACADEMIC general part clause 3.1 and 3.2. The contract of insurance must be concluded prior to the departure or latest 10 days after entry into the country of destination. After the expiration of this term a conclusion of an insurance contract is not possible.		
7.	INSURANCE YEAR:	The first insurance year begins at the time specified in the insurance policy and ends after 12 months. All subsequent insurance years start and end on this date.		
8.	DURATION OF INSURANCE AGREEMENT:	Up to 36 months.		
9.	TERMINATION OF INSURANCE AGREEMENT:	The policy holder or the insured person can terminate the insurance contract daily towards the end of the current insurance month. The contract also terminates when the insured person does not depart or in case of an early return from a stay abroad. The failure to depart for the trip or the termination of the stay abroad must be proved within a period of two months upon request. Please note the AVBB EXPAT ACADEMIC, general part, clause 4.3.		
10.	PREMIUM PAYMENTS:	The premium is a monthly premium and is due and payable in advance.		
11.	DATA ON INSURED PERSON'S STATE OF HEALTH:	None; Please observe the exclusion of benefits in the AVBB EXPAT ACADEMIC.		
12.	MEDICAL BENEFITS:	EXPAT ACADEMIC BASIS	EXPAT ACADEMIC STANDARD	EXPAT ACADEMIC PREMIUM
12.1	OUTPATIENT THERAPY:	100%. The following applies for treatments in Germany in the context of the GOÄ / GOZ: - Medical services up to the 2,3x rate, - Laboratory services (No. 437 and section M) up to the 1,15x rate, - Technical services (sections A, E and O) up to the 1,8x rate.	100%. The following applies for treatments in Germany in the context of the GOÄ / GOZ: - Medical services up to the 2,3x rate, - Laboratory services (No. 437 and section M) up to the 1,15x rate, - Technical services (sections A, E and O) up to the 1,8x rate.	100%. The following applies for treatments in Germany in the context of the GOÄ / GOZ: - Medical services up to the 2,3x rate, - Laboratory services (No. 437 and section M) up to the 1,15x rate, - Technical services (sections A, E and O) up to the 1,8x rate.
12.2	INPATIENT TREATMENT:	Unlimited. For treatments in Germany: Standard service only (shared room, no private medical treatment).	Unlimited. For treatments in Germany: Standard service only (shared room, no private medical treatment).	Unlimited. For treatments in Germany: Standard service only (shared room, no private medical treatment).
12.3	REMEDIES:	Remedies prescribed by a doctor up to maximal 250 Euro per insurance year.	Remedies prescribed by a doctor up to maximal 500 Euro per insurance year.	Remedies prescribed by a doctor up to maximal 750 Euro per insurance year.

State: 24.10.2019

12.4	PHARMACEUTICALS AND BANDAGES:	Unlimited.	Unlimited.	Unlimited.
12.5	ANALGETIC DENTAL TREATMENTS, DENTAL STANDARD FILLINGS:	Up to maximal 250 Euro per insurance year.	Up to maximal 500 Euro per insurance year.	Up to maximal 900 Euro per insurance year.
12.6	ARTIFICIAL DENTITION AND REPAIR OF THE FUNCTION OF ARTIFICIAL DENTITION:	50% of the amount invoiced, up to maximal 500 Euro per insurance year.	50% of the amount invoiced, up to maximal 500 Euro per insurance year.	50% of the amount invoiced, up to maximal 1,000 Euro per insurance year.
12.7	INSURANCE BENEFITS FOR PREGNANCY AND DELIVERY:	Treatment upon expiry of a waiting period of 8 months if the pregnancy (procreation) has occurred after the insurance effective date.	Treatment upon expiry of a waiting period of 8 months if the pregnancy (procreation) has occurred after the insurance effective date.	Treatment upon expiry of a waiting period of 8 months if the pregnancy (procreation) has occurred after the insurance effective date.
12.8	MEDICAL AIDS REQUIRED DUE AN ACCIDENT:	Up to maximal 250 Euro per insurance year.	Up to maximal 500 Euro per insurance year.	Up to maximal 750 Euro per insurance year.
12.9	REHABILITATION MEASURE:	Unlimited.	Unlimited.	Unlimited.
13.	OTHER BENEFITS:			
13.1	MEDICALLY NECESSITATED COSTS FOR MOVING OF A SICK PERSON FOR INPATIENT TREATMENT:	Unlimited.	Unlimited.	Unlimited.
13.2	COSTS FOR MEDICALLY NECESSITATED RETURN TRANSPORT:	Up to maximal 30,000 Euro.	Up to maximal 30,000 Euro.	Up to maximal 30,000 Euro.
13.3	TRANSPORTATION COSTS IN CASE OF DEATH:	Up to maximal 7,500 Euro.	Up to maximal 7,500 Euro.	Up to maximal 10,000 Euro.
13.4	LOCAL FUNERAL EXPENSES:	Up to the amount of the transport costs in case of death.	Up to the amount of the transport costs in case of death.	Up to the amount of the transport costs in case of death.
14.	WAITING PERIOD:	8 months for treatment because of pregnancy and delivery.	8 months for treatment because of pregnancy and delivery.	8 months for treatment because of pregnancy and delivery.
15.	MONTHLY PREMIUM:			
	WORLDWIDE EXCLUDING USA / CANADA:			
	MONTH 1-12:	25 Euro each	31 Euro each	48 Euro each
	MONTH 13-36:	45 Euro each	53 Euro each	63 Euro each
		Notwithstanding, after paying the above-specified premiums, coverage also applies to holiday or business journeys to the USA or Canada for the first 42 days of a stay in these countries, at the most for 42 days in each insurance year. Necessary treatments continuing over the 42nd day are not covered. The coverage is however limited to acutely necessary treatment. There is no coverage for illnesses, which were already to be treated before entering the USA / Canada. The insurer must be notified of the visit before entering USA / Canada. Beginning and end of the visit must be accounted for on request. Please also see number 5 in the tariff EXPAT ACADEMIC in this regard.		
	USA / CANADA:			
	MONTH 1-12:	38 Euro each	45 Euro each	65 Euro each
	MONTH 13-36:	67 Euro each	75 Euro each	85 Euro each
15.a	DEDUCTIBLE:	No deductible.	No deductible.	No deductible.
16.	OTHER MATTERS:	No pension reserve fund will be established. You are recommended to take out a deferred insurance policy scheme.		

