genki

Insurance Conditions

Genki Traveler — Worldwide Travel Health Insurance

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1. Introduction

Genki Traveler is group travel health insurance designed for frequent and long-term travelers, including digital nomads. It provides one year of worldwide coverage for unexpected Injuries and Illnesses. It is intended as coverage abroad, not as a replacement for health care coverage in Your Home Country.

The following parties are involved making Your Insurance possible:

- We are Genki, a health-focused startup based in Germany. We are committed to supporting the health and well-being of frequent travelers and remote workers, including digital nomads and expats worldwide. We strive to be clear, transparent, reliable, and easy to understand.

  We partnered with the Insurer to develop this insurance exclusively for the Association listed below, complete with a fast Reimbursement process. We are the Policyholder, Your insurance agent, and responsible for premium collection and customer care.
- The Insurer is Squarelife, a modern and experienced insurance company based in Liechtenstein. Known for their innovative technology and financial strength, they are committed to delivering reliable coverage and excellent service.
- Nomads for Impact is a mission-driven association in Germany dedicated to supporting digital nomads and fostering positive change in communities and the environment visited by nomads. They make this insurance available to their members, including You.
- Emergency Assistance is provided by MCI Assist, experts in 24/7 worldwide medical support. They manage Hospital admissions, including arranging direct payments, monitor the quality of Your Inpatient treatment, manage Repatriation, and help You find reputable Hospitals and Doctors.

For Your convenience and to ensure You fully understand this insurance, We have written this document in plain, simple English. Terms such as You and We are clearly defined in the Definitions section.

2. Coverage

2.1. Medical care

In case of unexpected Injury or Illness, You are covered for the following Medically Necessary care:

✔ **Consultations**

You are covered for Doctor consultations to evaluate Your symptoms.

This also includes telemedicine services.

! A second opinion by another Doctor requires Prior Approval.

! House calls (a Doctor visits You) are covered only in a Medical Emergency or with Prior Approval.

✔ **Examinations**

You are covered for Prescribed examinations. For example, CT, ECG, EKG, MRI, PET, and X-ray.

✔ **Procedures**

You are covered for Prescribed procedures. This ranges from minor treatment to major surgery.

✘ You are not covered for organ transplants.

✔ **Medication**

You are covered for Prescribed medication. For example, antibiotics and painkillers.

✔ **Materials**

You are covered for Prescribed materials. For example, bandages, casts, and plasters.

✔ **Aids**

You are covered for Prescribed crutches and rental of Prescribed wheelchairs and walkers.

! This is limited to basic device variants.

✘ You are not covered for repairs.

✔ **Transport**

You are covered for Ambulance transport to the nearest suitable Hospital in a Medical Emergency.

✔ **Facilities**

You are covered for treatment in public and private Hospitals. This also includes Inpatient stays.

! Inpatient stays must be managed by the Emergency Assistance.

! Hospital rooms are covered only up to the costs of a shared room.

! In the USA, You pay the first €100 per visit to an emergency room or urgent care center Yourself. This is separate from the Deductible. It does not apply if the visit results in an Inpatient stay.

✘ You are not covered for amenities. For example, TV, internet, and telephone.

2.2. Repatriation

✔ **Repatriation of You to Your Home Country**

You are covered for a Medically Necessary return transport to Your Home Country, taking into account Your desire to return, Your need for medical care and its availability, as well as costs. This includes transport by any suitable vehicle, including Ambulance and specialized worldwide air ambulance service, as appropriate for Your medical condition.

- ✔ You are not forced to return. You can decide to stay abroad.
- ! This must be managed by the Emergency Assistance or the Insurer.
- ! Your Insurance ends with Your arrival at the destination.

✔ **Repatriation of Your mortal remains to Your Home Country**

Your family is covered for returning Your body to Your Home Country in case of Your death.

- ! This must be managed by the Emergency Assistance or the Insurer.

2.3. Support

✔ **Direct payment to Your Hospital for Inpatient stays**

In case of an Inpatient stay, You do not pay Your Hospital by Yourself.
The Emergency Assistance will handle all payments directly with Your Hospital.

- ! This service is not available where payments are restricted due to Sanctions.
  In such cases, You must pay upfront and request Reimbursement as usual.

✔ **Quality control for Inpatient care**

The Emergency Assistance will monitor the care You receive in the Hospital during a covered Inpatient stay. They will manage Your relocation to another Hospital if needed.

✔ **Hospital visit of a Family Member**

You are covered to have one Family Member visit You during a covered Inpatient stay if it is related to a Life-threatening Emergency. This consists of an economy-class trip for the Family Member to Your Hospital, a simple accommodation for them near Your Hospital during Your covered Inpatient stay, and an economy-class trip back to where they started their trip.

- ! This requires Prior Approval.
- ! This is limited to **€5,000** per Insurance Case.

2.4. Sports & activities

If You incur an Injury or Illness during or as a result of a sport or activity, You are covered only when all coverage conditions related to that sport or activity are met:

✔ **Cycling & mountain biking**

You are covered for recreational riding, except for extreme downhill riding, or highly risky jumps. You are covered even without a helmet. We highly recommend wearing one anyway.

✔ **Diving**

You are covered down to 30 meters (about 98 ft) if You are certified for the kind of dive and depth, or if You are accompanied by a dive professional certified and allowed to guide or supervise You at the kind of dive and depth. The diving certification must be from a recognized authority like BSAC, CMAS, NAUI, PADI, or SSI.

✔ **Hiking, trekking & climbing**

You are covered up to an altitude of 4,000 meters (about 13,120 ft).

! You must use safety gear as required or commonly recommended for Your activity and route.

✘ You are not covered for glacier travel, routes that require crampons or ice axes, or free soloing (climbing without a rope).

✔ **Martial arts & combat sports**

You are covered for training, sparring, and other friendly fights as well as for self-defence.

✔ **Motor vehicle operation**

You are covered for normal driving, including supervised recreational use and go-kart racing, but not for other racing, race training, or unsupervised off-road driving.

! If You are the driver of a motorcycle, You must wear a helmet.

! If You are a passenger on a motorcycle, You are covered even without a helmet.
We highly recommend wearing one anyway.

! If You are the driver, You must own a valid driver's license for the vehicle if it is legally required.
You are covered even without a valid license on Light Motorcycles.
We highly recommend proper driving training in any case.

✔ **Parachuting, paragliding & skydiving**

You are covered if these activities are conducted under the supervision of a licensed instructor, use certified equipment, and comply with all applicable safety regulations.

✔ **Sailing**

You are covered for recreational sailing in both coastal and international waters. If You are the driver, You must own a valid driver's license for the boat if it is legally required. Racing and race training are not covered.

