

CareMed Insurance Services 2012/2013

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This Policy is effective for policy holders with a departure date of March 1, 2012 - February 28th, 2013

Product Information Sheet

Each of the following options for insurance coverage is only valid if it is explicitly concluded by you, i.e. if it is included in the selected insurance coverage (see insurance confirmation).

What type of insurance is this?

Your insurance is a travel insurance that is valid for a limited period. The scope of the insurance and the individual benefits associated with your policy are determined by the tariff you select.

What is the scope of your insurance coverage?

Travel Health Insurance

The travel health insurance covers essential medical treatment for illnesses suffered during a stay abroad. We refund the costs of illnesses and accidents suffered within the period covered by the insurance. These include treatment by a doctor, treatment in hospital and medicaments. For a full description of the coverage provided, please refer to section § 5 of the terms and conditions of insurance.

Travel Accident Insurance

If you take out a travel accident insurance, we will pay a one-time sum (invalidity benefit) if you suffer permanent disability as the result of an accident (e.g. restricted mobility, paralyses or amputation). The level of invalidity benefit depends on the agreed insurance sum and on the degree of impairment. For a full description of the coverage provided, please refer to the section "Travel Accidents Insurance" of the terms and conditions of insurance.

Travel Third Party Liability Insurance

If your insurance policy includes travel third party liability insurance, you are covered during your journey against the dangers of everyday life for which you are responsible and must therefore remunerate other for. In such cases we not only regulate the damages, but also check whether, and to what extent, a compensation liability exists. Unjustified claims for compensation are rejected by us on your behalf and, to this extent, we also provide legal protection in cases of unjustified liability claims. For a full description of the coverage provided, see section "Travel Third Party Liability Insurance" of the terms and conditions of insurance.

What do you have to consider when paying the premiums?

The premiums depend on the insurance coverage chosen. Insurance coverage commences with the payment of the premium at the earliest. For due dates and other details, please refer to section § 3 of the terms and conditions of Insurance.

What is not insured?

Some events are excluded from insurance coverage. No insurance coverage is offered if the policyholder or the insured person has wilfully instigated the event covered by the insurance.

- Travel Health Insurance:

For illnesses and accidents due to wilful intent and treatment resulting from attempted suicide.

- Travel Third Party Liability Insurance:

For damage to lent, leased or rented items.

- Travel Accident Insurance:

For accidents in which drunkenness or drug consumption played a role. Illnesses and wear, e.g. backache due to constant sitting, stroke or heart attack, are not instance of accidents.

Further exclusions can be found under "General exclusions" and exclusions in the respective chapters in the terms and conditions of insurance.

What obligations arise at the time of conclusion of contract?

At the time of conclusion of contract you must have disclosed all information fully and truly. If you fail to do so, your insurance coverage is endangered.

What obligations do you have to fulfil if an event covered by the insurance occurs?

Make sure that the damage incurred remains as small as possible. Avoid everything that might lead to an unnecessary increase in costs. Notify HanseMerkur immediately about the damage incurred. For further obligations, please refer to "Obligations" in the terms and conditions of insurance.

What are the legal consequences, if you fail to meet your obligations?

Very important: If you violate your obligations, HanseMerkur is entitled to reduce the benefits to an extent which corresponds to the seriousness of the violation. This can even lead to a complete loss of insurance coverage. For more details, see terms and conditions ("Obligations" and "Violation of Obligations").

When does your insurance coverage begin and when does it end?

The insurance coverage begins with the payment of the premium at the earliest, though not before the agreed date of commencement, and it ends on the agreed expiry date.

Overview of benefits

Travel Health Insurance VB KV 2009 (CareMed)	CareMed Traveler
costs of out-patient treatment according to physicians' scale of charges (treatments are refunded in the context of the local rates).	100%
medically prescribed medicines and dressings	100%
pregnancy check-ups and treatment	100%
delivery – after a waiting period of 8 months	100%
medically prescribed adjuvants following an accident	100%
painkilling dental treatment at 100% per year up to	€ 250
restoring function of dentures at 50% per year up to	€ 1.000
cost of in-patient treatment in a shared room	100%
transportation to in-patient treatment	100%
medically required rehabilitation measures	100%
cost of medically required patient's transportation home	100%
repatriation/funeral costs up to	€ 10.000

The contents of the insurance terms and conditions VB-KV 2012 (CareMed) and the insurance confirmation are the decisive factors for the Scope of the insurance coverage. Please also note the limitations of benefits stipulated under § 6 of VB-KV 2012 (CareMed).

Accident and Liability Insurance VB-RS 2009 (CareMed)	
Accident insurance	
Sum insured:	
in the event of death	€ 5.000
in case of invalidity	€ 40.000
for rescue costs	€ 2.500
progression in the event of complete invalidity	350%
Liability insurance	
Lump sum cover:	
for personal injuries and damage to property	€ 2,5 Mio
damage to rented property	€ 25.000
deportation costs (own share 10%, minimum of € 100)	€ 5.000

The contents of the insurance terms and conditions VB-RS 2012 (CareMed) and the insurance confirmation are the decisive factors for the scope of the insurance coverage. Please also note the limitations of benefits stipulated under VB-RS 2012 (CareMed).

Important notes

Who qualifies for insurance

Persons up to their 40th birthday staying abroad for a limited period of time (worldwide destinations except USA & Canada). The country in which the insured person has permanent residence is not considered abroad.

Last date to take out insurance

Application of an insurance policy should be sent **prior** to departure and has to be submitted within 31 days upon date of departure. With trips abroad from the Federal Republic of Germany, the application has to be submitted before the start of the journey. The conclusion of an insurance contract shall not be possible after the expiration of these periods.

Beginning of insurance coverage

Your insurance coverage begins on the date of your departure, however, not before the date on which the insurance company has received your application. Another precondition for the beginning of the insurance coverage is the payment of the premium due.

Stay in your home country

You will receive insurance coverage in your home country for up to 6 weeks a year if the policy was effected for a period of at least 12 months.

The stay is extended

You may apply for additional insurance if the additional policy falls within the maximum insurance period of 2 years. You must apply for additional insurance before the end of the insurance period originally agreed upon and it must be approved by the insurer. Insurance coverage exists for insurance cases, illnesses and their consequences occurring for the first time after applying for additional insurance.

Early departure

In the event of early departure, premiums already paid will be reimbursed for the remaining period (unused complete months). An admin fee of € 12,80 /US\$ 15.00 will be charged. Reimbursements cannot be backdated.

Insurance period

The contracts must be taken out for the entire duration of stay. In case of an extension, occurring insured events might not be covered during the extension period.

Insurance confirmation

You will receive an insurance confirmation from CareMed.

Behaviour in case of a claim

HanseMerkur Reiseversicherung AG offers insurance coverage for persons insured through CareMed. Type and extent of benefits result from the selected tariff.

1. Choice of physician / hospital

The insured has free choice of physicians / hospitals.

2. Reimbursement of costs

Medical costs are reimbursed to the insured on submission of the documents mentioned under 6. If the insured wishes to have the costs reimbursed directly to the provider, it has to be clearly marked on the claim form.

3. Approval by CareMed Assist

The assistance center must approve the following costs for medical treatment:

- hospitalization and operation
- evacuation to the insured's home country in case of severe illness
- burial
- repatriation in case of death

Written approval by the insurer is a prerequisite for receiving services and reimbursement for the above mentioned treatment and emergency situations. Approval must be obtained prior to any treatment under the following telephone numbers:

Phone number of insurer: +49-(0) 40-4119-2300

E-mail of insurer: rlk-kv@hansemerkur.de

**CareMed Assist 24-hour-emergency number:
+49-(0)1805-777331**

4. Insurance confirmation

Present your insurance confirmation to the provider. It serves as a proof of your insurance coverage.

5. Claim form

Fill out a claim form for each individual claim. You can copy the blank form for additional claims. Please find it attached to the terms and conditions.

6. Submission of claims

Within 60 days after medical treatment, send the following documents in ONE envelope:

- claim form duly filled in by the insured
- all original bills and receipts which have occurred with the same claim
- medical reports from the provider, including OP reports, laboratory and X-rays documents etc.

To: **HanseMerkur Reiseversicherung AG, Abtlg. RLK 4
Siegfried-Wedells-Platz 1, 20354 Hamburg, Germany**

7. Contact claims office

If you have questions concerning a claim that has already been submitted, please contact our claims office.

Phone number: +49-(0)40-4119-2300

Ms Drebenstedt

Phone: +49-(0)40-4119-1422

E-mail: Nadine.Drebenstedt@hansemerkur.de

Ms Nicke

Phone: +49-(0)40-4119-1146

E-mail: Sabine.Nicke@hansemerkur.de

The insurer reserves the right to refuse payment if the reason and the necessity for the treatment can no longer be established as a result of the claim being filed late or incomplete.

Consumer information

CareMed GmbH mediates international travel insurance programs marketed under the CareMed® trademark.

Important Information on your Insurance Policy

Insurance company's identity (name, address):

HanseMerkur Reiseversicherung AG
(legal form: public company)
Siegfried-Wedells-Platz 1, 20354 Hamburg, Germany
Phone: +49(0) 40 - 41 19 -10 00
Fax: +49(0) 40 - 41 19 -30 30

Entry in the trade register at:

Amtsgericht (local court) Hamburg HRB 19768

Summons-suitable address and legally entitled representatives of HanseMerkur Reiseversicherung AG:

HanseMerkur Reiseversicherung AG
Siegfried-Wedells-Platz 1, 20354 Hamburg, Germany
Represented by the Board:

Fritz Horst Melsheimer (Chairman), Dr. Andreas Gent, Peter Ludwig, Eberhard Sautter, Holger Ehses (stv.)

Core business of HanseMerkur Reiseversicherung AG, hereinafter called "HanseMerkur":

HanseMerkur insures risks which are related to travels.

Name and address of the regulatory authority:

Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin)
Graurheindorfer Straße 108, 53117 Bonn, www.bafin.de

Guarantee funds or other compensation regulations:

There are no guarantee funds or any other compensation regulations applicable to the products described in this document.

Essential characteristics of the insurance:

HanseMerkur provides travel damage and travel accident insurance policies. Depending on the scope of the selected insurance coverage, HanseMerkur shall pay benefits deriving from the Travel Health Insurance, Travel Accident Insurance or Travel Liability Insurance with

the respective insurance terms and conditions. The policyholder stipulates the scope of insurance coverage on the application form. Detailed information about type and scope of the insurance coverage which the policyholder has selected can be found in the description of benefits on the application form and in the insurance terms and conditions. Once HanseMerkur has acknowledged its obligation to pay benefits and has also established the amount payable, compensation will be paid within 2 weeks. This period is checked as long as HanseMerkur is unable to examine the claim due to the fault of the insured person.