State: 24.10.2019



INTERNATIONAL HEALTH INSURANCE EXPAT ACADEMIC GENERAL AND SPECIAL TERMS AND CONDITIONS OF INSURANCE OF THE WÜRZBURGER VERSICHERUNGS-AG (AVBB PART I)

GENERAL PART – APPLICABLE FOR ALL INSURANCES

1. WHICH PERSONS ARE ELIGIBLE TO THE INSURANCE?

- 1.1 The person named in the insurance policy staying abroad for educational / vocational training purposes.
- 1.2 All persons until completion of the 35th year of life.

2. FOR WHICH STAYS AND TRIPS DOES THE INSURANCE APPLY (AREA OF APPLICATION)?

- 2.1 During the agreed contract period coverage applies for the insured person:
 - 2.1.1 Home country is Germany:
 - during the duration of stay outside of Germany,
 - and, if agreed, in Germany temporarily, if the contract of insurance has been concluded for a term of at least 12 months.
 - 2.1.2 Home country is outside of Germany:
 - during the stay in Germany, the EU including Switzerland, Liechtenstein, Norway and Iceland,
 - and, if agreed, also during temporary stays in the home country if the insurance contract has been concluded for a term of at least 12 months.
- 2.2 The country in which the insured person has been permanently residing for at least two years has to be considered as home country.
- 2.3 If an insured person travels to the USA and / or Canada during the insurance term, the insurance premium for the coverage in the USA and / or Canada is payable per month of the stay in the USA and / or Canada or part thereof. All vacation trips or home leaves in the USA and / or Canada up to a maximum duration of 42 days within an insurance year are excluded from this regulation.

3. WHEN DOES COVERAGE BEGIN AND END?

- 3.1 Coverage becomes effective at the time specified in the insurance policy (insurance effective date) but in no case before the receipt of the application, the time of crossing the border, the expiry of eventual waiting periods and the payment of the first premium. Waiting periods are calculated from the insurance effective date.
- 3.2 The coverage does not apply to insured events that occurred and / or existed prior to the insurance effective date.
- 3.3 The coverage for the health insurance expires – also for pending insured events in the health insurance – on the date of after the stay abroad but in any case on the agreed date by the latest.
- 3.4 The coverage can be extended upon request and prior to the expiry of the initial contract term to a period of up to 36 months (maximum insurance term).

4. WHICH DURATION DOES THE CONTRACT PERIOD HAVE AND WHEN DO YOU HAVE TO PAY THE INSURANCE PREMIUM?

- 4.1 The contract of insurance can be agreed for full months only, at most for 36 months.
- 4.2 The first insurance year starts on the date indicated in the insurance policy and ends after 12 months. All subsequent insurance years start and end on this date.
- 4.3 The policy holder or the insured person can terminate the contract of insurance any time at the end of the current insurance month. The contract of insurance also expires if the insured person does not travel abroad or in case of an early return of the insured person from his / her stay abroad. The failure to travel abroad or the end of the stay must be evidenced within a period of two months upon request.

4.4 The policy holder has to pay the first premium immediately upon receipt of the insurance policy but however in no case prior to the insurance effective date indicated in the insurance policy. If the policy holder culpably fails to pay the first or one-time premium punctual, we are entitled to withdraw from the contract until the payment of the due amount. In this case, the insurance becomes effective upon receipt of the delayed payment.