✔ **Skiing & snowboarding**

You are covered on marked trails and designated areas, but not for off-piste, heli-skiing, or heli-snowboarding.

✔ **Surfing**

You are covered, but not for big wave surfing, tow-in surfing, or in extreme weather conditions.

✘ **Excluded sports & activities**

You are not covered for alligator wrestling, BASE jumping, bull riding, hunting, running of the bulls, train surfing, and wingsuit flying.

✘ **Professional sports**

You are not covered for any sport where You are regularly compensated, including receiving salaries, sponsorships, or other forms of payment.

✔ **Other sports & activities**

You are covered for all sports & activities that are not listed above.

2.5. Limits

! **€1,000,000 overall coverage limit**

All coverage under Your Insurance is limited to this combined total.

! **Deductible**

You pay the first **€50 per Insurance Case** for the covered costs and the Insurer reimburses the rest. The Deductible does not apply to costs related to Inpatient stays.

2.6. Major exclusions

If You prefer more extensive long-term coverage, have a look at the long-term insurance Genki Native.

✘ **Prior health conditions**

You are not covered for health conditions that meet at least one of the following criteria:

- You experienced symptoms, sought medical advice, received a diagnosis, or underwent treatment for it within one year before the Start Date.
- It is a chronic condition, a congenital condition, or a physical malformation
  - that You were aware of at any time before the Start Date, or
  - that was diagnosed within two weeks after Your birth.
- It was likely caused by an Accident that occurred within one month before the Start Date.

✘ **Preventive health care**

You are not covered for measures taken to prevent Illnesses before they occur, including checkups, preventive examinations & tests, preventive vaccinations, and preventive genetic testing.

✘ **Rehabilitative care**

You are not covered for therapy aimed at restoring function after Illness or Injury. In such cases, You typically return home and have Your local insurance or public health care take over.

✔ You are still covered for up to **6** Prescribed physiotherapy sessions **per Insurance Case**.

✘ **Dental health care**

You are not covered for anything related to Your teeth, including fillings, inlays & onlays, crowns & bridges, extractions, checkups, professional cleaning, dentures, implants, and orthodontics.

✔ You are still covered for up to **€1,000 per Insurance Case** for basic Medically Necessary dental health care following an Accident during the Insurance Period.

✘ **Eye & ear health care**

You are not covered for monitoring or improving the function of your eyes and ears, including checkups, frames, lenses, contact lenses, eyesight correction surgery, and hearing aids.

✘ **Alternative health care**

You are not covered for treatments outside standard medical practice, including osteopathy & chiropractic, massages & acupuncture, homeopathy, and traditional Chinese medicine.

✘ **Mental health care**

You are not covered for anything related to mental health, including psychotherapy and psychiatry.

✘ **Maternity care**

You are not covered for anything related to pregnancy, including prenatal checkups, ultrasounds, first-trimester screening, amniocentesis, preparation courses, postnatal exercises, midwives, birth assistants, obstetrics, childbirth, postnatal care, and termination.

✔ You are still covered for treatment of a severe deterioration of the health of You or Your baby, but not for childbirth.

2.7. Additional exclusions

You are not covered for anything related to

1) costs that other parties pay for You or reimburse You,
2) Search & Rescue,
3) addiction,
4) Elective Procedures,
5) taking part in crimes, wars, riots, insurrections, or similar violent acts,
6) harm caused by Yourself intentionally,
7) the voluntary consumption of drugs that are illegal in Germany and the country of consumption,
8) treatment that is not performed by a Doctor,
9) treatment at health resorts, sanitariums, or spa-like establishments,
10) treatment by Yourself or Your Family Members,
11) treatment for hair loss including hair transplants or for losing or gaining weight,
12) treatment for improving appearance (cosmetic) or for beauty reasons (aesthetic),
13) treatment related to gender reassignment,
14) treatment related to sexual function or getting pregnant,
15) treatment that is considered experimental or investigational,
16) excessive, unreasonable, and unusual costs considering the region in which they were incurred,
17) brand-name medication where a generic option is available and can be Prescribed, and
18) health products bought for personal use such as thermometers, blood pressure/sugar monitors, home pregnancy tests, contraceptives, and products to help stop smoking.

2.8. Waiting period

1) Insurance Cases that start during the first 14 days of the Insurance Period, including follow-up and related treatments, are covered only if they are caused by or result in a Medical Emergency.
2) The restriction in point 1) does not apply if You can prove that on the day before the Start Date,
   a) You were located in Your Home Country, or
   b) You were located in a country where You have had health care coverage on that day.

3. Area of coverage

3.1. Region

1) Coverage depends on the Region You choose:
   a) **“worldwide”**
      - You are covered in all countries.
   b) **“worldwide (limited in Canada & USA)”**
      - You are covered in all countries.
      - In Canada and the USA, You are covered only for costs related to Medical Emergencies that started within 7 days of Your arrival there.
2) You can change Your Region with a future effective date in the Member Center.
3) If You choose the “worldwide” Region, You must keep that choice for at least one month.

3.2. Home Country

1) In Your Home Country, You are covered only if
   a) the costs are related to a Medical Emergency that started within 6 weeks of Your arrival,
   b) You were located outside of Your Home Country for at least 4 weeks before Your arrival, and
   c) Your arrival was after the Start Date.
2) When You sign up for Your Insurance, You must choose a country as Your Home Country of which You are a citizen or resident on the Start Date.
3) You can not change Your Home Country.
4) The restrictions described in point 1) under Region also apply to Your Home Country.

4. Period of coverage

1) Your Insurance is effective from the Start Date until the End Date — called the Insurance Period.

2) Your Insurance ends if any of the following conditions occur. The earliest End Date applies.
   a) It ends normally **one year** after the Start Date. The End Date is the last day of that period.
      If You need long-term or life-long coverage, have a look at the long-term insurance Genki Native.
   b) It ends if You cancel it with an End Date that meets all of these conditions:
      - It is within one year of the Start Date, meaning before the one-year maximum period.
      - It is on or after one month after the Start Date, meaning after a one-month minimum period.
      - It is on or after the date You cancel it, meaning in the future.
   c) It ends with Your Repatriation. The End Date is the moment of arrival at the destination.
   d) It ends with Your death. The End Date is the moment of death.
   e) It ends if You are affected by Sanctions. The End Date is the moment the Sanctions take effect.
   f) It ends if the Insurer cancels it because You do not meet Your Obligations or commit fraud. The End Date depend on the circumstances.

3) You can cancel Your Insurance or revoke the contract in the following ways:
   a) In the Member Center. This is the easiest and fastest way with instant confirmation.
   b) By email to help@genki.world. This involves a manual review and takes more time.

4) You can revoke Your Insurance contract at any time before the Start Date or within 14 days after receiving Your first Certificate of Insurance. Please refer to the notice regarding revocation.