Legal system:

German law shall govern the contractual relationship.

Total price and price components:

The policyholder determines the scope of the insurance coverage and the corresponding total insurance premium. The individual premiums for the components of the insurance coverage are stated on the application form. Apart from the health insurance which is not taxable, all the listed premium amounts include the statutory insurance tax valid at the time.

Additional costs, taxes or fees:

Additional costs, taxes or fees, e.g. for using remote means of communication will not be levied with the exception of the emergency call service with the phone number (0180) 5 777 331 (EUR 0.14 per minute from the German fixed-line phone network, prices for calls from mobile phones can vary).

Details of payment and compliance:

The premium is a single premium payable upon taking out the insurance policy. It can also be paid by instalments. For details please refer to the insurance application form.

Limited period of validity of the information supplied:

There is no limited period of validity of the information supplied.

Commencement of the contract, commencement of the insurance coverage, duration of binding period upon application:

The contract commences upon payment of the premium owed. The insurance coverage commences upon the point in time stipulated by the policyholder; however, not before the premium owed has been paid. If the premium is to be booked off an account, payment is considered in time if the premium can be collected on the date of booking off and the policyholder does not object to the authorized collection. If it is not the fault of the policyholder that the premium cannot be collected, payment is still considered being made in time, if it is made immediately after a written request for payment by the insurance company. In addition, with regard to travel health insurance, insurance coverage does not commence before the point in time of having left the national territory where the insured person resides and also not before possible waiting periods. Please find the preconditions for taking out insurance under § 2 of the enclosed insurance terms and conditions. There is no binding period.

Important note in accordance with § 37 para 2 VVG: If an insurance event occurs after the policy has been taken out, but the single or the initial insurance premium has not been paid at this point in time, HanseMerkur shall not be obliged to pay benefits, unless non-payment is not the policyholders fault.

Revocation right:

Policyholders are entitled to revoke their contract agreement in writing (e.g. letter, fax, e-mail) within 14 days without being obliged to state any reasons provided that they have signed an insurance contract with a minimum running time of one month. The time limit becomes effective upon entering into the contract. The timely sending of the revocation suffices to protect the revocation time limit. Revocations shall be addressed to: HanseMerkur Reiseversicherung AG., Siegfried-Wedells-Platz 1, 20354 Hamburg, Germany. Phone: +49(0)40-4119 -1000, Fax: +49(0)40-4119-3030 E-mail: reiseservice@hansemerkur.de

Consequences of revocation:

In the event of an effective revocation, HanseMerkur will pay back insurance contributions that have already been received.

Information on the duration of the insurance:

The contract is limited in accordance with the selected duration.

Expiry of the contract, right to give notice, business fee:

Insurance expires upon ending the journey or upon the agreed expiry date. Insurance coverage of travel health insurance ends upon entering the national territory where the insured person resides. In principle, there is no right to give premature notice to the insurance contract. Please cf. the relevant application form for exceptions. If HanseMerkur resigns from the contract due to non-payment of the initial or the single premium in accordance with § 37 para 1 VVG, a business fee amounting to EUR 15.00 per insurance contract is levied in accordance with § 39 para 2 VVG.

Legal system and place of jurisdiction:

German law shall govern the contractual relationship. Lawsuits against HanseMerkur can be filed in Hamburg or wherever the policyholder has his/her residence at the time of filing the lawsuit or failing a residence, wherever he/she normally stays.

Contract language:

The prevailing language of this contractual relationship and communication with policyholders during the contractual period of validity shall be German.

Extrajudicial complaints and arbitration procedure:

If an agreement with HanseMerkur fails, arbitration attempts and complaints can be launched at the following regulatory authorities:

For travel health insurance:

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

For any other insurance:

Versicherungsombudsmann e.V.
Postfach 08 06 32, 10006 Berlin, Germany
www.versicherungsombudsmann.de

This does not affect the right to take legal action.

Complaints can also be launched at the relevant regulatory authority:

Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin),
Graurheindorfer Straße 108, 53117 Bonn, www.bafin.de

Terms and Conditions for CareMed Travel Health Insurance provided by HanseMerkur Reiseversicherung AG

(Short term: VB-KV 2012 (CareMed))

A: General Part (valid for the Traveler tariff listed in Part B)

Section 1 – Insured persons and insurability

1. Insurance coverage shall extend to the persons specified by name in the insurance certificate, for which the agreed insurance premium has been paid.
2. Persons up to the completion of the 40th year of age are insurable. No insurance coverage can be provided to persons who need permanent care as well as persons who are permanently excluded from participation in life as such, even if premiums have been paid. The mental state and the objective living conditions of the person are to be taken into particular consideration for classification. A person needing permanent care shall be deemed to be any person who needs assistance for most everyday chores.

Section 2 – Conclusion and termination of insurance contract

1. Application for the conclusion of an insurance policy has to be submitted within 31 days upon date of departure. With trips abroad from the Federal Republic of Germany, the application has to be submitted before the start of the journey. The conclusion of an insurance contract shall not be possible after the expiration of these periods. Upon request, proof of leaving the territory of the Federal Republic of Germany must be submitted.
2. The contract shall become effective as soon as the insurer has received the properly completed application form that CareMed provided, in written form or online, and as soon as CareMed has sent a certificate of insurance to the policyholder. The application form shall be deemed properly completed only if all required data have been fully and completely entered.
3. The insurance contract must be concluded for the entire duration of the stay.

4. The maximum period of insurance shall be two years.
5. Should the duration of the stay be extended within the maximum period of insurance, the originally agreed contract period can be prolonged only by a subsequent contract, if the application form for the subsequent contract has been submitted to CareMed prior to expiration of the original contract period and if HanseMerkur has expressly consented thereto. In the case of prolongation of the contract period, insurance coverage shall be provided only with respect to those insured events, diseases, complaints and their consequences that occur after application for prolongation of the contract period (date and time of postmark/online application).
6. For any person not fulfilling the criteria of insurability as specified in Section 1, Item 2 of the present Terms and Conditions and in the event that the provisions pursuant to Section 2, Items 1 - 5 are not complied with, the insurance contract shall not become effective, not even through payment of the premium. Should, however, a premium be paid, the amount of the premium shall be at the sender's disposal.
7. Should the policyholder and the insured person not be identical, any termination by the policyholder shall be effective only if the insured persons affected by the termination have been notified thereof and if the policyholder furnishes proof of the notification. The insured persons affected by the termination shall be entitled to continue the insurance contract by naming a future policyholder. Any such declaration must be made within two months after receipt of termination.
8. The legal provisions concerning the right to terminate without cause shall not be affected by the agreements made as specified above.
9. The insurance contract shall end
 - a) at the agreed point in time;
 - b) upon death or departure of the policyholder from the Federal Republic of Germany. However, the insured persons shall be entitled to continue the insurance contract by naming a future policyholder. Any such declaration must be made within two months after the death and/or departure of the policyholder;
 - c) upon termination of the temporary stay of the insured person abroad;
 - d) if the criteria concerning a temporary stay abroad are no longer fulfilled, because the insured person has decided to live abroad permanently or if the insured person finally returns to his/her home country;
 - e) if the criteria of insurability of the insured person are no longer fulfilled.

Section 3 – Premium

1. Payment of first premium:
 - a) Payment of the first premium shall be due upon commencement of the contract period.
 - b) In the event of failure of payment of the first premium within due time, CareMed shall be entitled to withdraw from the contract for the time payment has not been effected, unless failure of payment is due to reasons beyond the policyholder's control.
 - c) Should the first premium not have been paid upon occurrence of an insured event, HanseMerkur shall be released from its obligation to provide compensation, unless failure of payment is due to reasons beyond the policyholder's control.
2. Payment of subsequent premiums:
 - a) In the event of failure of payment of the subsequent premium within due time, a payment reminder shall be sent by CareMed to the policyholder, setting a term of payment of two months.
 - b) Should an insured event occur after expiration of the term of payment and should, upon occurrence of the insured event, the policyholder be in arrears in the payment of any premium, interest, or costs, the insurer shall be released from its obligation to provide compensation.
 - c) CareMed links the set term of payment of two months to the termination of the contract to the end of said term of payment. Termination of the contract shall become effective upon expiration of the term of payment if, at this point in time, the policyholder is still in arrears with the payment.
 - d) The termination shall become ineffective if the policyholder effects payment within one month after the termination has become effective. Subparagraph b) shall not be affected thereby. The same shall apply if the insured person names a new policyholder

within two months after receipt of the notification of termination and if the new policyholder has paid the outstanding amount of premium. Subparagraph b) shall not be affected thereby.

Section 4 – Scope, commencement, duration and end of insurance coverage

1. Scope
 - a) HanseMerkur offers insurance coverage on the basis of the present Terms and Conditions for insured persons who are staying abroad only temporarily for traveling purposes.
 - b) Upon occurrence of an insured event in the home country of the insured person, no insurance coverage shall be provided. For the purposes of the present Terms and Conditions, the home country shall be the country of which the insured person is a permanent resident or the country in which the insured person is subject to social insurance contributions.
 - c) In the case of an insurance contract concluded for a minimum period of one year and in deviation from the provisions stipulated under b), insurance coverage shall be provided also in the case of a temporary return to the home country of the insured person. Insurance coverage provided in the home country shall be limited to a maximum of six weeks for all stays in the home country per insured year.
2. Commencement

Insurance coverage shall commence at the point in time specified in the insurance certificate (commencement of insurance), however,

 - a) not before the insurance contract becomes effective;
 - b) not before leaving the territory of the Federal Republic of Germany;
 - c) not before payment of the premium;
 - d) not before the expiration of any qualifying periods.
3. Termination

Insurance coverage shall end, even in pending cases of insured events

 - a) at the agreed point in time;
 - b) upon termination of the insurance contract;
 - c) upon termination of the temporary stay of the insured person abroad;
 - d) if the criteria of insurability of the insured person are no longer fulfilled.