4.5 The renewal premiums must be paid monthly in advance. If a SEPA direct debit mandate has been granted, the premium is debited from the policy holder's bank account. In any other case, the premium has to be paid by bank transfer. If the renewal premium cannot be debited from the bank account on this date or remains unpaid, the insurer can grant the policy holder a payment term of at least two weeks in writing and at the policy holder's cost. This provision only becomes operative if the insurer numbers the individual premium in default, as well as interest and cost amounts and the legal consequences related to the expiry of this period. The amounts must be indicated separately for summarised contracts. If the insured event occurs subsequently to the expiry of the grace period and the policy holder is still in default with his / her payment of the premium, interest or costs, the insurer is not obligated to fulfil the contract. The insurer is also entitled to terminate the agreement without notice upon expiry of the grace period if the policy holder still fails to pay the amounts then due. The termination can be related to the determination of the payment term, therefore becoming effective upon expiry of the period, if the policy holder is still in default on this date. The policy holder must be informed explicitly about this option upon termination. The termination only becomes operative if the policy holder pays the outstanding amounts within one month from the effective date of the termination or – if such termination is subject to the determination of a grace period – within one month from the expiry date of this grace period.

5. WHICH CIRCUMSTANCES LEAD TO THE LOSS OF COVERAGE?

- 5.1 Damages resulting from the following events are not insured:
 - 5.1.1 strike, civil disturbance, acts of war, nuclear energy and governmental interventions;
 - 5.1.2 events that are wilfully caused by the insured person;
 - 5.1.3 events due to the participation in an expedition. Exclusive of a participation in touristic expeditions is insured.

6. WHAT MUST BE CONSIDERED IN CASE OF AN INSURED EVENT (OBLIGATIONS)?

- 6.1 The insured person must:
 - 6.1.1 limit the damage as far as possible and avoid unnecessary costs;
 - 6.1.2 notify the damage to the insurer;
 - 6.1.3 due to the agreement made with the insurer, provide any information subsequently to the occurrence of an insured event that is required to determine the insured event or the performance obligation (information obligation). The insured person must also enable the insurer to perform a proper evaluation of the performance obligation by providing any information suited to support the clarification of the facts of the case (information obligation). The insurer can furthermore request the submission of the original invoice documents, the exemption of doctors from the professional secrecy obligation and the authorisation for the insurer to reasonably verify the cause and amount of the asserted claim. If a third party is entitled to the contractual performance instead of the insured person, such party is equally subject to the above mentioned information, clarification and document submission obligation.
- 6.2 The insured person has to pass in all documents latest until the end of the third month from the date of termination of the insurance.

- 6.3 If the insured person refuses to provide the requested information or willfully provides incorrect information or if the insured person wilfully refuses to provide the requested documents to the insurer or breaches other contractual obligations, the insured person's claim for a contractual performance by the insurer expires. If the insured person breaches such obligations due to gross negligence, the insured person's claim will not expire fully but rather the insurer will be entitled to reduce his performance obligation pro rata to the accountability of the insured person. The insurer's performance obligation is not reduced if the insured person can demonstrate that he / she has not breached his / her obligation through gross negligence. Irrespective of any breach of the insured person's obligation to clarification, procurement of documents or other contractual obligations, the insurer remains insofar obligated to perform the contract as the insured person can provide evidence that the wilful or gross-negligent breach of his / her obligations is not relevant for the determination of the insured event or the determination of the extent and performance obligation. The complete or partial exemption of the insurer from his performance obligations is subject to the insurer having informed the insured person about this legal consequence separately in writing. If the insured person fraudulently fails to meet his / her obligation to information, clarification or the procurement of documents, the insurer is generally exempted from his performance obligation.

7. WHAT APPLIES, IF THE INSURED PERSON CLAIMS FOR DAMAGES VERSUS THIRD PARTIES?

- 7.1 Claims for damages versus third parties pass to the insurer according to legal regulations up to the amount of the performed payments, provided that the insured person is not prejudiced by this transfer.
- 7.2 The insured person is obligated to assign claims for damages to the insurer to this extent.
- 7.3 Contractual obligations from other contracts of insurance – with the exception of property insurances – shall have priority to the insurer's liability obligation. This applies in particular for the legal benefits granted by social insurance agencies. In case of an existing claim towards the legal accident insurance the insurer is only liable for the expenses that remain required in spite of the legal benefits. If the insured person claims against the insurer first by providing the original invoice documents, the insurer effects the prior performance.

8. WHEN DOES AN INSURED PERSON LOSE HIS / HER ENTITLEMENT TO INSURANCE BENEFIT? HOW LONG IS THE LIMITATION PERIOD?

- 8.1 The insurer is exempted from his performance obligation if the insured person tries to mislead the insurer after the occurrence of the insured event with incorrect information about the facts that are relevant for the cause and / or amount of the performance obligation.
- 8.2 Claims resulting from the insurance contract prescribe after three years. The calculation of the limitation period is based on the general provisions of the German Civil Code. If a claim resulting from the insurance contract has been filed with the insurer, the limitation period is suspended between the filing date and the date of the notification of the insurer's decision to the insured person in writing.

9. WHICH REGULATIONS APPLY FOR NOTIFICATIONS CONCERNING THE INSURANCE RELATIONSHIP?

All notifications and declarations directed towards the insurer are only valid if made in writing and must be sent to the insurer's headquarter or the relevant branch office indicated in the insurance policy or any amendment thereto.