5) Your Insurance covers Insurance Cases that started within the Insurance Period.
   a) Costs with a Cost Date after the End Date are covered only if all of these conditions are met:
      - Your Insurance ended normally as described in point 2a).
      - The Cost Date is no later than 30 days after the End Date or You have not been medically transportable between the End Date and the Cost Date.
   b) If a cost position spans a period extending beyond the covered period, only the portion within the covered period is covered pro rata.

5. Price

1) Your price, also known as the “insurance premium”, is indicated on Your Certificate of Insurance.
2) Your price depends on the Start Date, Your age on that date, and Your Region.
3) Your price will not change within the Insurance Period unless You change anything under point 2).
4) Health insurance premiums are tax-free under section 4 no. 5 of the Insurance Tax Act (VersStG). Should taxes become applicable in the future, We will add them to Your bill.

6. Payment

1) We collect Your payments for the price of Your Insurance on behalf of the Insurer.
2) You make Your first payment to Us when You sign up for Your Insurance.
3) Recurring payments are due each month and on the same day of the month as the Start Date. If that day does not exist in a month, the payment is due on the last day of the month.
4) Recurring payments are attempted automatically using the payment method of Your last payment. If the first payment attempt fails We will try again several times over the following days.
5) You can change Your payment method at any time in the Member Center.
6) You are responsible for ensuring that Your payment method is valid and can process the payment.
7) We send You an email about Your payment issues immediately. Make sure to check the spam folder.
8) You must communicate and work with Us to resolve issues with Your payment.
   As per § 38 VVG, failure to do so allows the Insurer to cancel Your Insurance. Additionally, We and the Insurer reserve the right to transfer Your debt to a collection agency, prevent You from obtaining any of Our services and insurance products in the future, and take legal action. Just in case.
9) You may only offset Your pending Reimbursements against what You owe the Insurer if Your Reimbursement is either confirmed by the Insurer or legally validated by a court.
10) Payments cannot be made from the account of a person, company, or bank affected by Sanctions.

7. Reimbursement

1) You pay for the costs covered by Your Insurance when You receive services from a provider. Afterward, You submit a Request for Reimbursement to the Insurer. They will review Your request and send You money to refund all costs covered by Your Insurance.

2) In case of an Inpatient stay, the Emergency Assistance will manage payments with the Hospital directly, so You do not need to pay and do not need to request Reimbursement.

3) **For costs of at least €1,000, You must send an itemized cost estimate at least 5 days before starting the treatment or otherwise incurring the costs.**
   a) You must send it to genki@squarelife.eu (the Insurer).
   b) The Insurer will review Your coverage conditions and limits related to the cost estimate.
   c) If You do not do this, only 50% of what would otherwise be covered will be reimbursed.
   d) You do not need to do this in case of an Inpatient stay managed by the Emergency Assistance.
   e) In case of a Medical Emergency, You can also call or send the cost estimate to the Emergency Assistance instead of the Insurer to receive a fast confirmation of coverage and conditions.

4) Covered costs are only reimbursed once the total covered costs for the same Insurance Case exceed the Deductible.

5) If a limit applies to a benefit, costs related to that benefit are only covered up to that limit within the stated period. If a Deductible also applies, the Deductible applies first and only the remainder of the costs after the Deductible is counted towards the limit.

6) Costs cannot be paid or refunded to a person, company, or bank affected by Sanctions.

7) Costs incurred in a currency other than Euros (EUR) will be converted to Euros at the exchange rate determined by the European Central Bank in effect on the invoice date for the costs.

8) If more than one party is responsible for refunding Your costs, the total amount of money received from all parties must not exceed Your costs.

9) If other parties are responsible to pay for Your costs, their obligation to pay takes priority over the obligation of the Insurer, even if they are considered secondary. Your entitlement to request Reimbursement remains unchanged. You must inform the Insurer of other relevant parties.

10) The rights to Reimbursement cannot be transferred or pledged.

8. Obligations

1) You must submit each Request for Reimbursement through the Member Center.
   a) You must provide all information completely, accurately, truthfully, and in good faith.
   b) You must include all invoices that list the costs for which You request Reimbursement. Each invoice must include at least the date, the name and address of the service provider, Your name, and individual positions for each cost with a brief description and the amount.
   c) You must provide additional documentation needed by the Insurer at their request.
2) If needed for processing Your Request for Reimbursement, You must waive doctor-patient confidentiality, allow the Doctor or Hospital to share their medical records with the Insurer, and consent to an examination by a Doctor chosen by the Insurer at the expense of the Insurer.
3) In case of an Inpatient stay, You or Your Hospital must contact the Emergency Assistance before admission or, in case of an Accident or a Life-threatening Emergency, as early as possible.
4) For any coverage requiring Prior Approval, You must obtain explicit approval from the Insurer first.

   You do so by sending an email to genki@squarelife.eu. You must include Your Policy Number, describe Your medical condition and desired treatment, and provide the relevant medical documentation of the Doctor or Hospital.

   You do not need Prior Approval if the Emergency Assistance has already confirmed the coverage that typically needs the approval.
5) You must submit a Request for Reimbursement as soon as possible if You incur costs covered by Your Insurance. This does not apply if their payment is managed by the Emergency Assistance.
6) You must make every reasonable effort to prevent further deterioration of Your health, avoid any actions that could delay Your recovery, and avoid unnecessary costs. This may include the relocation to another Hospital if requested by the Emergency Assistance during an Inpatient stay.
7) Points 3) of Qualification, 8) of Payment, and 3) and 9) of Reimbursement are also Your obligations.
8) Points 1) through 7) apply to the Insured Person (if at least 18 years old) and also the Payer.
9) As per § 28 VVG, failure to fulfill an obligation allows the Insurer to reduce or completely deny Reimbursement and, in some cases, to end Your Insurance early.
10) If a third party is responsible for Your Injury or Illness and You receive any payment (for example, from a lawsuit or settlement), You agree to use that money to repay the Insurer for any treatment costs the Insurer has already paid, up to the amount the Insurer has paid and may still have to pay. You also agree to help the Insurer recover these costs from the third party if needed.

9. Contact

The following table explains who You need to contact in various situations.