Section 5 – Object of insurance coverage and scope of obligation to provide compensation

I. General

1. HanseMerkur shall provide compensation for any insured event occurring as a result of acute illness or accident during the trip according to the tariff that has been agreed pursuant to Part B of these Terms and Conditions.
2. Insured event shall mean any event of curative medical treatment of an insured person required due to illness or the consequences of an accident. The insured event shall begin at the time of curative treatment and shall end if, according to medical evidence, medical treatment is no longer required. In the event that curative treatment must be extended to an illness or the consequences of an accident that are not causally related to the previously treated illness or consequences of an accident, this shall constitute a new insured event. Insured event shall also mean
 - a) any medical examination or medically required treatment because of pregnancy, unless said pregnancy already existed prior to the beginning of insurance coverage;
 - b) death.
3. The scope of the insurance coverage shall follow from the insurance certificate and, if applicable, any specific written agreements as well as from the present Terms and Conditions of Insurance and the statutory provisions of the Federal Republic of Germany.
4. In the Federal Republic of Germany, the insured person shall have the right to see an established and licensed physician or dentist. When abroad, the insured person shall have the right to choose a physician or dentist who is legally recognized and licensed in the country in which they practice, provided that the chosen physician or dentist invoices in accordance with the official scale of medical fees for physicians and dentists as amended, if any, or in accordance with local custom.
5. Medications, dressing material, remedies and aids must be prescribed by the treating physician as specified in Item 4 and must

be obtained from a pharmacy. Medications shall not, even not if medically prescribed, include nutriment, tonics, mineral water, disinfectants, cosmetic products, diet food, baby food and suchlike.

6. In the case of medically required in-patient treatment in the hospital, the insured person shall have the right to choose between a public or private hospital, provided that they are subject to permanent medical supervision, providing sufficient diagnostic and therapeutic facilities, maintaining medical records that neither provide curative or sanatorium treatment nor accept convalescents.
7. Within the contractual scope of insurance coverage, the insurer shall pay for medical examinations or treatment methods and medications that are largely recognized by orthodox medicine in Germany. Moreover, the insurer shall pay for any methods and medications that have proven to be successful in practice or that are used because no other methods or medications of orthodox medicine are available. However, the insurer shall be entitled to reduce his benefits to the amount that would have accrued if methods or medications of academic medicine had been available.
8. Within the contractual scope of insurance coverage, the insurer shall reimburse any repatriation and funeral costs in the event that the death of an insured person has been caused by an event falling within the scope of insurance coverage.

II. Insured year and qualifying periods

1. A period of twelve months counted as of the commencement of the insurance is deemed an insured year.
2. The qualifying periods shall be calculated from the day of the beginning of the insurance contract and, in the case of subsequent contracts, from the day of the beginning of the subsequent contract.
3. The qualifying period for deliveries shall amount to eight months; for dental prostheses not caused by accident to six months.

III. Deductible

The amount of the deductible per insured event depends on the selected tariff.

Section 6 – Limitation of the insurer's obligation to provide compensation

1. The insurer shall have no duty to indemnify the insured person
 - a) for any treatment of diseases abroad that was the sole reason or one of the reasons for the trip, as well as for any treatment of which it was known before commencement of travel that it would have to be carried out when undertaking the trip as planned;
 - b) for illnesses and complaints and their foreseeable consequences that existed when the contract or subsequent contract was concluded and were known to the insured person as well as the consequences foreseeable to the insured person, which had been treated in the six months prior to the conclusion of the contract;
 - c) for treatment of tuberculosis, diabetes, tumors and dialytical treatment, if the disease and/or the necessity for treatment already existed prior to the beginning of insurance coverage;
 - d) for treatment and examinations because of pregnancy, if said pregnancy existed prior to the beginning of insurance coverage, unless otherwise stipulated in the relevant tariff;
 - e) for any diseases, including their consequences, as well as for the consequences of an accident and for cases of death caused by strike, war, warlike events, nuclear energy or the active participation in civil unrest and not expressly included in insurance coverage;
 - f) for any diseases or accident, including their consequences, resulting from willful intent;
 - g) for treatment in a spa or health resort;
 - h) for rehabilitation measures, unless otherwise specified in the relevant tariff;
 - i) for drug-withdrawal treatment, including withdrawal cures;
 - j) for out-patient therapeutic treatment in a spa or health resort. This limitation shall not apply if therapeutic treatment is required due to an accident that has taken place there. In the event of a disease, the insurer shall have no duty to indemnify if the stay of the insured person in the spa or health resort lasted only a short period of time and did not serve any curative purposes;
 - k) for treatment by spouses, parents or children. Documented material costs shall be reimbursed according to tariff;
 - l) for treatment of persons with whom the insured person lives together within his/her family or the guest family. Documented material costs shall be reimbursed according to tariff;

- m) for treatment or accommodation due to infirmity, nursing care or institutionalization;
 - n) for psychoanalytic and psychotherapeutic treatment;
 - o) for immunization measures;
 - p) for preventive checkups;
 - q) for medical aids and appliances;
 - r) for treatment due to disturbances and defects of reproductive organs, including sterility, artificial insemination and corresponding preventive medical examinations and follow-up treatment;
 - s) for treatment of HIV infections and their consequences;
 - t) for dental prosthesis, pivot teeth, inlays, crowns, orthodontic treatment, implants, and gnathological measures;
 - u) for suicide, attempted suicide and their consequences;
 - v) for organ donations and their consequences.
2. HanseMerkur shall be released from its obligation to compensate, if
 - a) the insured event has been caused intentionally by the policyholder and/or the insured person;
 - b) the policyholder and/or the insured person fraudulently attempt to misrepresent to HanseMerkur any circumstances that are material to the reason or the amount of the insurance benefit.
 3. Should curative treatment exceed the medically required level, the insurer can reduce his benefits to an appropriate amount.
 4. Should a claim exist for benefits from a statutory accident or pension insurance or from statutory medical care or accident care, the insurer can deduct the statutory benefits from the insurance benefits.

Section 7 – Obligations and consequences resulting from the violation of obligations

1. Upon occurrence of an insured event, the policyholder and the insured person shall be obligated:
 - a) to keep damage to a minimum and to avoid anything that might cause unnecessary increase in costs;
 - b) to notify HanseMerkur of said damage without undue delay, at the latest, however, after completion of the trip;
 - c) to permit HanseMerkur to undertake any reasonable investigation into the cause and the amount payable, to provide any relevant information, to furnish original receipts and, in the case of death, to submit the death certificate;
 - d) to contact HanseMerkur immediately in the event of any in-patient treatment and prior to taking any extensive diagnostic and therapeutic measures.
2. The following proof of evidence—passing into the ownership of HanseMerkur—have to be submitted to HanseMerkur:
 - a) original receipts indicating the name of the treating physician, the disease and the services rendered by the treating physician, including type, place and period of treatment. Should there exist any other insurance policy providing coverage for costs of curative treatment and should claims be submitted under said insurance policy first, it shall be sufficient to furnish as evidence a copy of the original invoice containing a note of reimbursement of claims.
 - b) Prescriptions are to be submitted along with the physician's invoice, and the invoice for curative measures or aids is to be submitted along with the physician's prescription;
 - c) the death certificate and a medical certificate indicating the cause of death in the event that repatriation and funeral costs are to be paid;
 - d) upon HanseMerkur's request, proof of evidence of the beginning and end of every stay abroad;
 - e) upon HanseMerkur's request, proof of evidence of the beginning and end of every stay in the home country;
 - f) upon HanseMerkur's request, proof of evidence of any health insurance contracted during the stay abroad.
3. Upon the request of HanseMerkur, the insured person shall be obligated to undergo a medical examination performed by a physician appointed by HanseMerkur.
4. Claims asserted by the policyholder and/or the insured person against third parties or treating physicians due to excessive fees shall be transferred to HanseMerkur to the extent as provided by law if HanseMerkur has reimbursed the respective damage. If required, the policyholder and/or the insured person shall be obligated to assist the insurer in enforcing the claims.
5. Consequences in the event of violation of obligations

Should the policyholder or the insured person intentionally violate any of the contractually agreed obligations, HanseMerkur shall not be obligated to pay benefits. In the event of any grossly negligent violation of an obligation, HanseMerkur shall be entitled to reduce benefits to an extent that corresponds to the seriousness of the violation committed by the policyholder/insured person. The burden of proof with respect to the non-existence of any gross negligence shall lie with the policyholder.

Section 8 – Payment of insurance benefits

1. One month after giving notice of a claim, the insured person may demand partial payment of the minimum amount owed according to the current state-of-affairs. The running of this period of time shall be suspended as long as HanseMerkur is prevented from examining the claim due to a fault on the side of the policyholder and/or the insured person.
2. Any costs incurred in a foreign currency shall be converted into the currency applicable in the Federal Republic of Germany at the exchange rate applicable on the day the receipts are received by the insurer. For traded currencies, the exchange rate of the day is the official exchange rate quoted in Frankfurt/Main; for untraded currencies, the exchange rate quoted in the latest issue of "Currency of the World" published by German Federal Bank in Frankfurt/Main shall be used, unless proof can be furnished that the foreign currency used to pay the bills was bought at a higher exchange rate.
3. The amount of benefits payable may be reduced by the amount corresponding to additional expenses incurred due to credit transfers abroad made by the insurer or due to special means of credit transfer chosen by the insurer upon the policyholder's request.
4. Claims to insurance benefits can be neither assigned nor pledged.
5. Any claims arising from this insurance policy come under the statute of limitations after three years. The limitation period shall begin to run at the end of the year in which payment of benefits can be requested.

Section 9 – Compensation from other insurance contracts

If, in the case of an insurance event, compensation can be claimed from another insurance contract, the other contract shall have priority over this contract. This shall also apply if in any of said insurance contracts subordinate liability has been agreed, irrespective of the point in time the insurance contract was concluded. If the insured event is first reported to HanseMerkur, HanseMerkur will pay in advance and contact the other insurer directly for the purpose of cost sharing. HanseMerkur will waive the sharing of costs with a private health insurance company, if this results in any disadvantages to the insured person, such as loss of a premium refund.

Section 10 – Offsetting of claims

The policyholder can offset claims against claims on the part of the insurer only insofar as counterclaims are uncontested or have been recognized by declaratory judgment.

Section 11 – Declarations of intent and notices

Declarations of intent and notices vis-à-vis the insurer must be made in writing. Insurance agents are not authorized to receive such declarations and notices.

Section 12 – Applicable law, contract language

German law shall apply insofar as permitted by international law. The contract language shall be German.

§ 13 – Participation in surplus

The present insurance policy shall give no right to participate in surplus.