10. WHICH IS THE COMPETENT COURT? WHICH LAW APPLIES?

The legal venue for any legal actions against the insurer resulting from the insurance contract is the competent court of the registered office of the insurer or the competent courts at the address of the company's relevant branch office. In addition, legal actions can be filed with the competent court at the place of residence of the insured person or – in default of such place of residence – the habitual residence on the date on which the claim is filed.

Legal actions against the insured person resulting from the insurance contract must be filed with the competent court at the place of residence or – in default of such place of residence – the habitual residence of the insured person. The German law applies subject to conflicting international law. Please note that only the german version is legally binding.

HEALTH INSURANCE CONDITIONS

1. WHAT IS INSURED?

- 1.1 The following costs are insured:
- 1.1.1 Curative treatment
- 1.1.2 Moving of a sick persons
- 1.1.3 Transport in case of death
- in case of acute illness during the stay. In case of pregnancy and delivery

only if the pregnancy (gravidity) has occurred subsequently to the insurance effective date and after a waiting period of eight months.

2. WHICH COSTS ARE REIMBURSED IN CASE OF A CURATIVE TREATMENT IN THE AREA OF APPLICATION?

- 2.1 Patient treatments in Germany are reimbursable up to 2.3 times the rate of GOÄ, for technical services (sections A, E and O) up to the 1.8 times the rate of GOÄ, for laboratory services number 437 and section M up to the 1.15 times the rate of GOÄ. These restrictions do not apply for treatments outside of Germany.
- 2.2 This includes the costs of:
- 2.2.1 Outpatient therapies by a doctor;
- 2.2.2 Pharmaceutical products and bandages prescribed to the insured person by a doctor;
- 2.2.3 Medical care and treatment in case of a pregnancy occurring subsequently to the insurance effective date and after the waiting period;
- 2.2.4 Inpatient treatment, including surgeries not be delayed, in the general healthcare category in case of treatments in Germany (shared room) and without coverage options (private treatment by doctor);
- 2.2.5 Medically necessitated movings of a sick person for inpatient treatment to the nearest hospital in the area of application, including return transports up to the agreed tariff limit;
- 2.2.6 Required medical aids due to an accident up to the agreed tariff limit;
- 2.2.7 Analgetic dental treatments, dental fillings in simple form up to the agreed tariff limit;
- 2.2.8 Artificial dentition as far as contractually agreed;
- 2.2.9 Medically necessitated and prescribed rehabilitation measures as follow-up treatments;
- 2.2.10 medicines prescribed by a doctor as far as contractually agreed.
- 2.3 The insurer reimburses the medical costs for the respectively agreed period in excess of the contractually agreed insurance term up to the date of transportability, provided that a return transport of the insured person within the agreed insurance term is not possible due to the transport incapacity of the insured person.

3. WHICH COSTS ARE REIMBURSED BY THE INSURER IN CASE OF REPATRIATION AND TRANSPORT IN CASE OF DEATH?

The insurer reimburses the following costs up to the limit of the contractually agreed maximum amounts:

- 3.1 The costs of the medically required repatriation of the insured person in coordination with the relevant doctors on site to nearest suitable hospital at the insured person's main place of residence.
- 3.2 The direct costs of the transfer to the funeral in case of the death of the insured person or alternatively the on-site funeral costs up to the limit of the transport costs in case of death.

4. WHICH LIMITATIONS APPLY TO COVERAGE?

No coverage exists for:

- 4.1 Curative treatments and medically prescribed measures that caused the stay;
- 4.2 Diseases including their consequences that have already been diagnosed or where known to the insured person within 12 months prior to the insurance effective date. This also applies to pregnancies which result from a fertilisation occurred prior to the insurance effective date. Medical treatments and other measures prescribed by a doctor, whose necessity was known to the insured person prior to begin of the trip or on the date of the subscription of the insurance or which the insured person could have reasonably expected according to the known circumstances;
- 4.3 Dental treatments exceeding analgetic treatments and / or the agreed limit per insurance year as well as orthodontic measures;
- 4.4 Massage and wellness treatments as well as the procurement of prostheses and medical aids unless a respective coverage has been expressly agreed;
- 4.5 Treatment of alcoholic, drug and other addictive diseases and their consequences including repatriation;
- 4.6 Abortions unless medically indicated and their consequences including patient return transports;

- 4.7 Treatments resulting from infirmity, nursing dependency or custody or patient accommodation including patient return transports;
- 4.8 Treatment of mental and affective disorders as well as hypnosis and psychotherapy including the medication used to this extent and patient return transports;
- 4.9 Treatments at health resorts or in nursing homes;
- 4.10 Examination and treatment methods that are generally scientifically accepted neither in the respective country of residence nor in the Federal Republic of Germany.