Your concern	What to do and who to contact
• Medical Emergencies	**Call the local emergency hotline! (911, 112, etc.)** If You have a Life-threatening Emergency please contact the local emergency hotline first. It is most important to get medical care as quickly as possible. Once You are in the Hospital and stabilized it is the right time to call the Emergency Assistance (see below).
• Request for Reimbursement ("Claim")	Please follow the instructions in the Member Center.
• General questions • Changes to Your Insurance • Documents • Billing • Cancellation & revocation • Technical issues • Ideas & suggestions	Contact **Genki** — Your partner, agent, and support: • Self-service in the Member Center • Chat on genki.world • Email help@genki.world • WhatsApp +49 1573 599 499 7 Available hours (time in Germany): • Monday to Friday typically all day long • Saturday to Sunday from 5:00 (5 AM) to 20:00 (8 PM) • Not available on German public holidays
• Approval for costs of €1,000 or more in case of a Medical Emergency • Inpatient stay at a Hospital • Doctor and Hospital recommendations	Contact **MCI Assist** — the Emergency Assistance: • Call +34 911 599 948 • Email genki@mciassist.com For an Inpatient stay, please have the Hospital contact them directly. This is the most effective way to receive a guarantee of payment. If the Hospital causes problems, You can also contact them Yourself. If a call is not possible or expensive, ask them for a callback by email. Available 24/7.
• Approval for costs of €1,000 or more without a Medical Emergency • Request Prior Approval if needed • Questions regarding Reimbursement • Confirm coverage before treatment • Complaints	Contact **Squarelife** — the Insurer: • Email genki@squarelife.eu Please include Your Policy Number in Your email to them. Available hours (time in Germany): • Monday to Friday from 8:00 (8 AM) to 18:00 (6 PM) • Not available on German public holidays

10. Insurer

The Insurer is:

> **Squarelife** Insurance AG
> Landstrasse 33
> 9491 Ruggell, Liechtenstein
>
> Represented by Dr. Elias Vicari (CEO) and Jörg Dreisow (CSO)
> Registered in Liechtenstein under number FL-0002.197.226-9
>
> Tel: +423 237 15 65 · Email: info@squarelife.eu · Web: squarelife.eu

The Privacy Policy of the Insurer applies.
The primary business activity of the Insurer is providing health and life insurance.

In case of a dispute or complaint regarding Your Insurance, please contact the Insurer first.
They will work quickly to find a solution that works for everyone involved.

The Insurer is not a member of any guarantee fund. You can find their solvency and financial condition report, as required by Article 100 of the Liechtenstein Insurance Supervision Act, on their website.

The Insurer is regulated by the relevant supervisory authority:

> **Financial Market Authority** Liechtenstein
> Landstrasse 109, P.O. Box 279
> 9490 Vaduz, Liechtenstein
>
> Tel: +423 236 73 73 · Email: info@fma-li.li · Web: fma-li.li

You can also contact them or file a complaint. Please note that they are not an arbitration board and cannot issue binding decisions on individual disputes.

Further, the **European Commission** offers a platform for resolving disputes online. It helps settle disagreements over online purchases without going to court.

Your right to take legal action is not affected.

11. Qualification

To qualify for coverage under this insurance, the following conditions apply.

1) This insurance is available exclusively to members of the Association. When You successfully sign up for Your Insurance through the Website, You will become a passive member of the Association for the entire Insurance Period, at no additional cost.
2) You can not sign up to or receive any benefits under this insurance if You are affected by Sanctions.
3) You must provide all information that We and the Insurer request when You sign up for Your Insurance completely, accurately, truthfully, and in good faith.

   As per § 19 VVG, failure to do so allows the Insurer to cancel Your Insurance, even retroactively.

   For more information, please refer to the important notes for answering the application questions.
4) In the case of retroactive insurance coverage for a child as per § 198 VVG, the minimum period of insurance for the parent under this insurance is 3 months until and including the date of childbirth.

12. Compliance

1) We cannot guarantee that this insurance will fulfill Your visa or local health insurance requirements. Ensuring Your own compliance with local regulations is not the responsibility of Us or the Insurer.
2) According to § 193 (3) sentence 1 VVG, which mandates insurance in Germany, We clearly state that this insurance does not qualify as substitutive health insurance under § 146 of the Insurance Supervision Act (VAG) and therefore does not meet the mandatory insurance requirement.

13. Other

1) This is a group contract between the Insurer and Us as the Policyholder. By signing up for this insurance, You participate in this contract and obtain certain rights and obligations as described in this document. Your participation is confirmed only by the Certificate of Insurance You will receive.
2) All dates, times, and periods related to Your Insurance are in the time zone of Germany.
   For example, the Start Date refers to the period from 00:00:00 to 23:59:59 on that day in Germany.
3) Any changes, amendments, or other agreements regarding Your Insurance coverage are only valid if the Insurer confirms them in writing.

4) All declarations of intent and notices to the Insurer or Us must be in writing.
5) All legally binding documents, both contractual and pre-contractual, are provided in English.
6) Communication between You and Us, and separately between You and the Insurer, will be conducted in English.
7) If information is provided in languages other than English, it is offered as a service and does not alter the agreed-upon contract language and terms.
8) The Insurer may decide to change the service provider that provides Emergency Assistance. In that case, We will inform You as early as possible about the change and the new contact information.
9) You agree the Insurer, the Association, and We share Your personal non-medical data and the Insurer and We share Your medical data with each other as needed to fulfill Your Insurance contract and to improve products and services.
10) If any terms conflict, exclusions and limitations take precedence over any coverage provisions.
11) In case a monthly or yearly period is mentioned and the same day of the month does not exist after the period, it refers to the last date of the last month. For example, one month from 31 March would refer to 30 April (the last day of the month), not 1 May (one day later) or 31 April (does not exist).

14. Jurisdiction

1) This contract is governed by German law and falls under German jurisdiction.
2) If a dispute requires court resolution You can take legal action in Ruggell (Liechtenstein) where the Insurer is based or in Cologne (Germany) where We are based.

15. Severability

If any part of this contract is declared invalid, illegal, or unenforceable, the remainder will continue in full force and effect as if the contract had been executed without the invalid provision. The parties will aim to replace any invalid part with a valid one that most closely matches the intent of the original part.

16. Definitions

The following definitions clarify terms used in this document. For Your convenience, they appear in Uppercased Words. They apply to every instance of the term — whether singular, plural, uppercase, or lowercase. They do not apply in the Appendix.

Accident — An unplanned, sudden event that causes bodily harm, clearly resulting from an external, violent, and visible factor. It must occur independently of any other condition, and its effects must be visibly evident and capable of being confirmed by a Doctor when evaluated.

Ambulance — A legally authorized emergency vehicle, including road, air, water, and rail vehicles, equipped to provide immediate medical care and transport to a Hospital in urgent situations.

Association —The mission-driven association **Nomads for Impact** e.V. in Cologne, Germany. You, like all other beneficiaries of this insurance, receive coverage as members of this association. We have a group insurance policy with the Insurer to make this insurance available to their members.

Certificate of Insurance — A document that confirms Your coverage under this insurance. It lists Your information as well as relevant details of the coverage and the price that apply to You. We provide You with that document on behalf of the Insurer after You have successfully signed up for this insurance.