B: Special part of the Terms and Conditions of Insurance

Traveler tariff

I. Cost of curative treatment

1. The insurer shall reimburse any cost of medically required curative treatment incurred
 - a) during a stay in the Federal Republic of Germany up to the so-called threshold values of the German Scale of Medical fees (GOÄ) and the German Scale of Fees for Dentists (GOZ). The so-called threshold value applicable to
 - services rendered in accordance with the GOZ shall be 2.3 times the rate of the GOZ;
 - services rendered in accordance with no. 437 and Section M (laboratory services) of the GOÄ shall be 1.15 times the rate of

the GOÄ;

- services rendered in accordance with Sections A, E and O (technical services) shall be 1.8 times the rate of the GOÄ;
 - any other services rendered in accordance with the GOÄ shall be 2.3 times the rate of the GOÄ;
- b) during a stay outside Germany to the extent as invoiced in accordance with local customs.
2. For the purpose of these Terms and Conditions, curative treatment shall mean:
 - a) medical treatment including medical examination and treatment during pregnancy if pregnancy did not exist at the time of conclusion of the insurance contract and/or the subsequent contract, and treatment because of miscarriage;
 - b) medical treatment, medically indicated treatment during pregnancy due to acute complaints and treatment because of miscarriage as well as medically indicated abortions and deliveries up to the end of the 36th week of pregnancy (premature birth), even if pregnancy existed at the time of conclusion of the insurance contract and/or the subsequent contract, provided that at this point in time medical necessity did not exist;
 - c) prescribed medications and dressing material;
 - d) medically prescribed radiation, light and other physical treatments;
 - e) medically prescribed aids that become necessary for the first time exclusively because of an accident and that serve as direct treatment of the consequences of the accident;
 - f) X-ray diagnostics;
 - g) urgent in-patient treatment provided in the general nursing care category (multi-bed room) excluding any optional services (treatment provided by private physicians);
 - h) ambulance service for in-patient treatment in the nearest suitable hospital and, in the case of first aid after the occurrence of an accident, to the nearest suitable physician and return to accommodation;
 - i) urgent surgery;
 - j) medically indicated rehabilitation measures;
 - k) deliveries after expiration of the qualifying period.
 3. Cost of dental treatment

In addition, the insurer shall, in accordance with subparagraph 1, reimburse any cost incurred during the trip for

 - a) painkilling and preserving dental treatment, including simple fillings, up to an invoice amount of EUR 250.00 per insured year at a rate of 100%;
 - b) measures for restoring the function of existing dentures (repairs) at a rate of 50% of the invoice amount, up to a maximum of EUR 1,000.00 per insured year.

II. Return transport, repatriation and funeral costs

The insurer shall - except in the case of any stay in the home country in accordance with Section 1, Item 2 of the foregoing provisions - reimburse the following:

1. any surplus costs of a medically required and prescribed return transport from abroad. A return transport shall be deemed medically required, if no appropriate medical treatment is provided in the country visited. Costs of a co-insured person accompanying the returning or repatriated person shall be assumed by the insurer, if the accompaniment is medically indicated, officially ordered or statutory for the transport agent;
2. in the event of death of an insured person, any additional costs accruing from the return transport of the deceased person to his/her home country up to an amount of EUR 10,000.00;
3. the costs of a funeral up to the amount of expenses that would have accrued from a return transport, up to a maximum of EUR 10,000.00.

III. Subsequent liability

Should any disease require curative treatment beyond the end of insurance coverage because a return trip is impossible due to the insured person being unable to be transported, the obligation to provide compensation under the terms and conditions of this tariff shall continue to have effect until restoration of the insured person's ability to be transported, at the longest, however, for a period of three months.

Terms and Conditions for the CareMed travel property insurance of HanseMerkur Reiseversicherung AG
VB-RS 2012 (CareMed)

A: General Part (valid for all insurance policies mentioned in Part B)

Section 1 – Insured Persons

Insurance coverage shall extend to the person specified by name in the insurance certificate or the confirmation of the tour operator.

Section 2 – Conclusion, duration and termination of insurance contract

The insurance contract must be concluded before commencement of the trip for its whole duration or in the travel cancellation costs insurance for the whole duration until commencement of the trip. It shall begin after payment of the insurance premium at the agreed point in time and end at the agreed time, by no later however than with termination of the insured trip. The travel cancellation costs insurance has to be concluded with the booking, at the latest, however, 30 days prior to the start of the trip. It shall begin after payment of the insurance premium at the agreed point in time and end at the agreed time, by no later however than with termination of the insured trip.

Section 3 – Premium

1. Payment of the first or one-time premium.

The insurance coverage shall begin at the time stated in the insurance policy, no earlier than after payment of the one-time premium.

2. Direct debit procedure

If the premium is collected by the insurer by direct debit from a bank or credit-card account, payment will be regarded as having been made in due time if the premium can be collected on the booking date and the policyholder does not object to a legitimate premium booking. If the premium could not be collected, though for reasons non-attributable to the policyholder, the payment will still be regarded as having been made on time if it is made immediately after receipt of a demand for payment from the insurer.

Section 4 – Scope of the insurance coverage

1. Insurance coverage is provided for the contractually agreed local area of application of the insured trip.

2. Drives, walks and stays within the permanent place of residence of the insured person shall not be deemed as travel.

Section 5 – General limitations on insurance coverage, deductible, grounds for forfeiture, limitation periods for legal action, statute of limitation

1. Insurance coverage is not provided for damage due to war, civil war, warlike incidents, civil unrest, strike action, nuclear energy, confiscation, dispossession or other acts of high authority.

2. HanseMerkur shall not be obliged to pay benefits if the event covered by the insurance was foreseeable by the policyholder or the insured person at the time of booking of the trip.

3. HanseMerkur is free of any obligation to pay benefits if the policyholder or the insured person has intentionally caused an event covered by the insurance.

4. If an insured event occurs as a result of grossly negligent behavior on the part of the policyholder or the insured person, HanseMerkur is entitled to reduce the insurance benefits by an amount corresponding to the seriousness of the fault attributable to such behavior.

5. HanseMerkur is not obliged to pay benefits if the policyholder or the insured person has willfully attempted to deceive HanseMerkur as to circumstances of importance relating to the reason for, or the amount of, benefits presumably due.

6. Claims based on this insurance contract fall under the statute of limitations after three years. The period of limitation begins at the end of the year in which the claim for benefits can first be raised. If a claim has been submitted to HanseMerkur by the policyholder, or by the insured person, the period of limitation will be delayed until the point in time at which HanseMerkur's decision in the matter is received by the policyholder, or by the insured person, in writing.

Section 6 – General obligations and the consequences of violation of such obligations

1. Upon occurrence of an insured event, the policyholder and the insured person shall be obligated:
 - a) to keep damage to a minimum and to avoid anything that might cause unnecessary increase in costs;
 - b) to permit HanseMerkur to undertake any reasonable investigation into the cause and the amount payable, to provide any relevant information, to furnish original receipts and, in the case of death, to submit the death certificate;
2. If the policyholder or the insured person violates a contractually agreed obligation, HanseMerkur is not obliged to pay benefits, provided the policyholder/insured person has willfully violated the obligation. In the case of gross negligence leading to violation of the obligation, HanseMerkur is entitled to reduce the insurance benefits by an amount corresponding to the seriousness of the fault attributable to such behavior by the policyholder or the insured person, the onus of proof for non-applicability of gross negligence resting with the policyholder/insured person.

Note: Please also observe the respective special obligations referred to in the "Special Part" of the individual insurance policies.

Section 7 – Payment of insurance benefits

1. If HanseMerkur has proof of both the conclusion of an insurance contract and the payment of the premiums and if the reason for payment of benefits and the amount of such benefits have been established, payment of compensation must be made within two weeks. This period may be extended if the processing of the claim by HanseMerkur is delayed for reasons for which the insured person can be held responsible.
2. One month after giving notice of a claim, the insured person may demand partial payment of the minimum amount owed according to the current state-of-affairs.
3. If, in connection with the insured event, the insured person is under investigation by the authorities or if criminal charges have been brought against the insured person, HanseMerkur can delay settlement of the claim until such legal proceedings have been concluded.
4. Costs incurred in a foreign currency are converted to the currency valid in the Federal Republic of Germany at the rate of exchange applicable on the day on which the receipts were received by HanseMerkur. For traded currencies, the exchange rate of the day is the official exchange rate quoted in Frankfurt/Main; for untraded currencies, the exchange rate quoted in the latest issue of "Currency of the World" published by German Federal Bank in Frankfurt/Main shall be used, unless proof can be furnished that the foreign currency used to pay the bills was bought at a higher exchange rate.

Section 8 – Indemnification from other insurance contracts and claims against third parties

1. If the policyholder has a claim against a third party, this claim passes to HanseMerkur, to the extent that the latter compensates for the damage. Such transfers of claim may not be enforced to the disadvantage of the policyholder.
2. The policyholder must enforce his/her claims for compensation, or rights serving to secure the claims, in compliance with the required form and deadline regulations and must assist and support the insurer in implementing these, if necessary. If the policyholder violates this obligation intentionally, the insurer is released from the obligation to pay benefits to the extent that no substitute performance can be obtained from the third party. In the case of gross negligence leading to violation of the obligation, the insurer is entitled to reduce the insurance benefits by an amount corresponding to the seriousness of the fault attributable to such behavior by the policyholder, the onus of proof for non-applicability of gross negligence resting with the policyholder.
3. If the policyholder has a claim for compensation against a person with whom he or she had lived in the same household at the time of occurrence of the damage, the passing of claim referred to in Item 1 cannot be enforced, unless this person caused the damage intentionally.
4. If, in the case of an insured event, indemnification can be claimed from another insurance contract, this other contract shall have priority over the current contract. If the event covered by the insurance is first reported to HanseMerkur, the latter will initially undertake payment.

Section 9 – Offsetting of claims

The policyholder or the insured person can only offset claims of the insurer to the extent that the counterclaim is uncontested or has been legally established.

Section 10 – Declarations of intent and notices

Declarations of intent and notifications made to the insurer are to be made in writing (letter, fax, e-mail, electronic data medium, etc.).

Section 11 – Applicable law, contract language, validity for the insured person

German law shall apply insofar as permitted by international law. The contract language shall be German. All of the agreed provisions apply correspondingly to the insured person.