5. WHICH OBLIGATIONS HAVE TO BE FULFILLED BY THE INSURED PERSON IN A LIABILITY CASE?

The insured person is obligated to:

- 5.1 immediately contact the insurer in case of a inpatient treatment and prior to comprehensive diagnostic and therapeutical measures as well as prior to accepting payment obligations;
- 5.2 agree to his / her return transport or return to his / her home country if transportability exists and if the insurer has agreed to the return transport depending on the type of disease and treatment requirements;
- 5.3 pass in all evidence documents requested by the insurer, i.e. all documents must include the name of the treating doctor, the first name(s) and the surname and date of birth of the treated person and the description of the disease, including all treatment information. All prescription must clearly indicate the prescribed medication, the price and the receipt annotation. In case of dental treatments, the documents must indicate the designation of the treated teeth and a description of the respective performed treatments.

6. WHICH ADDITIONAL REGULATIONS APPLY FOR THE COVERAGE OF THE HEALTH INSURANCE DURING A STAY ABROAD?

The costs incurred in foreign currency are converted into euro based on the applicable daily exchange rate on the date of receipt of the documents by the insurer. The daily exchange rate for non-traded currencies is the exchange rate according to the "World Currencies" publications of the Deutsche Bundesbank, Frankfurt (Germany) according to the most recent status, unless the insured person submits a bank document to prove that he / she has acquired the currencies required to pay the invoices at a less advantageous exchange rate due to changes of the monetary parities.

INTERNATIONAL HEALTH INSURANCE EXPAT ACADEMIC PRODUCT SPECIFICATIONS OF WÜRZBURGER VERSICHERUNGS-AG

The following information serves to give a general view of the insurance offered to you. This information however is not exhaustive. The complete contract content is based on the application, the insurance policy and the General Terms and Conditions of Insurance. Please read the contract provisions carefully.

1. WHICH TYPE OF INSURANCE DO WE OFFER TO YOU?

We offer you a health insurance for persons until completion of the 35th year of life who stay abroad for educational / vocational training purposes. This insurance is based on the general and special insurance conditions for the EXPAT ACADEMIC (AVBB EXPAT ACADEMIC) product as well as any other conditions and conventions mentioned in the application that are applicable to the selected product.

2. WHICH RISKS ARE INSURED AND WHICH ARE EXCLUDED?

The EXPAT ACADEMIC health insurance covers the expenses as well as other agreed services for the medical necessary treatment, moving of a sick person and the transport in case of death for an acute illness or accident consequences while staying abroad.

For more details, please see clause 1 - 3 "Health Insurance Conditions" of the AVBB EXPAT ACADEMIC.

a) Which persons come under coverage?

Coverage is granted for the insured persons indicated on the insurance policy staying abroad for educational / vocational training purposes.

For more details, please see clause 1 of the general part of the AVBB EXPAT ACADEMIC.

b) Where does coverage apply?

The coverage extends to foreign countries, i.e. the territory outside of Germany for all insured persons having their principal place of residence in Germany. Coverage applies in Germany and the EU member states, including Liechtenstein, Norway, Switzerland and Iceland for insured persons having their principal place of residence outside of Germany; with the exception of such person's home country and / or the country in which the insured person has its permanent or habitual place of residence.

For more details, please see clause 2 of the general part of the AVBB EXPAT ACADEMIC.

3. WHICH PREMIUM LEVEL DOES YOUR CONTRACT OF INSURANCE HAVE, WHEN DO YOU HAVE TO PAY AND WHICH CONSEQUENCES DOES A NON-PAYMENT OR A LATE PAYMENT HAVE?

The insurance premium amount depends on the selected tariff and the insurance term. The rates are specified in the following table:

health insurance without coverage in USA and Canada tariff EXPAT ACADEMIC					
BASIS		STANDARD		PREMIUM	
1. - 12. month	13. - 36. month	1. - 12. month	13. - 36. month	1. - 12. month	13. - 36. month
25,00 EUR	45,00 EUR	31,00 EUR	53,00 EUR	48,00 EUR	63,00 EUR

health insurance with coverage in USA and Canada tariff EXPAT ACADEMIC					
BASIS		STANDARD		PREMIUM	
1. - 12. month	13. - 36. month	1. - 12. month	13. - 36. month	1. - 12. month	13. - 36. month
38,00 EUR	67,00 EUR	45,00 EUR	75,00 EUR	65,00 EUR	85,00 EUR

The contract of insurance can be concluded up to a term of 36 months. Please pay the first or one-time premium immediately upon receipt of the insurance policy. If you grant a SEPA direct debit mandate, please make sure to have a sufficient balance on your bank account.

If you fail to pay the first or one-time premium punctual culpably, we are entitled to withdraw from the contract until you have paid the outstanding amount. In this case, coverage applies from the date of the receipt of the late payment by us only. The subsequent premiums must be paid monthly in advance. If a SEPA direct debit mandate has been provided, the premium is debited from the policy holder's bank account. Otherwise, the premium must be remitted.

If the subsequent premium cannot be debited from the bank account on the due date or remains unpaid, the insurer is entitled to grant a payment period of at least two weeks at the policy holder's cost. This provision only applies if the insurer has indicated the outstanding premium amounts, costs and interests in detail and informed the policy holder about the legal consequences of the expiry of the grace period.