Claim — A Request for Reimbursement.

Cost Date — The date a cost position belongs to. It is determined by

- in the case of a benefit related to death, the moment of death,
- in the case of treatment, the day of treatment as indicated on the invoice,
- in the case of medications, materials, or devices, the day it was received,
- in all other cases, the day the related benefits were received.

Deductible — The amount of covered costs You pay Yourself before Your Insurance reimburses the rest. Your deductible is €50 per Insurance Case. For example, if You request Reimbursement for €300, You pay the first €50 and the Insurer reimburses the remaining €250.

Doctor — Any medical professional who is licensed to provide health care services to individuals, including but not limited to doctors, physicians, surgeons, specialists, nurses, therapists, chiropractors, physiotherapists, and osteopaths.

Elective Procedure — A procedure that, based on medical standards, can safely wait without meaningful risk of complications or deterioration, including after You are discharged from the Hospital and the procedure is rescheduled. This depends on the urgency of the medical condition, not on whether treatment is Medically Necessary or on Your travel plans. A Doctor recommending treatment now does not make it urgent. The question is whether it could safely wait.

Examples, when not at risk of complications: hernia repair, cataract surgery, hip or knee replacement, knee arthroscopy, varicose vein removal, deviated septum surgery.

Emergency Assistance — A 24/7 support service operated by **MCI Assist** in Madrid, Spain, that is part of Your Insurance. They provide advice, assistance, and manage medical care when needed. You can contact them to manage Inpatient Hospital stays including direct payment, receive recommendations for suitable Doctors and Hospitals, and request Prior Approval in case of Medical Emergencies.

End Date — The moment Your Insurance ends. It depends on how Your Insurance ends. If a time was not specified, it ends at 23:59:59 on the specified day. The time zone of Germany applies.

Family Member — Any individual related to You by blood, marriage, registered partnership, domestic partnership, or legal adoption. This also includes a spouse, registered partner, domestic partner, children (including adopted and stepchildren), parents, siblings, grandparents, and grandchildren.

Home Country — The country where You typically live and have access to local long-term health care. Travel health insurance covers You primarily outside of this country. For preventive care, long-term treatment, rehabilitation, and support by family and friends, You would typically return to this country.

Hospital — A legally licensed institution that operates primarily to diagnose and treat Illness and Injury. This institution typically provides 24-hour nursing service by registered nurses, has facilities for surgical operations, and is supervised by a staff of one or more licensed physicians. This does not include facilities that primarily offer custodial, convalescent, or long-term care services.

Illness — A condition involving an abnormality in body function or structure, not precipitated by an external, violent, and accidental event, and diagnosed by a medical professional. This condition requires medical treatment or intervention.

Injury — A bodily harm that results directly and solely from an Accident. The injury must be distinct from any Illness or pre-existing condition and must be verified by a Doctor through physical examination or diagnostic testing.

Inpatient — Seeking treatment or services involving admission to a Hospital, getting assigned a Hospital bed to receive medical care, treatment, or surgical procedures, regardless of whether an overnight stay is required. Such care involves medical services provided to individuals who require close monitoring, intensive treatment, or surgical intervention within a Hospital setting.

Insurance Case — A single occurrence of an Illness or Injury covered by Your Insurance. For an Accident, it starts on the day the Accident happens if Your Insurance covers that day. For an Illness, it starts on the day of the first consultation, treatment, examination, or test related to the Illness if Your Insurance covers that day. It ends when all related treatments are finished, but coverage may end earlier.

Insurance Period — The period from the Start Date until and including the End Date of Your Insurance.

Insurer — The insurance company **Squarelife** Insurance AG in Ruggell, Liechtenstein. Also see Insurer.

Insured Person — The person who is entitled to receive the coverage and services under the terms outlined in this document.

Life-threatening Emergency — A Medical Emergency that poses a direct and immediate risk to Your life. In these cases, urgent medical care is required to prevent imminent death. Examples include heart attacks, strokes, and severe Injuries involving major blood loss.

Light Motorcycle — Any two-wheeled motor vehicle whose manufacturer-specified top speed does not exceed 110 km/h (about 68 mph) and that, if fitted with a combustion engine, has a displacement of 125cc or less, or, if electric, has a continuous rated motor power of 11 kW or less.

Medical Emergency — A sudden Illness or Injury that demands immediate medical attention to prevent severe health consequences. It includes events such as heart attacks, strokes, severe trauma, fractures, or other urgent health situations that require prompt medical care to preserve Your life or prevent significant damage to Your health.

Medically Necessary — Determined objectively to be essential for the diagnosis or treatment of a medical condition, Injury, or Illness based on accepted medical standards and practices and not for the convenience of the patient or health care provider.

Member Center — Our website that allows You to manage Your Insurance: https://you.genki.world

Our — Related to Us.

Payer — The person who signs up and pays for this insurance and has the rights and obligations described in this document. This is typically the same person as the Insured Person, but can also be a different person. For example, a father as the Payer can sign up for insurance for his daughter as the Insured Person.

Policy Number — A unique number for Your Insurance. It is shown on Your Certificate of Insurance. You may need it for immigration purposes or for the Emergency Assistance so they can easily find Your Insurance in their system.

Policyholder — We as the party who concludes this group travel health insurance contract directly with the Insurer for members of the Association. You join this contract to obtain Your Insurance coverage including the rights and obligations as described in this document.

Prescribed — Formally recommended in writing on an official document by a Doctor, in accordance with local applicable laws and regulations, because it is considered Medically Necessary.

Prior Approval — A formal permission You must obtain from the Insurer before receiving certain benefits. The Insurer will review Your situation and may discuss alternative options with You before deciding on the concrete coverage, benefits, and conditions. See also point 4) of Obligations.

Reimbursement — Money the Insurer pays You for covered costs You have already paid for Yourself. This means You will initially be responsible for paying these costs directly. After submitting the proper documentation to the Insurer, they will review Your request and, if covered under Your Insurance, send (reimburse) You money for the covered amount of these costs.

Repatriation — The transport of You to a destination in Your Home Country for medical reasons or following Your death. If needed, specialized medical transport can be used. Your Insurance ends at the moment of Your arrival at the agreed destination.

Request for Reimbursement — The formal notification You submit to the Insurer to request Reimbursement. This is often referred to as a "claim".

Sanctions — Economic, trade, or financial penalties, restrictions, or embargoes imposed by the European Union, Liechtenstein, or the USA (provided they do not contradict any laws of the European Union or Liechtenstein) that apply to an entity or an individual.

Search & Rescue — Specialized emergency operations aimed at locating and assisting individuals who are lost, stranded, or in immediate danger in remote or hazardous environments. These operations involve deploying trained teams to ensure the safety of the insured and facilitate their extraction. Such services are distinct from regular Ambulance.