Insurer: HanseMerkur Reiseversicherung AG, Hauptverwaltung, Siegfried-Wedells-Platz 1, 20354 Hamburg, Germany

B: Special part on the individual insurance policies (depending on the selected scope of insurance)

Travel cancellation costs insurance (only valid insofar as included in the selected scope of insurance)

Section 1 – Object of insurance coverage and scope of obligation to provide compensation

To the extent specified in Section 2 (Types of damage) and subject to the limitations of Section 3 (Limitations on insurance coverage), HanseMerkur is required to pay benefits if, during the period of insurance coverage, one of the following events covered by the insurance occurs:

1. Insurance coverage for insured persons or persons at risk:
 - a) Unexpected serious illness;
 - b) Death, serious accident injury, pregnancy, intolerance of vaccination. Not insured however is a failure of a vaccination or insufficient accumulation of an antibody value that is stipulated for the country of travel;
 - c) Breakage of prostheses.
2. Insurance coverage for insured persons:
 - a) Loss of the workplace with subsequent registered unemployment as a result of an unexpected termination of the employment relationship for operational reasons by the employer. Not insured is the loss of orders for jobs or the bankruptcy in the case of self-employed persons;
 - b) Commencement of an employment relationship or an activity with compensation for additional work (1-euro job) from unemployment, provided that the insured person was registered as unemployed when booking the trip. Not insured is the commencement of internships, operational measures or training measures of all kinds as well as the commencement of work of a pupil or student during or after the period of schooling or studies;
 - c) Change in workplace, presuming the insured trip was booked before knowledge of the change in workplace and the insured person is still in the trial period of the new professional activity, a maximum however in the first 6 months of the new professional activity;
 - d) Repetition of unsuccessful examinations at school, university or technical college, which must be retaken to avoid an extension of the period of studies or to secure a school-leaving or final examination certificate. The prerequisite is that the insured trip was booked before the date of the failed examination and the date for the repeat examination unexpectedly falls in the insured travel period or up to 14 days after termination of the trip;
 - e) Non-promotion of a pupil if it concerns a school or class trip or a high school stay abroad;
 - f) considerable damage to property owned by the insured person as a result of fire, burst water pipe, natural occurrences or criminal acts of third parties (e.g. burglary). A damage to the property through the aforementioned events is deemed as substantial if the amount of the damages is at least EUR 2,500.00;
3. Persons at risk are
 - a) insured persons who have jointly booked and insured a trip;
 - b) the relatives of an insured person, including the married partner or the unmarried partner in a marriage-like partnership, children, adopted children, stepchildren, foster children, parents, adoptive

parents, stepparents, foster parents, grandparents, siblings, grandchildren, parents-in-law, sons- and daughters-in-law and brothers- and sisters-in-law;

- c) persons caring for non-accompanying minors or for non-accompanying relatives of an insured person;
 - d) aunts, uncles, nephews and nieces, provided the insured event of "death" has occurred;
4. If more than five persons, or more than two families in the case of family tariffs, have jointly booked and insured a trip, only the respective relatives of the insured persons and those persons charged with their care are regarded as risk persons, not all insured persons among themselves.

Section 2 – Types of damage

HanseMerkur shall pay, under the deduction of the agreed deductible, compensation if the trip is not started/canceled or if the rented object is not used/canceled (with the exception of rental car) for the cancellation costs owed as per contract by the insured person. These shall also include the mediation fee owed to the travel agent by the insured person insofar as this was agreed, owed and invoiced as per contract at the time when the travel was booked already. The compensation is limited to EUR 100.00 per insured person.

Section 3 – Limitations of the insurance coverage

Not insured are

1. Illnesses that are known at the time when the insurance is taken out and have been treated in the last 6 months before conclusion of the insurance. Control examinations are excluded from this;
2. Illnesses that in the given circumstances can be regarded as psychological reactions to terrorist attacks, aircraft or bus accidents, or fear of internal unrest, acts of war, terrorist attacks, natural occurrences, illnesses or epidemics, the respective occurrence having taken place at the destination.
3. Loosening or loss of prostheses of all kinds;
4. Additional return travel costs, which are incurred after a travel is interrupted or costs for days not used at the holiday location as well as missed enjoyment of the holiday;
5. Terrorist attacks or threats;
6. Consequential financial losses.
7. If the insured damage event is triggered through the insured event of "unexpected serious illness," the deductible is 20% of the reimbursable damages, at least however EUR 25.00 per insured person. The deductible shall cease to apply provided that a full inpatient hospital treatment became necessary owing to the unexpected serious illness.

Section 4 – Special obligations after occurrence of the insured damage event

(as a supplement to the general obligations listed in the General Part)

The policyholder or the insured person is obliged,

1. in case of non-commencement of the travel or non-use of the rental object to undertake an immediate cancellation at the booking center in order to keep the cancellation costs as low as possible;
2. to notify HanseMerkur promptly, at the latest upon termination of the trip, about the damage and to prove the occurrence of an insured event by submitting insurance proof, booking documents and cancellation costs statement as well as
 - a) in the event of illness, serious accident, pregnancy, intolerance of vaccinations or the breakage of prostheses through corresponding significant medical certificates with diagnoses,
 - b) with psychiatric illnesses through a significant medical certificate of a specialist doctor of psychiatry,
 - c) with substantial damages to the property through corresponding proof,
 - d) with repeat examinations through corresponding certificates of the school/university/university of applied sciences/college,
 - e) with a dismissal for operational reasons or the commencement of an employment relationship through corresponding certificates of the employer and the Federal Job Agency,
 - f) in cases of non-use/cancellation of lease property, confirmation by the landlord as to the non-availability of substitute lessees for the lease property,
 to be proven respectively at the time of cancellation or rebooking;
3. to permit HanseMerkur to check any inability to travel due to a serious accident or unexpected serious illness by means of a specialist medical certificate. Upon request of HanseMerkur,

incapacity to work certificates and certificates from specialist doctors are to be submitted;

- The legal consequences of any violation of these requirements are stipulated in Section 6, Item 2 of the General Part.

Travel accident insurance

(only valid if contained in the selected scope of insurance)

Section 1 – Description of the insurance coverage

- HanseMerkur shall pay benefits if accidents occur on the trip that lead to the death or permanent disability of the insured person.
- An accident is deemed to have occurred if the insured involuntarily suffers a sudden impairment of health that is due to an external event (accident event) affecting his body.
- An accident shall also be deemed to have occurred when, as a consequence of increased physical exertion to limbs or extremities or the spine, a joint is dislocated or muscles, tendons, ligaments or capsules are stretched, strained or torn.

Section 2 – Benefits

The amounts of disability and death benefits as well as of rescue costs are based on the contractual agreements. The following conditions apply for the onset of the right to the claim and assessment of the insurance payments.

I. Disability benefits

- In the event that the accidents results in a permanent impairment of the physical or mental capacity of the insured person (disability), the claim to an annuity in the sum insured for the event of disability comes into being. The disability has to have occurred within one year after the accident and medically determined and claimed before the expiration of another three months.
- The amount of the benefit depends on the degree of disability.

- In the event of loss or functional disability, the following degrees of disability apply (with the exclusion of evidence of higher or lower disability) are fixed

of an arm at the shoulder joint	70%
of an arm above the elbow	65%
of an arm below the elbow	60%
of a hand at the wrist	55%
of a thumb	20%
of an index finger	10%
of other finger	5%
of a leg above the middle of the thigh	70%
of a leg up to the middle of the thigh	60%
of a leg below the knee	50%
of a leg up to mid-calf	45%
of a foot at the ankle	40%
of a big toe	5%
of other toe	2%
of an eye	50%
of hearing in one ear	30%
of sense of smell	10%
of sense of taste	5%

- In the event of partial loss or functional disability of one of these body parts or sensory organs, the relevant percentage according to a) shall be assumed.
 - For body parts or sensory organs whose loss or functional disability is not regulated by a) or b), it is decisive to what extent the normal physical or mental capacity is impaired; only medical aspects shall be taken into consideration in this respect.
 - If several body parts or sensory organs are impaired, the degrees of disability resulting from Section 2, Item 2 are added together. More than 100%, however, is not assumed.
- Should the accident affect a physical or mental capacity that was already previously impaired, a deduction of the amount of this previous disability shall be made. It shall be calculated according to Section 2, Items 2a) to c).
 - In the event that, caused by the accident, death occurs within one year after the accident, no claim to disability benefit exists.
 - If the insured person dies due to causes unrelated to the accident within one year after the accident or (due to any cause) later than one year after the accident and if a claim to disability benefit had arisen according to Section 2, Item 1, then benefits shall be provided

according to the degree of disability that was to be expected on the basis of the last medical findings.

- Additional benefits in the case of a disability degree from 26% upward for accident insurance with progressive disability proportion (350%)

If an accident, without the additional contribution of illnesses or infirmities, according to the calculation principles of Section 2, Items 2 and 3, results in a permanent impairment of the physical or mental function of more than 25%, the following shall apply:

- For each percentage point exceeding the disability degree due to the accident of 25%, HanseMerkur shall pay an additional 2% from the insurance sum.
- For each percentage point, exceeding the disability degree due to the accident of 50%, HanseMerkur shall pay a further additional 2% from the insurance sum.
- The additional benefits shall be limited to EUR 150,000.00 for each insured person. Should the insured person have concluded more accident insurance policies with HanseMerkur Reiseversicherung AG, the maximum amount applies to all insurance contracts together.

In the case of disability, the Special Conditions have the following detailed effects:

Degree of invalidity due to accident (in %)	Benefits paid out of the sum insured (in %)	Degree of invalidity due to accident (in %)	Benefits paid out of the sum insured (in %)	Degree of invalidity due to accident (in %)	Benefits paid out of the sum insured (in %)	Benefits paid out of the sum insured (in %)	Benefits paid out of the sum insured (in %)
1	1	26	28	51	105	76	230
2	2	27	31	52	110	77	235
3	3	28	34	53	115	78	240
4	4	29	37	54	120	79	245
5	5	30	40	55	125	80	250
6	6	31	43	56	130	81	255
7	7	32	46	57	135	82	260
8	8	33	49	58	140	83	265
9	9	34	52	59	145	84	270
10	10	35	55	60	150	85	275
11	11	36	58	61	155	86	280
12	12	37	61	62	160	87	285
13	13	38	64	63	165	88	290
14	14	39	67	64	170	89	295
15	15	40	70	65	175	90	300
16	16	41	73	66	180	91	305
17	17	42	76	67	185	92	310
18	18	43	79	68	190	93	315
19	19	44	82	69	195	94	320
20	20	45	85	70	200	95	325
21	21	46	88	71	205	96	330
22	22	47	91	72	210	97	335
23	23	48	94	73	215	98	340
24	24	49	97	74	220	99	345
25	25	50	100	75	225	100	350

II. Death benefit

In the event that the accident results in the death of the insured person within one year, the heirs are entitled to claim benefits according to the amount insured in the case of death. In terms of the assertion of the claim, we refer to Section 5, Item 5.