Your coverage terminates upon the expiry of the payment term. We are furthermore entitled to terminate the contract.

For detailed information, please see your application form, the AVBB EXPAT ACADEMIC - part II as well as clause 4 of the general part in the AVBB EXPAT ACADEMIC.

4. WHICH BENEFITS ARE EXCLUDED?

We cannot insure all potential events as this would require us to demand a significantly higher premium. We therefore have excluded some events from the coverage.

The health insurance in particular does not cover medical treatments that were clearly foreseeable to be required upon the departure for the trip and diseases or accident consequences for which the trip abroad is made as well as wilful acts, suicide or addictive disorders. Preventive medical checkups are not covered as well.

For more information, please see clause 5 of the general part and clause 4 of the "Health Insurance Conditions" in the AVBB EXPAT ACADEMIC.

5. WHAT ARE YOUR OBLIGATIONS IN CASE OF A CONTRACT CONCLUSION AND WHAT ARE THE POTENTIAL CONSEQUENCES OF BREACHING THESE OBLIGATIONS?

You are obligated to answer the questions in the application form accurately and completely. This applies in particular for the affiliation to the insured group of persons according to your activity and age. If you fail to meet this obligation, we are entitled to an early termination of the contract and your coverage will expire. We are furthermore entitled to adapt the insurance premiums.

For more details please see the clauses 1 and 2 of the general part in the AVBB EXPAT ACADEMIC.

6. WHAT ARE YOUR OBLIGATIONS DURING THE CONTRACT TERM AND WHAT ARE THE POTENTIAL CONSEQUENCES OF BREACHING THESE OBLIGATIONS?

Please read clause 3 of this product specifications for more detailed information on this topic.

7. WHAT ARE YOUR OBLIGATIONS IN CASE OF A CONTRACT INSURED EVENT AND WHAT ARE THE POTENTIAL CONSEQUENCES OF BREACHING THESE OBLIGATIONS?

You are obligated to avoid anything that could lead to an unnecessary cost increase. You are obligated to inform us about the occurrence of a damage event and to submit all evidence documents within three months from the expiry date of the insurance.

In case of an inpatient treatment in a hospital and prior to performing extensive diagnostic and therapeutical measures a possible coverage of the costs must be discussed with us. You are obligated to provide any information required to determine the insured event and the performance extent upon request when applying for insurance benefits, including the submission of invoices and medical reports, e.g. the exemption of your physicians from their professional secrecy obligation or – if requested by us – agree to an examination by a physician selected by us. A failure to meet these obligations can lead to a complete or partial loss of the coverage.

For more details, please see the clauses 6 to 9 (including) of the general part as well as the clauses 5 and 6 of the "Health Insurance Conditions" in the AVBB EXPAT ACADEMIC.

8. WHEN DOES COVERAGE BECOME EFFECTIVE? WHEN DOES COVERAGE EXPIRE?

Coverage becomes effective on the date mentioned in the insurance policy subject to a timely payment of the premium but in no case before the receipt of the application, the crossing of the border and the expiry of an eventual wait time. The requested effective date of your coverage is specified in the application. The contract expires without notice upon the end of the stay abroad, but however on the expiry date mentioned in the insurance policy by the latest.

For more details please see clause 3 in the general part of the AVBB EXPAT ACADEMIC.

9. HOW CAN YOU TERMINATE YOUR CONTRACT?

You can terminate your contract irrespectively of the agreed contract term daily to the end of the current insurance month.

For more details please see clause 4 in the general part of the AVBB EXPAT ACADEMIC.

WÜRZBURGER VERSICHERUNGS-AG

Customer information according to regulation of the disclosure duty for insurance contracts (VVG-infoV)

Information on insurance company

1. Identity, address for service of the insurer and responsible supervisory authority
Insurer is Würzburger Versicherungs-AG, a public limited company of German law.
Würzburger Versicherungs-AG
Bahnhofstraße 11, 97070 Würzburg, Germany
Telefon: +49 931 2795-0
Telefax: +49 931 2795-291
www.wuerzburger.com
Commercial register: headquarters in Würzburg, HR Würzburg B 3500
Chairman of supervisory board: Prof. Dr. Ronald Frohne
Management board: Dr. Klaus Dimmer (chairman), Pavel Berkovitch

Würzburger Versicherungs-AG is subject to supervision by federal institute of financial service supervision, Graurheindorfer Str. 108, 53117 Bonn, Tel. + 49 (0) 228 4108-0, internet: www.bafin.de In case you do not agree with a decision or behaviour on our part and even a complaint to our management board did not redress you can contact via a petition the federal institute of financial service supervision. The opportunity of taking legal actions because of the complaint is unaffected from that.

2. Principal business activity of the insurer

Principal business activity of Würzburger Versicherungs-AG is the business of travel-, legal liability-, accident-, and property insurances for private households.

3. Data on existence of a guarantee fund (or the like)

For your insurance no guarantee fund or the like are existing.