Start Date — The moment Your Insurance starts. That is 00:00:00 (midnight) on the day You choose when signing up for Your Insurance. The time zone of Germany applies.

Us — Means We.

VVG — The German Insurance Contract Act (Versicherungsvertragsgesetz).

We — We are Genki, meaning the company **Genki** UG (haftungsbeschränkt) in Cologne, Germany. We love to help our customers stay healthy while they are exploring the world. We are Your insurance agent and policyholder, simplify the management of Your Insurance, and take care of supporting You.

Website — Our website for learning about and signing up for this insurance: https://genki.world

You — The Insured Person, if used to refer to the person for whom costs are covered, limited, or excluded, or benefits provided under Your Insurance. The Payer, if used to refer to the person who signs up and pays for this insurance or whom We and the Insurer typically communicate with.

Your — Related to You.

Your Insurance — The terms, conditions, and coverage that apply to You after successfully signing up for the insurance. These terms are described in this document, also known as the "insurance policy". Your Certificate of Insurance contains additional information and terms that are specific to You.

Yourself — Means You.

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Appendix

Additional documents
relevant to Your Insurance

Application

Important notes for answering the application questions

What is the pre-contractual notification obligation?

Before you submit your contract, you must answer a series of questions about your health, your job, and other personal circumstances. We - the Squarelife Insurance AG ("Squarelife") - ask you these questions when you apply for insurance.

In doing so, you must specify all the dangerous circumstances that are known to you and which we have asked for. This is called "pre-contractual disclosure obligation". We need this information in order to decide whether we can offer you a contract at all and what conditions it has.

It is important that you fully and truthfully specify all the dangerous circumstances that you are aware of. In doing so, you also have to specify such dangerous circumstances that you think are not significant. However, you do not have to specify any risk circumstances for which we do not ask. If you give false information, you may lose all or part of your insurance cover. If we find that you have not complied with your pre-contractual duty to report, we have a number of legal options. These are presented to you in this document.

1. Resignation & discontinuation of the insurance cover

If you have intentionally violated the pre-contractual obligation, we can withdraw from the contract.

If you have grossly negligently violated your obligation to report, we may also resign.
Exceptions are two cases:

- We would have offered the contract even if we had known about your undisclosed risks.
- We would have offered a contract on different terms if you had not concealed certain risks with gross negligence.

If you have violated the duty of disclosure neither intentionally nor grossly negligent, we may not withdraw from the contract.

If you withdraw from the insurance contract, you lose the insurance cover. However, if a benefit claim has already occurred before our withdrawal, we will still pay the benefits under the following conditions:

- The circumstance that you did not or did not indicate was the cause of neither the occurrence nor the determination of the insured event.
- This circumstance was also not the cause of the determination or the extent of our obligation to pay.

However, if you have fraudulently violated the duty to report, we do not have to pay benefits.

You can not reclaim the premiums you paid before the withdrawal took effect.

2. Surrender

We can surrender the contract if you have violated the duty of disclosure, but this was neither deliberate nor grossly negligent and a resignation is therefore not possible. We have a notice period of one month. However, under two conditions we may not terminate the contract:

- We may not cancel if we would have closed the contract even if you had shown us all the risk circumstances.
- Likewise, we have no right to cancel if we had concluded the contract on other terms, if you had complied with the obligation to notify.

3. Contract adjustment

If we had concluded the contract on other terms and conditions, if you had fulfilled your obligation to notify, we may change the terms of the contract retroactively. It is possible that you lose the insurance cover for already occurred and future insured events.

If you are not responsible for the obligation to disclose, we waive our right that the other conditions become part of the contract. In the following cases you can terminate the contract without notice within one month after receiving the notification that we wish to change the contract:

- We are increasing the premium by more than 10% when adapting the contract.
- By contract modification you lose the insurance cover for the circumstance that you did not or not completely indicated.

4. Exercise of our rights

We may only exercise our rights to rescission, surrender or contract adjustment if we have notified you in writing of the consequences of a violation of the obligation to notify. We have done this with this document.

We must assert our rights in writing within one month after we learn that you have violated your disclosure obligation. In doing so, we must state the circumstances on which we base our explanation. Within the one-month period, we may state other circumstances justifying our statement.

We can only exercise these rights within 5 years from the conclusion of the contract. However, this does not apply to insured events that occurred before this period expired. If you have violated the duty of disclosure intentionally or fraudulently, we can exercise the rights mentioned within 10 years.

5. Contestation

We can also contest the contract if you have deliberately and intentionally influenced our decision to accept with incorrect or incomplete information.

Privacy

Squarelife Insurance AG ('Squarelife') Privacy Policy

This Privacy Policy has been created to let you know how your personal data is processed by Squarelife and what your rights are according to data protection regulations.

Data Processing Controller

Squarelife Insurance AG
Landstrasse 33, 9491 Ruggell, Liechtenstein
info@squarelife.eu

Registered in the Liechtenstein Public Register under the following number: FL-0002.197.226-9

You may contact our Data Protection Officer by post at the address above. Please mark your correspondence "FAO Data Protection Officer". Or you can send an email to: customercare@squarelife.eu

Purposes & Legal Grounds for Data Processing

We process your personal data in accordance with the EU General Data Protection Regulation (GDPR), country-specific data protection regulations, relevant data protection regulations of the Insurance Contract Act and all other relevant laws.

If you apply for insurance cover, we will need to make use of the information you provide us to conclude the contract and to estimate the risk we are to assume. If an insurance contract is drawn up, we will process this data to carry out contractual relationships such as issuing the policy or invoicing. We need information about the claim, for example, in order to be able to check whether an insured event has occurred and the amount of the loss.

We cannot enter into or carry out an insurance contract without processing your personal data.

Furthermore, we need your personal data to create insurance-specific statistics, e.g. for developing new tariffs or to fulfil regulatory requirements. We use the data resulting from all Squarelife contracts to monitor our customer relationships, e.g. to provide advice on contractual adjustments or extensions, for making decisions based on goodwill, or for providing extensive information.

The legal basis for this processing of personal data for pre-contractual and contractual purposes is Article 6 (1) (b) GDPR. Insofar as special categories of personal data are required (e.g. data concerning your health at time of taking out a life insurance policy), we will obtain your consent according to Article

9 (2) (a) in conjunction with Article 7 GDPR. If we create statistics using these data categories, this will be carried out based on Article 9 (2) (j) GDPR in conjunction with country-specific data protection regulations.

We also process your data to protect our legitimate interests or those of third parties (Article 6 (1) (f) GDPR). This may be necessary in the following cases:

- to guarantee IT security and operation,
- to prevent and explain offences; we particularly use data analyses to detect any indications of insurance fraud.