III. Rescue costs

- In the event that the insured person suffered an accident covered by the insurance policy, HanseMerkur shall reimburse the necessary costs incurred up to the contractually agreed amount for
 - search, rescue and recovery operations conducted by rescue services organized in compliance with public law or private law inasmuch as fees are normally charged for such operations;
 - transportation of the injured person to the nearest hospital or to a special clinic, inasmuch as this is medically necessary and on doctor's orders;
 - additional expenses in connection with the return of the injured person to the location of his/her permanent residence, provided that the additional costs are incurred on doctor's orders or were unavoidable due to the nature of the injury;

- d) repatriation to the last permanent place of residence in the event of death.
2. Where the insured person is required to pay the costs according to 1.a), although he has not actually suffered an accident, but an accident was imminent or to be expected under the given circumstances, HanseMerkur shall be equally liable to pay compensation.
 3. Insofar as another party liable to pay compensation pays, the claim for compensation against HanseMerkur can only be asserted with respect to the remaining costs. If another party liable to pay compensation challenges its obligation to pay, the policyholder can turn to HanseMerkur directly.
 4. In the event that several accident insurance policies exist at HanseMerkur for the insured person, insured rescue costs can be claimed only from one of these contracts.

Section 3 – Payment of the benefits

1. As soon as HanseMerkur has received the documents that the policyholder must provide as evidence of occurrence of the accident and the consequences of the accident as well as completion of the treatment necessary for assessing disability, HanseMerkur shall declare within one month (or within three months in the case of disability claims) whether and to what extent it accepts a claim. The medical charges incurred by the insured person to justify the payment claim are assumed by HanseMerkur up to a maximum of 1 per mill of the insured sum.
2. If HanseMerkur accepts the claim or if the insured person and HanseMerkur have agreed on the basis and amount, HanseMerkur makes the payment within two weeks. Before completion of treatment, a disability benefit cannot be claimed within one year of the accident.
3. If the obligation to pay benefits has only been accepted in principle, HanseMerkur pays appropriate advance payments at the request of the insured person.
4. The insured person and HanseMerkur both are entitled to have the degree of disability medically reassessed annually, for at most up to three years after the accident. On the part of HanseMerkur, this right must be exercised with the submission of a declaration in accordance with Section 3, Item 1 and on the part of the insured person within one month of receipt of this declaration. If the eventual assessment results in a higher degree of disability than already assessed by HanseMerkur, annual interest of 5 percent is payable on the additional sum.

Section 4 – Limitations of the insurance coverage

I. Uninsurable persons

No insurance coverage can be provided to persons who need permanent care and to mentally disabled persons, even if premiums have been paid. A person needing permanent care shall be deemed to be any person who needs assistance for most everyday chores. Insurance coverage expires as soon as the insured person is no longer insurable as per Sentence 1.

II. Accidents and health impairments not covered by the insurance coverage

The following are not covered:

1. accidents which are directly or indirectly caused by war or internal unrest, insofar as the insured person participated on the side of the disturbers;
2. accidents caused by mental derangements or cognitive disorders, including such due to drunkenness; and by strokes or seizures, epileptic fits or other spasmodic fits affecting the whole body of the insured;
3. accidents that befall the insured person as a consequence of the insured person intentionally carrying out or attempting to carry out a criminal offense;
4. accidents of the insured person directly associated with the operation of an aircraft. Coverage, however, exists if the insured person is the passenger of an airline;
5. accidents of the insured person when parachuting;
6. accidents suffered by the insured person through participation as driver, passenger or occupant of a motor vehicle in driving events, including the trial runs, which involve achieving high speeds;
7. accidents suffered by the insured person during professional activities. Commercial activities, office, teaching and administrative

- activities as well as the professional activities of tour guides are covered however;
8. harm to health through radiation, treatment measures or operations, infections or poisonings, unless these are due to the accident;
 9. for abdominal or hypogastric hernias. Insurance coverage shall still be granted, however, if such hernias are caused by a violent impact from the outside that is covered by this policy;
 10. for injury to intervertebral discs, bleeding from internal organs and cerebral hemorrhage. Insurance coverage shall be granted, however, if an accident covered by this policy as defined in Section 1, Item 3 was the predominant cause;
 11. for pathological disorders due to psychological or mental reactions, irrespective of their cause.

II. Effects of illnesses or ailments

If any illnesses or ailments contributed to the impairment of health, or any consequences, caused by an accident, then benefits shall be reduced according to the proportion of the illness or ailment, if this proportion amounts to at least 25%.

Section 5 – Special obligations after occurrence of the insured damage event (supplement to the general obligations cited in the General Part)

1. After an accident that will probably lead to liability to pay benefits, a doctor must be summoned immediately. The insured person must follow the doctor's orders and otherwise minimize the consequences of the accident as far as possible.
2. The accident report form supplied by HanseMerkur must be completed truthfully and returned to HanseMerkur without delay.
3. The insured person must allow the doctors appointed by HanseMerkur to examine him. Any necessary costs, including any loss of income arising from this, shall be borne by HanseMerkur.
4. The doctors who have treated or examined the insured person (even for other reasons), other insurers, insurance companies and authorities shall be authorized to disclose all required information.
5. If the accident results in death, this must be reported within 48 hours, even if the accident has already been reported to HanseMerkur. HanseMerkur must be afforded the right to have a post-mortem examination carried out by a doctor appointed by HanseMerkur.
6. The legal consequences of any violation of these requirements are stipulated in Section 6, Item 2 of the General Part.

Travel liability insurance

(only valid if contained in the selected scope of insurance)

Section 1 – Description of the insurance coverage

1. HanseMerkur provides the insured person with insurance coverage for the event that a damage event occurs resulting in the death, the injury or damage to the health of persons (bodily injury) or damage to or destruction of property (property damage) with respect to which a claim is made against him by a third party **under statutory liability provisions established in private law.**
2. Insurance coverage encompasses the statutory liability of the insured person as a private person in terms of liability risks of everyday life such as they occur while traveling, in particular
 - a) as head of the family and household (e.g. arising from responsibility for minors);
 - b) as bicycle rider (bike without power engine);
 - c) when doing sports (except the types of sports specified in Section 3, Item 3);
 - d) when riding a horse or driving a coach belonging to third parties for private purposes (liability claims of the animal keepers or owners against the insured person and/or policyholder are not covered);
 - e) through the possession and use of flying models, unmanned balloons and kites, which are neither powered by engines nor by propellants, whose flying weight does not exceed 5 kg and for which no compulsory insurance exists;
 - f) through the possession and use of own or third-party rowboats and pedal boats as well as third-party sailboats, which are neither powered by engines (including outboard engines) nor by propellants and for which no compulsory insurance exists;
 - g) from the ownership, possession or keeping of own or third-party surfboards for reasons of sports; excluded, however, is the

statutory liability of the insured person arising from the renting, leasing or relinquishment to third parties;

- h) for damage to rented property arising from the use of the rooms rented for temporary accommodation when traveling for private purposes in buildings (e.g. hotel and boardinghouse rooms, holiday apartments, bungalows) as well as of such rooms whose use is designated and permitted in context with the accommodation (e.g. dining rooms, communal bath rooms). The sum insured amounts to EUR 25,000.00 per damage event in terms of rented property. The total benefits that HanseMerkur shall be obligated to pay for all damage events in terms of rented property within the period insured is limited to twice the aforementioned insured sum. The insured person has to bear 20% percent, minimum: 50%, of the payment of the damages himself.

Excluded, however, are liability claims due to

- damage to movable objects such as pictures, furniture, television sets, china, etc.; damage through wear and tear and excessive stress
- damage to heating, machine, boiler and hot water generation facilities as well as to electric and gas appliances;
- rights of recourse falling under the waiver of recourse according to the agreement of the fire insurers in the case of spreading damage.

Section 2 – Benefits

1. HanseMerkur's payment obligation includes checking the liability question, the rejection of unjustified claims as well as the repayment of compensation that the insured person has to pay on the basis of an acknowledgment issued or approved by HanseMerkur; a concluded or approved settlement or a judicial decision. If, in connection with a criminal case related to a damage event that could trigger a compensation claim protected under the insurance coverage, HanseMerkur desires or approves that a defense counsel be appointed on behalf of the insured person, HanseMerkur shall be liable for the fee scale-based costs; or if separately agreed, the higher costs of the defense counsel.

If the insured person has to provide security in accordance with the law for a pension owed as a result of the insurance claim or if he/she can defer the implementation of a judicial decision through providing security or deposit, HanseMerkur must provide security or deposit in his/her place.

2. The contractually agreed insurance sums shall constitute the maximum in each claim for the scope of benefits HanseMerkur has to pay. Several claims arising at the same time from the same cause will be deemed to be a single damage event.
3. In the event that an insured event leads to a dispute about the entitlement between the insured person and the injured party or his/her legal successor, HanseMerkur initiates the legal dispute on behalf of the insured person. The costs incurred therein are assumed by HanseMerkur.
4. Expenditures of HanseMerkur for the costs are not offset with the insured sum (cf. Item 5, however).
5. Should the liability claims exceed the insured sum, HanseMerkur has to bear the cost of the proceedings only in proportion of the insured sum to the overall amount of the claims, even if several proceedings arising out of one incident are involved. In such cases, HanseMerkur shall be entitled to release itself from the obligation of making further payments through the payment of the insured sum and its portion of the costs accrued so far, proportional to the insured sum.
6. If the insured person has to make pension payments to the damaged party and if the cash value of the pension exceeds the sum insured or the amount of the sum insured after the deduction of any other payments from the same insured event, the pension to be paid will be refunded by HanseMerkur only in the ratio of the sum insured or the residual amount thereof to the cash value of the pension. The value of the pension shall be calculated on the basis of the General Life Tables for Germany with Endowment Character 1987 R for Men and Women as well as on the actuarial interest that takes into account the actual capital market interest in Germany. The arithmetic mean of the public yields of the past ten years, as published by the German Federal Bank is taken as the basis for this. Subsequent increases and reductions in the pension are calculated at the time of the original start of the pension with the cash value of a deferred pension in accordance with the above calculation principle.

- a) For calculating orphan's pensions, the age of 18 is agreed as the earliest end date.
- b) For the calculation of injured party pensions, the age of 65 is agreed as the earliest end date in the case of wage earners, unless otherwise agreed by a judgment, settlement or other decision, or the circumstances forming the basis of the determination change.
- c) In calculating the sum with which the insured person must participate in the ongoing pension payments, if the capital value of the pension exceeds the insured sum or remainder of the insured sum after deduction of other payments the other payments are deducted to their full amount from the insured sum.