Information on provided service

4. Essential features of contractual provision

Application, insurance policy and possible supplements are the basis of the insurance contract. According to the requested extent of coverage general insurance conditions, special conditions and additional clauses to the appropriate products are valid and maybe also agreements with you and legal provisions. Significant for the scope of the conditions is the selected extent of coverage according to application, insurance policy and possible supplements. Details of contract basis can be inferred from the product information sheet.

5. Essential features of insurance benefit

The insured type of services results from application and insurance policy. The compensation is due if our obligation is diagnosed because of cause and amount. After that payment of compensation is effected within two weeks. Details of insured services can be inferred from the product information sheet.

6. Total price of insurances (premium)

The payable total price results from the scope of the chosen insurance coverage and can be inferred from the application. It also contains insurance tax and maybe fees for instalment payment. Details of price and its components can be inferred from the product information sheet.

7. Additional incurred costs

Except of possible dunning charges and costs in case of dishonour of direct debits within a direct debiting service despite granted debit order no other fees or costs are arising. If you phone us, send a fax or an e-mail prices of your telecoms or mobile communications provider will be valid.

8. Payment and fulfilment

The first or only premium is due immediately after conclusion of the insurance contract (regardless from existing of the right to cancel) but not before the commencement of insurance mentioned in the insurance policy. All other premiums (subsequent premiums) have to be paid to the agreed due date. Insurance coverage starts with payment of the owed premium (first premium) however not before the agreed time of the commencement of insurance. If the first premium is not paid on time but later commencement of insurance starts then. This is not valid if you prove that you are not responsible for non-payment or delayed payment.

9. Period of validity for offers

The offer- and application documents provided are based on premiums, insurance benefits, insurance conditions and customer information which are valid at the time of delivery.

Information on insurance contract

10. Realization of the contract

The insurance contract is been realized by two corresponding declarations of intention. Your declaration of intention is the application or in case of a contract of distance selling act (via telephone, via internet) your declaration of intention in this connection, our declaration of intention is the insurance policy. You are bound to your contract for 14 days (application acceptance period). The contract is becoming legal with arriving of the insurance policy at you.

Cancellation policy according to § 8 Abs. 2 Nr. 2 VVG

11. Right to cancel

Your contractual statement can be revoked without giving any reasons by means of a clear declaration in writing (e.g. letter, fax or e-mail) within 14 days. The period of time starts after receiving insurance policy, contractual provisions including general insurance conditions, further information according to § 7 Absatz 1 and 2 of the German law on insurance contracts in combination with §§ 1 to 4 of VVG-disclosure duty contractual rule and this caution in writing. For contracts of electronic business dealings (§ 312 i Absatz 1 Satz 1 of the German civil code) however not before fulfilment of our duties according to § 312 i Absatz 1 Satz 1 of the German civil code in combination with Artikel 246 c of the introductory act to German civil code. For protection of the period of time for revocation the punctual dispatch of the revocation is sufficient.

The revocation has to be addressed to:

WÜRZBURGER VERSICHERUNGS-AG, Bahnhofstraße 11, 97070 Würzburg

In case of a revocation via fax it has to be addressed to the following fax number: 0931.2795-290

In case of a revocation via e-mail it has to be addressed to the following e-mail address: widerruf@wuerzburger.com

Consequences of revocation

In case of an effective revocation your insurance coverage ends and we will reimburse the omitted part of the premium for the time after receiving of revocation provided that you have agreed that insurance coverage had started before ending of the period of time for revocation. In this case the part of the premium for the time until receiving of the revocation is kept at our company. Here it is about an amount of the number of days for which insurance coverage was existing, multiplied by 1/30 of the monthly amount. The reimbursement of repaid amounts occurs immediately but 30 days after receiving of revocation at the latest. In case that insurance coverage begins not before end of the period of time for revocation the effective revocation results in grant back of received services and drawn use (e.g. interest).

Special advices

Your right to cancel expires when the contract is completely performed by both by you and also by us at your explicit request before you have exercised your right to cancel.

End of information on rights of revocation.

12. Contract period

The possible contract period can be inferred from the application. Insurance coverage is extending for another year if it is not terminated in writing by you or us three months before expiration of the insurance contract. Unless it was agreed that the contract would end after expiration on the last day of the contract period.

13. Termination of contract

Under certain circumstances the requested insurance coverage can maybe be terminated by you before ending of the agreed contract period.

Below we are listing this certain circumstances:

Termination after claim

After a liable to pay claim you have the opportunity to terminate the concerning contract within one month after settlement of the negotiations about the compensation. You do not have the opportunity to terminate later than to the end of the current contract period.

Termination after loss of risk

If the insured risk is disappearing after begin of insurance your insurance coverage will expire, but however at the earliest at the moment we have knowledge of the loss of risk.

Please note that for above mentioned issues a possible termination has to be effected in writing to: Würzburger Versicherungs-AG, Bahnhofstraße 11, 97070 Würzburg, telefax: 0931.2795-291; e-mail: info@wuerzburger.com

Termination effected by us

Under certain circumstances we can also terminate the insurance contract. We can terminate the contract at violation of pre-contractual duties to notify, after risk increase because of change or remission of legal regulations, at paying of subsequent payment not in time, at violation of a responsibility, after occurrence of an insurance case or at increase of risk.