In addition to this, we also process your personal data to fulfil legal obligations such as regulatory requirements, retention requirements regulated by commercial and taxation laws and our duty to advise. The legal basis for this processing is the respective legal regulations in conjunction with Article 6 (1) (c) GDPR.

If we wish to process your personal data for a purpose that is not mentioned above, we will inform you in advance within the scope of the legal provisions.

Categories of Personal Data Recipients

Reinsurer

We insure our risks with special insurance companies called reinsurers. To do this, it may be necessary to pass on your contractual and/or claim details to the reinsurer so that they can form their own impression of the risk or the insurance claim. Furthermore, it is possible that the reinsurer will support our company with their specialist expertise in the area of risk or performance testing as well as in evaluating procedure processes. We transfer data to the reinsurer only if it is absolutely necessary to fulfil our insurance contract with you or as is necessary to protect our legitimate interests. You can request more information about the reinsurer that we use by contacting us at the address above.

Agent

Your insurance contract is being handled by Genki. They will process the application, contractual and claim data required to enter into and carry out the contract. Our company will also pass this data on to Genki if they need it to handle and advise you on your insurance and financial service matters.

Data processing within the corporate group

Specialist divisions of our corporate group perform certain data processing tasks centrally for group-affiliated companies. Insofar as an insurance contract exists between you and Squarelife, your

data may be processed centrally by a group-affiliated company for central address data admin, telephone customer support, policy and claims processing, collection and disbursement or collective mail handling.

The corporate group consists of the following companies:

- Squarelife Insurance AG, Liechtenstein
- Lifeware SA, Switzerland
- Lifeware GmbH, Germany
- Lifeware SA, Luxemburg

External service providers

To fulfil our contractual and legal obligations, we make use of external service providers to a certain extent. You can request more information about the contractors and service providers that we use by contacting us at the address above.

Additional recipients

We also transfer your personal data to additional recipients such as authorities to fulfil our legal reporting obligations (e.g. social insurance agencies, financial authorities or law enforcement authorities).

Duration of Data Retention

We delete your personal data as soon as they are no longer required for the above named purposes. This means that personal data may be retained for the period in which claims can be made against our company (e.g. statutory limitation periods between three and thirty years). Furthermore, we retain your personal data for as long as we are required to do so by law. The corresponding proof and retention obligations stem from taxation laws and the Money Laundering Act, among others. The retention period here is up to ten years.

Rights of Those Affected

You can request information on your personal data by contacting us at the address above. Furthermore, in certain cases, you can also request that your data be corrected or deleted. You may still be entitled to exercise your right to limit the processing of your data and the right to disclose your data in a structured, conventional, machine-readable format.

Right to Object

You have the right to object to the processing of your data for the purposes of direct advertising. If we process your data to protect legitimate interests, you may object to this processing if there are reasons arising from your particular situation that oppose the data processing.

Right to Lodge a Complaint

You are entitled to complain to the above-named Data Protection Officer or the responsible data protection supervisory authority. You can request information regarding the responsible data protection supervisory authority by contacting us at the address above.

Data Exchange with Your Previous Insurer

In order to check your details or, if necessary, to supplement them when entering into an insurance contract or when making an insurance claim, it may be necessary to exchange personal data with the previous insurer given on your application.

Transferring Data to Third Countries

If we need to transfer personal data to service providers outside the European Economic Area (EEA), we will only do so if the EU Commission can confirm that the third country has an appropriate level of data protection or if other data protection guarantees exist (e.g. binding, intra-corporate data protection regulations or EU standard contract clauses).

Automated Case-by-Case Decisions

In certain cases, based on the details you provide us, we make fully automated decisions when it comes to application and contract processing as well as damage and claims processing. The decision is based particularly on your details regarding personal risk characteristics. These fully automated decisions are mainly based on the contractual terms and conditions and the rules and processing guidelines derived from them.

Consent

Consent to the collection and use of your health data and declaration of confidentiality

The provisions of the Insurance Contract Act, the Federal Data Protection Act and other data protection regulations do not contain sufficient legal bases for the collection, processing, and use of health data by insurance companies. In order to collect and use your health data for this application and the contract, Squarelife Insurance AG ("Squarelife") requires your consent as per data protection law.

The following declarations of consent are indispensable for the examination of the application as well as the establishment, execution, or termination of your insurance contract in Squarelife. If you do not hand them in, the conclusion of the contract will usually not be possible. The declarations concern the handling of your health data and other data protected according to § 203 StGB

- by Squarelife itself,
- when sharing with places outside of Squarelife,
- if the contract is not concluded.

1. Squarelife's Collection, Storage, and Use of Health Information You Provide

You provide consent to Squarelife for collecting, storing, and using the health information provided in this application and in the future to the extent necessary for the purpose of reviewing the application and justifying execution or termination of this insurance contract is necessary.

2. Declarations in the event of your death

In order to check the obligation to pay, it may also be necessary to check health information after your death. An examination may also be necessary if, up to 10 years after conclusion of the contract, Squarelife has concrete indications that incorrect or incomplete information was provided and thus the risk assessment was influenced. For this, too, we require consent and release from confidentiality.

In the event of your death, you agree that Squarelife may use your health information with doctors, nurses, and hospital staff to the extent necessary for the benefit review, other hospitals, nursing homes, personal insurers, statutory health insurance funds, professional associations and public authorities and use them for these purposes.

You release the named persons and employees of the institutions from their duty of confidentiality, your lawfully stored health data from examinations, consultations, treatments and Insurance claims and contracts from a period of up to 10 years prior to filing the application is submitted to Squarelife.

In addition, you agree that in this context – if necessary – your health data will be passed on by Squarelife to these bodies and exempt in this respect the person working for Squarelife from their duty of confidentiality.

Prior to each data collection in accordance with the previous paragraphs, you will be informed by whom and for what purpose the data is to be collected, and you will be given the opportunity to object and provide the required documentation.

3. Disclosure of your health data and other data protected under § 203 StGB to places outside of Squarelife

Squarelife contractually commits the following entities to comply with data protection and data security regulations.

3.1. Data transfer for medical assessment

For the assessment of the risks to be insured and for the examination of the obligation to pay, it may be necessary to involve medical experts. Squarelife requires your consent and release from confidentiality of your health data and other data protected under § 203 StGB are transmitted in this context. You will be informed about the respective data transmission.

You consent to Squarelife that they might share your health information with medical professionals as needed for risk assessment or performance obligations and your health data will be used for the intended purpose and the results are transmitted back to Squarelife. You release the employees of Squarelife and the experts from their obligation to maintain the confidentiality of your health information and other information protected under §203 StGB.