Section 3 – Exclusions

Insurance coverage does not include

1. liability claims, which exceed the scope of the statutory liability of the insured person;
2. claims to salary, pension, wage or other fixed earnings, subsistence, medical treatment in the case of incapacity to work, welfare claims and claims arising from riot damage legislation;
3. liability claims arising from damage as a result of the participation in horse, cycle or motor vehicle races, boxing or wrestling contests, martial arts events of any kind, including preparations in this respect (training);
4. liability claims due to damage (with the exception of the facts listed in Section 1, Item 2b) to third-party property, which the insured person has hired or borrowed or attained as a result of unlawful interference or which are the object of a separate custody agreement;
5. liability claims for damage due to environmental effects on the soil, air or water (including bodies of water) and any further damage resulting from it;
6. Liability claims
 - a) from damage events of relatives of the insured person who live in a common household with the insured person. Relatives of the insured person are the married partner, parents and children, adoptive parents and children, stepparents and stepchildren, grandparents, grandchildren as well as foster parents and foster children (persons who are connected to one another like parents and children through a family-like relation arranged for longer duration);
 - b) between several insured persons of the same insurance policy as well as between the policyholder and the insured persons of an insurance policy;
 - c) between insured persons, who have jointly booked the trip and undertake it together;
7. liability claims from damage due to the transmission of a disease of the insured person;
8. the liability of the owner, proprietor, keeper or driver of a car, aircraft or vessel (with the exception of the vessels listed in Section 1, Item 2 g and h) due to damage caused by the use of the vehicle;
9. liability as the owner, keeper or guardian of animals as well as liability when hunting. The insurance coverage of the animal guardian according to Section 1, Item 2e, however, is unaffected by this exception;
10. liability from the exercise of a profession, employment, office (including honorary office) or activities in associations of any kind;
11. the liability of the insured person from the renting, leasing or relinquishment of objects to third parties;
12. liability claims from damage from the use of weapons of any kind.

Section 4 – Special obligations and procedures after occurrence of the insured damage event

(as a supplement to the general obligations listed in the General Part)

1. Insured event in the meaning of this contract is the damage event that might result in liability claims against the insured person.
2. In the event that investigation proceedings are initiated or a penalty order or court order is issued, the insured person has to report the incidence to the insurer promptly, even if he/she has already reported the insured event itself. If a claim against the insured person is enforced before a court of law, legal aid applied for or if a lawsuit has been brought against him/her, the insured person has to notify the insurer about it promptly. The same applies in the event of an arrest, a writ of injunction or proceedings for the preservation of evidence.

3. The insured person must if possible, while observing the directions of the insurer, ensure avoidance and reduction of the claim and do everything to clarify the damage event if nothing undue is asked of him/her. The insured person must support the insurer in avoiding the claim and in assessing and settling the claim, submit comprehensive and truthful damage reports, inform him of all circumstances relating to the damage event and forward all documents that in the view of the insurer are of relevance to assessing the claim.
4. In the case of a lawsuit regarding the liability claim, the insured person is obligated to entrust the insurer with the conducting of the case, to give power of attorney to the attorney appointed or named by the insurer and submit to him all documents deemed necessary by him or the insurer. The insured person has to enter an objection in due time or draw upon the required legal remedies against court orders or decrees for compensation for damages from administrative authorities without waiting for directions from the insurer.
5. Should the insured person be accorded the right to suspend or reduce any pension payable due to a change in circumstances, the insured person is obligated to allow the insurer to exercise this right in his name. The provisions of Items 3 and 4 are applied accordingly.
6. The insurer is deemed to have authority to make all declarations on behalf of the insured person, which he considers reasonable.
7. The legal consequences of any violation of these obligations are stipulated in Section 6, Item 2 of the General Part.

Emergency insurance

(only valid if contained in the selected scope of insurance)

Section 1 – Object of insurance coverage and scope of obligation to provide compensation

1. Illness and accident
 - a) If the insured person suffers an accident and must as a consequence be searched for, saved or rescued, HanseMerkur will refund the costs involved up to EUR 5,000.00.
 - b) HanseMerkur shall reimburse—except in the case of interruption of the trip abroad—the costs for a return transportation to the nearest hospital at the place of residence of the insured person, provided that the return transport has been ordered by the treating physician in the country visited and is medically feasible and justifiable. The assessment whether a return transport is deemed medically feasible and justifiable is conducted by the advisory physician of the insurer in coordination with the treating physician in the country visited.
2. Hospitalization
If it has been determined that the stay of an insured person in the hospital will last longer than 5 days, HanseMerkur shall, upon the insured person's request, organize the round trip of a person close to the insured person to the location of the hospital and back to his/her place of residence and shall assume the costs of transportation for the round trip. The prerequisite, however, is that at the time of arrival of the person close to the insured person that the stay in the hospital has not been completed yet.
3. Repatriation and funeral costs
In the event that the insured person dies during the trip, HanseMerkur shall organize, on request of the family, a funeral abroad or the repatriation of the deceased to the place of the funeral and assumes the costs for it.
4. Loss of travel funds
In the event that the insured person gets into a financial emergency upon the loss of his/her travel funds due to theft, robbery or other loss, HanseMerkur shall make the contact to the insured person's own bank via its emergency call service. If required, HanseMerkur helps with the transfer of a sum provided by the insured person's own bank to the insured person. Should it be impossible to contact the insured person's own bank within 24 hours, HanseMerkur gives the insured person a loan of maximum EUR 1,500.00 via its emergency call service. The prerequisite for this is the submission of a copy of the identity card or of the passport of the insured person to the HanseMerkur emergency-call service. The loan must be repaid to HanseMerkur as a single sum within one month of the end of the trip.

Section 2 – Special obligations after occurrence of the insured damage event

(as a supplement to the general obligations listed in the General Part)

1. The policyholder or insured person is obligated to provide proof of the occurrence of the insured event by submitting evidence of the insurance and booking documents in the original as well as
 - a) in the event of illness, serious accident, pregnancy, intolerance of vaccinations or the breakage of prostheses through corresponding significant medical certificates with the specification of diagnoses,
 - b) with psychiatric illnesses through a significant medical certificate of a specialist doctor of psychiatry on location, and to submit the original receipts for all costs accrued.
2. HanseMerkur is to be permitted to check any inability to travel due to a serious accident or unexpected serious illness by means of a specialist medical certificate. At the request of HanseMerkur, certificates of inability to work and specialist medical certificates must be submitted.
3. The legal consequences of any violation of these obligations are stipulated in Section 6, Item 2 of the General Part.

Return trip emergency insurance

(only valid if contained in the selected scope of insurance)

Section 1 – Object of insurance coverage and scope of obligation to provide compensation

1. Return trip emergency insurance only applies to insured persons of the Premium tariff or if expressly agreed.
2. Within the scope of these provisions, the insurer provides compensation for the return trip of an insured person from abroad due to an emergency.

Section 2 – Benefits

1. Return trip due to an emergency
The insurer assumes the costs in the amount of up to EUR 1,000.00 per insured year for:
 - a) a temporary return trip of the insured person to the home country in a simple form of traveling, e.g. train ride in coach class or inexpensive plane ticket, economy class, in the event of serious illness, life-threatening consequences of an accident or death of a parent or sibling, provided that the serious illness or accident of the parent or sibling occurred and was medically determined only subsequent to the arrival of the insured person in the host country and if the original ticket cannot be used or rebooked;
 - b) the return trip of the insured person to the host country in case of a return trip due to an emergency in a simple form of traveling, e.g. train ride in coach class or inexpensive plane ticket, economy class, if more than 30 days remain in the host country until the originally planned return or if the insured person has to return to the host country in order to pass an examination that is required for the insured person's further academic career. The insurer assumes the costs for the final return trip if the return ticket has been used or rebooked for the return trip due to an emergency.
2. Sick bed visit
If it has been determined that the stay of an insured person in the hospital will last longer than 14 days, HanseMerkur shall, upon the insured person's request, organize one visit of a person close to the insured person to the location of the hospital and back to his/her place of residence and shall assume the cost of transportation for a round trip (simple class). The prerequisite for this, however, is that at the time of arrival of the person close to the insured person that the stay in hospital has not been completed yet.

Section 3 – Special obligations after occurrence of the insured damage event

(as a supplement to the general obligations listed in the General Part)

1. Upon occurrence of the insured event, the insured person or a person appointed by him/her has to contact the emergency center or HanseMerkur directly by telephone or in any other way.
2. In the event of a return trip due to an emergency
 - a) provide a certificate of the treating physician specifying the diagnosis;
 - how serious the illness or how life-threatening the consequences of the accident are;
 - the point in time when (date) the accident took place or the serious illness was determined for the first time;

- the point in time when the patient had to expect the occurrence of the serious illness;
 - b) in case of death, a copy of the death certificate;
 - c) evidence that a rebooking of the planned return trip was not possible;
 - d) evidence for the most inexpensive traveling option for the return trip;
 - e) original documents about the purchase of and payment for the ticket.
 - f) receipts and relevant information beyond that.
3. In the case of a return trip to the host country according to Section 2, Item 2b) of these provisions, alongside the documents listed under b), evidence has to be provided that more than 30 days will remain in the host country until the originally planned return or that the insured person has to return to the host country in order to pass an examination that is required for the insured person's further academic career.
 4. The legal consequences of any violation of these obligations are stipulated in Section 6, Item 2 of the General Part.

<p>Luggage insurance (only valid if contained in the selected scope of insurance)</p>
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Section 1 – Description of the insurance coverage
Insurance coverage is provided

1. for luggage checked-in/handed over to others for safekeeping (with the exception of the articles listed under Section 2, Item 4), should such luggage be lost, destroyed or damaged while in the safekeeping of a transfer/transport company, an accommodation business or a baggage room;
2. if luggage is not delivered on time by a transfer/transport company (with the exception of the articles listed under Section 2, Item 4), i.e. fails to arrive at the specified destination on the same day as the insured person (delay in delivery), for proof of necessary expenditure on substitute purchases, up to the reimbursement limit, in accordance with Section 5, Item 2;
3. during the remaining period of the trip if luggage is lost, destroyed or damaged as a result of
 - a) criminal acts of third parties. This includes theft, burglary, robbery, robbery under threat and deliberate criminal damage;
 - b) a transport accident (e.g. a traffic accident);
 - c) fire, lightning, explosion, wind storm, flooding, landslides, earthquakes, avalanches.