14. Applicable law

The concerning contract is subject to German law in all of its parts even with regard to all questions concerning realization and effectiveness, unless this is contrary to international law.

15. Language

For terms of contract, pre-information and the communication during the contract period the German language is valid.

16. Complaint and legal redress procedures

Würzburger Versicherungs-AG is a member of the Versicherungsombudsmann e.V. and of Verbandes der Privaten Krankenversicherung e.V. Therefore you have the opportunity to make use of the free and out of court arbitration proceedings if you are not satisfied with our decision. The opportunity of taking legal actions is unaffected from that.

Addresses:

Versicherungsombudsmann e.V. Postfach 080632, 10006 Berlin, e-Mail: info@versicherungsombudsmann.de, web: www.versicherungsombudsmann.de

Ombudsmann Private Kranken- und Pflegeversicherung, Postfach 06 02 22, 10052 Berlin, web: www.pkv-ombudsmann.de

Online settlement of a dispute

A platform via which you have the opportunity of out-of-court online settlement of a dispute was set up by the EU Commission. You will reach the platform via the following link: <http://ec.europa.eu/consumers/odr/>

**BDAE***Mit Sicherheit ins Ausland!***INTERNATIONAL HEALTH INSURANCE FOR EDUCATIONAL / VOCATIONAL TRAINING PURPOSES**

EXPAT ACADEMIC APPLICATION

APPLICANT / POLICY HOLDER: Mrs.* Mr.*

Surname: _____ First name(s): _____ BDAE membership-no., if existing: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

PAYMENT DETAILS:Annual payment by bank transfer:*** *SEPA direct debit: * (Only german bank accounts)
(Please fill in the enclosed SEPA direct debit mandate and send it back to us together with the application.)**INFORMATION ON ADDITIONAL HEALTH INSURANCE:**Do you have additional health insurance? * No Yes, with: _____ Insurance-No.: _____**THE FOLLOWING PERSON IS TO BE INCLUDED IN THE INSURANCE:**

Surname, First name(s)	Nationality	Sex*		Date of Birth
		m	f	

PRODUCT DETAILS:

EXPAT ACADEMIC*			Planned country of residence	Kind of education in country of residence	Including USA / Canada		Monthly premium total (EUR)**	Start of insurance including (Day / Month / Year)	End of insurance including (Day / Month / Year)
BASIS	STANDARD	PREMIUM			no	yes			

(*please tick); (**As from the 13th month, the monthly premium will increase according to the then applicable EXPAT ACADEMIC); (***)transfer into the account of the Würzburger Versicherungs-AG: Deutsche Bank AG Würzburg, Acc.-No.: 378 000 00, Sort Code: 790 700 16, BIC: DEUTDEMM790, IBAN: DE 03 790 700 16 00 37 80 00 00)

I hereby apply for coverage as outlined by the general and special terms and conditions of the EXPAT ACADEMIC, the tariff EXPAT ACADEMIC, the product specifications and the important information on the contract of insurance for the persons listed above by registering them with the insurer as insured persons. I can withdraw my declaration of agreement within two weeks from the date of receipt of the insurance policy.

In case of deliberate incorrect information, the insurer is entitled to withdraw from the contract according to §19 of the German Insurance Contract Act.

Place, date: _____ Signatures: _____

(applicant or legal guardian of persons who are to be included in the insurance and all adults to be insured and possibly different account holder / card owner)

Insurer: Würzburger Versicherungs-AG, Bahnhofstr. 11, D-97070 Würzburg, Phone +49-931-2795-0, Fax +49-931-2795-291, info@wuerzburger.com, www.wuerzburger.com

State: 24.10.2019

Please send back the document filled and signed via post mail, fax or by electronic means.

SEPA direct debit mandate

Würzburger Versicherungs-AG
Bahnhofstraße 11
97070 Würzburg

fax no.: 0931/2795-291
e-mail: vt@wuerzburger.com

Würzburger Versicherungs-AG, Bahnhofstraße 11, 97070 Würzburg
creditor identifier: DE30ZZZ00000030954
Mandate reference will be notified separately.

We use this SEPA direct debit mandate for contractual agreement with

first name and name / policy number/s if known

I authorize Würzburger Versicherungs-AG to collect payments from my bank account via direct debit. At the same time I instruct my bank to honour debits carried out from Würzburger Versicherungs-AG on my account.

Comment: I can ask for reimbursement of the amount charged within eight weeks starting from debit date. Terms and conditions agreed with my bank are valid here.

SEPA basis direct debit is announced to me at the latest one calendar day in advance by giving the due dates.

account holder:

first name and name

street address

postcode

place

e-mail

banking details:

bank (name)

BIC

IBAN

D E

check digit

bank sorting code

account number (right justified and if necessary fill up with zeros)

place, date

signature of the account holder