3.2. Delegation of tasks to other bodies (companies or persons)

When Squarelife needs to collect, process, or use your health data to perform a task (such as underwriting, processing claims, or telephone customer support), it transfers the task to a third party rather than performing it itself. Squarelife requires your release from confidentiality for itself and, if necessary, for the other bodies in the event that your data, which is protected under 203 StGB, is transferred.

Squarelife shares data with the following sister companies for contract administration and claims settlement purposes:

- Lifeware SA, Switzerland
- Lifeware GmbH, Germany

In addition, Squarelife can also commission external service providers to take over these tasks. You can request further information on the service providers used from Squarelife.

You agree that Squarelife may transfer your health data to Lifeware and other external service providers and that the health data will be collected there to the same extent for the stated purposes and be used as Squarelife would. If necessary, you release the employees of certain bodies from their duty of confidentiality with regard to the disclosure of health data and other data protected under § 203 StGB.

3.3. Data transfer to reinsurance companies

In order to secure the satisfaction of your claims, Squarelife may engage reinsurance companies that assume all or part of the risk. In some cases, the reinsurers make use of other reinsurance companies to which they also hand over their data. In order for reinsurance to form its own picture of the risk or the insured event, it is possible that Squarelife may submit your insurance application or claim for benefits of reinsurance. This is particularly the case if the sum insured is particularly high or if the risk is difficult to classify.

In addition, it is possible that reinsurance will support Squarelife due to its special expertise in risk or benefit assessment as well as in the evaluation of procedures.

If reinsurance companies have taken over the coverage of the risk, they can check whether Squarelife has correctly assessed the risk or a claim.

In addition, data on your existing contracts and applications will be passed on to reinsurance companies to the extent necessary so that they can check whether and to what extent they are entitled to or can share in the risk. For the settlement of premium payments and claims, data about your existing contracts can be passed on to reinsurers.

For the above-mentioned purposes, anonymized data is used as far as possible. Pseudonymized data can also be used for personal health information.

Your personal data will only be used by the reinsurance companies for the aforementioned purposes. Squarelife will notify you about the transfer of your health data to reinsurance companies.

You agree that your health data – if necessary – will be transmitted to reinsurance companies and used there for the stated purposes. If necessary, you release the persons working for Squarelife from their duty of confidentiality with regard to the health data and other data protected under § 203 StGB.

4. Storage and use of your health data if the contract is not concluded

If the contract with you is not concluded, Squarelife will retain your health information collected as part of the risk assessment in the event that you apply for insurance coverage again. Your data will be stored at Squarelife until the end of the third calendar year following the year of application.

You agree that Squarelife may use your Health Data – if the contract is not concluded – for a period of three years from the end of the calendar year of the application to the above is stored and used for this purpose.

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Revocation

Notice regarding revocation

Division 1: Right of revocation, consequences of revocation, and particular remarks

Right of revocation

You may revoke your contractual acceptance within 14 days in text form without stating reasons (e.g. letter, fax, email).

The period begins after you have received

- the Certificate of Insurance,
- the terms of the contract, including the general terms and conditions of insurance applicable to the insurance agreement, these in turn including the conditions of the tariff,
- this notice,
- the Insurance Product Information Document,
- and the further information provided in Division 2,

in each case in text form.

Dispatching the revocation in good time suffices to meet the revocation deadline. The revocation is to be addressed to:

Squarelife Insurance AG
Landstraße 33
9491 Ruggel, Liechtenstein

You can also easily declare your revocation in the Member Center, through the support chat on the Website, or by emailing help@genki.world.

Consequences of revocation

Insurance protection will be terminated in the event of effective revocation, and the insurer must refund to you the share of the premiums incurred for the period after receipt of the revocation if you have agreed to insurance protection commencing before the end of the revocation period. The insurer may retain the share of the premium accounted for by the period until receipt of the revocation, in this case, the part of the premiums attributable to the period up to the receipt of the revocation. The insurer must

refund repayable amounts promptly, at the latest 30 days after receipt of the revocation. If insurance protection does not commence before the end of the revocation period, effective revocation will cause payments received to be refunded and benefits drawn (e.g. interest) to be surrendered.

Particular remarks

Your right of revocation ceases to apply if, at your explicit request, the contract has been fully performed both by you and by the insurer before your exercising your right of revocation.

Division 2: List of further information required for the commencement of the revocation period

The duties to inform are listed in detail as follows with regard to the further information provided in Division 1, second sentence:

Subdivision 1: Duties to inform in all classes of insurance

The insurer must provide you with the following information:

1. the identity of the insurer and of any branch office through which the contract is to be concluded; the commercial register with which the legal entity is registered, and the corresponding register number, must also be indicated;
2. the address of the insurer at which documents may be served, and any other address relevant to the business relationship between the insurer and yourself, in the case of legal entities, associations of persons or groups of persons, also the name of a person authorised to represent them; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;
3. the main business activity of the insurer;
4. information concerning the existence of a guarantee fund or of other compensation arrangements; the name and address of the guarantee fund shall be indicated;
5. the essential features of the insurance benefit, in particular, information on the type, scope and due date of the benefit provided by the insurer;
6. the total price of the insurance, including all taxes and other price components, whereby the premiums are to be itemized if the insurance agreement is to comprise several separate insurance contracts, or if an exact price cannot be indicated, information on the basis used for its calculation which enables you to verify the price;
7. details regarding payment and fulfillment, in particular, the method of payment of the premiums;

8. any limitation of the period of validity of the information provided, for example, the period of validity of time-limited offers, in particular concerning the price;
9. information as to how the contract is established, in particular as to the commencement of the insurance and of the insurance cover, as well as to the duration of the period during which the applicant is to be bound by the application;
10. the existence or non-existence of a right of revocation, as well as the conditions, details of its exercise, in particular the name and address of the person to whom such revocation is to be addressed, and the legal consequences of revocation, including information regarding the amount that you may be required to pay in the event of revocation; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;

11a. Information regarding the term of the contract;

11b. Information regarding the minimum term of the contract;

12. information concerning the termination of the contract, in particular regarding the contractual terms and conditions of termination, including any contractual penalties; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;
13. the Member States of the European Union the law of which the insurer uses as a basis for establishing relations with yourself before the conclusion of the insurance contract;
14. the law applicable to the contract,
15. the languages in which the terms and conditions of the contract, and the preliminary information referred to in this Subdivision, will be communicated, as well as the languages in which the insurer undertakes, with your consent, to conduct communications during the term of this contract;
16. the possibility for you to have access to an out-of-court complaint and appeal procedure and, where applicable, the prerequisites for such access, expressly stating that the possibility for you to have recourse to the courts remains unaffected thereby;
17. name and address of the competent supervisory authority, as well as the possibility of lodging a complaint with this supervisory authority.

End of the revocation notice