Section 2 – Insured goods

1. The insured person's luggage is insured within the framework of the agreed insurance sum as well as of the special reimbursement limit in accordance with Section 5, Item 2.
2. The term "luggage" is taken as referring to goods for one's personal traveling requirements that are taken along on the trip, as well as presents and souvenirs purchased during the trip. Articles that are usually only taken along for business purposes or such articles purchased during the trip are not insured.
3. Sports apparatus and accessories (though not motors) are only insured when they are not in use in accordance with the instructions given for use.
4. Valuables such as furs, jewelry, artifacts made of precious metal, photographic equipment, film equipment, portable video systems and game consoles, in each case with their accessories, mobile telephones (though not car telephones) with accessories, portable DVD players, in each case with accessories, and laptops with accessories but without software are only insured within the framework of the reimbursement limits in accordance with Section 5, Item 2; and even then only if they are worn and used as intended, or are in personal safekeeping and are kept secure at all times or are in a properly closed room within a building or on a passenger ship; jewelry and articles made of precious metals, however, only if they are also in a locked container that provides increased security, even against the removal of the container itself.

Section 3 – Benefits

In the case of the insured damage event, HanseMerkur will pay benefits, within the framework of the agreed insurance sum as well as of the special reimbursement limits in accordance with Section 5, for

1. destroyed or lost articles, at their insured value at the time of the damage event;
2. necessary repair costs and any lasting loss in value for damaged articles capable of repair, though only up to a maximum value equivalent to that of the insured value;
3. films, image carriers, sound and data media, at their material value;
4. the re-issue of identity cards, passports, driver's licenses and other identity papers, at the official charges.

Section 4 – Insured value/insured sum

1. The insured value is the amount generally required to procure a new specimen of the same type and quality at the insured person's place of residence, less an appropriate sum (fair value) reflecting the state of the insured article (age, wear, usage, etc.).
2. HanseMerkur pays, for each insured damage event, maximum benefit
 - a) up to the agreed insurance sum;
 - b) up to the reimbursement limits stipulated in Section 5, Item 2, or as additionally agreed.

Section 5 – Uninsured damage and goods/compensation limits

1. Not insured are
 - a) damages incurred due to the loss, leaving lying, leaving standing or leaving hanging of items;
 - b) damage caused by natural or faulty characteristics of the insured item, wear or tear;
 - c) consequential financial losses;
 - d) cash, checks, check cards, credit cards, telephone cards, securities, traveling tickets, deeds and documents of all sorts, items with a predominant artistic value or collectors' items, gold used in dentistry, prostheses of all sorts, electronic data-processing systems of whatever sort (except for audio players and laptops) including accessories and software, firearms of all sorts including accessories, land vehicles, aircraft and watercraft, hang gliders, gliders, parachutes, in each case with accessories.
2. Limited benefits are paid for
 - a) damage to furs, to pieces of jewelry, items made of precious metal and photographic equipment, filming equipment and portable video systems, in each case with accessories, as well as to laptops with accessories, though without software. Such damage can be reimbursed to a total maximum value of 50% of the insurance sum, per damage event insured;
 - b) damage to presents and souvenirs purchased during the trip. Such damage can be reimbursed up to a maximum value of EUR 300.00 per damage event;
 - c) for damage caused by delay in delivery (Section 1, Item 2). In this case proven costs for necessary replacement purchases can be reimbursed up to a maximum of EUR 500.00 per damage event;
 - d) damage to glasses, contact lenses, hearing aids and mobile phones (though car phones are not insured), in each case with accessories. Such damage can be reimbursed up to a maximum value of EUR 250.00 per damage event;
 - e) damage to golfing equipment and (scuba-)diving equipment, as well as to bicycles, in each case with accessories. Unless otherwise agreed, such damage can be reimbursed up to a maximum value of EUR 500.00 per damage event insured;
 - f) damage to surfboards and windsurfing equipment, in each case with accessories. Such damage can be reimbursed up to a maximum value of EUR 500.00 per damage event;
 - g) damage to musical instruments and accessories. Such damage can be reimbursed up to a maximum of EUR 250.00 per damage event, provided the musical instruments have been taken along for private purposes only;
 - h) damage to audio players (e.g. MP3 players) and portable DVD players, in each case including accessories. Such damage can be reimbursed up to a maximum value of EUR 250.00 per damage event;
3. Limitations on the insurance coverage as applicable to motor vehicles and water-sports vehicles
 - a) Insurance coverage for damage to luggage in unsupervised motor vehicles/trailers/water-sports vehicles caused by the criminal acts of third parties only exists to the extent that the luggage could not be seen from outside and was in a closed interior environment or trunk secured by a lock (in the case of a water-sports vehicle, by a

- cabin or a packing box) or in luggage boxes soundly attached to the vehicle.
- b) HanseMerkur makes reimbursement only if it can be proven that the damage occurred during the daytime from 6:00 a.m. to 10:00 p.m. or during a break in a trip of no more than two hours.
 - c) Furs, jewelry, artifacts made of precious metal, photographic equipment, filming equipment and portable video systems, as well as mobile phones, in each case with accessories in unsupervised motor vehicles/trailers/water-sport vehicles are **not** insured.
 - d) Supervision implies the permanent presence of an insured person, or of a person entrusted by the insured person, in the direct vicinity of the item to be secured—though not, for example, the surveillance of an open area, port and suchlike, which is generally used.
4. Limitations on insurance coverage provided in connection with camping
- a) Insurance coverage for damage to luggage while camping, as a result of the criminal activities of a third party, is only provided on **official camping sites** (run by public authorities, associations or private companies).
 - b) If items are left **unsupervised** (Item 3a) in a tent, insurance coverage is only provided for damage caused by the criminal activities of a third party if it can be proven that the damage occurred during the daytime, from 6:00 a.m. to 10:00 p.m. and that the tent was closed.
 - c) Furs, jewelry, items made of precious metal, photographic equipment, filming equipment and portable video systems, mobile phones, watches, optical devices, radio and TV sets, sound-recording and playback devices, in each case with accessories, are not insured if in an unsupervised tent. These items are only insured, within the framework of any reimbursement limits, if they
 - are in personal safekeeping and are kept secure at all times
 - or have been handed over to the camping-place management for safekeeping
 - or were in a trailer/recreational vehicle that was properly secured by a lock or in a fully enclosed and locked motor vehicle in which they could not be seen from outside, in an official camping place.

Section 6 – Special obligations after occurrence of the insured damage event

(as a supplement to the general obligations listed in the General Part)

The policyholder or the insured person is obligated

1. to provide proof of the occurrence of the insured event by submitting evidence of the insurance and booking documents in the original;
2. to enforce compensation claims against a third party (e.g. a transfer/transport company, an accommodation business, baggage room) in due time and in the correct form;
3. to submit a list of all of the items still present at the time of the damage event at the request of HanseMerkur;
4. to notify the transfer/transport company/accommodation business/baggage room company immediately as to the damage to the checked-in/otherwise supervised luggage in accordance with Section 1, Item 1, as well as damage due to delayed delivery in accordance with Section 1, Item 2, and to have this confirmed in writing. Such confirmation must be submitted to HanseMerkur. In the event of non-detectable damage, the respective company is to be informed immediately after discovery of the damage and, observing the deadline for complaints, is to be requested—within seven days at the latest—to inspect and confirm the damage;
5. to report damage caused by criminal acts of a third party in accordance with Section 1, Item 3a, and fire damage in accordance with Section 1, Item 3c, **immediately** to the responsible police department, submitting a complete list of all items damaged; and to have this confirmed in writing. The list of damaged items to be submitted to the police should be prepared as an itemized list providing details as to the respective times of purchase, as well as to the purchase price of the individual items. The complete police record is to be submitted to HanseMerkur;
6. also to submit such a list of all of the damaged items, pursuant to Item 5, to HanseMerkur. Should the list submitted to the police differ from the list submitted to HanseMerkur, benefit payments in the event of reimbursement will only be made for insured items reported to the police as having been lost or damaged.
7. The legal consequences of any violation of these obligations are stipulated in Section 6, Item 2 of the General Part.

Note according to Federal Data Protection Act

We would like to inform you hereby that in case of conclusion of contract or in case of a claim, data will be saved and forwarded to associations of insurance business as well as to reinsurer if applicable. It will only be done if necessary for proper enforcement of contractual relations. Regulations of the Federal Data Protection Act will remain unaffected. The address of each receiver of data will be given on request.

Contact



Claims Office

HanseMerkur Reiseversicherung AG
Abt. RLK 4
Siegfried-Wedells-Platz 1
20354 Hamburg
Germany
Phone: +49-40-4119-2300
E-mail: rlk-kv@hansemerkur.de

CareMed Assist 24-hour-emergency Hotline

+49-1805-777331

CareMed International Sales Office

CareMed GmbH
Oscar-Romero-Allee 15
53113 Bonn
Germany
Phone: +49 (0)228-5554900
Fax: +49 (0)228 55549075
E-mail: germany@caremed-travel.com

CareMed Office

CareMed USA
River Plaza, 9 West Broad Street
Stamford, CT 06902-3788
USA

Medical Claim Form

Your personal data:	
Name	First name
Date of birth (DD/MM/YY)	
Address in home country:	Address in foreign country:
I will return to my home country (DD/MM/YY):	c/o
Street	Street
City ZIP code	City ZIP code
State	State
Country	Country
Phone number	Phone number
E-Mail address	E-Mail address
Your medical treatment:	
Type of illness or accident	
If illness, have you had it before? If yes, when?	
If yes, when?	
In case of an accident own responsibility <input type="checkbox"/> caused by a third party <input type="checkbox"/>	
Reimbursement (the insured shall pay bank fees)	
Have you already paid the doctor's bill? yes <input type="checkbox"/> no <input type="checkbox"/>	
If no , payment will be made directly to the doctor/hospital	
Name of attending doctor/hospital	
Address of attending doctor/hospital	
If yes , you will receive reimbursement by wire transfer to your account	
Name of bank	
Address & country of bank	
Name of account holder	Account number Bank code
SWIFT/BIC and IBAN (please indicate in any case)	
Claim documents	
<p>Send completed claim form with the original invoices to the claims office. INCOMPLETE OR WRONG INFORMATION WILL CAUSE A PAYMENT DELAY.</p> <p>Mail and invoice claims: HanseMerkur Reiseversicherung Abtlg. RLK 4, Siegfried-Wedells-Platz 1 20354 Hamburg Germany</p>	<p>I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p> <p>Date Signature of insured</p>