

Care Concept AG | Am Herz-Jesu-Kloster 20 | 53229 Bonn

Naurene Sara Jose
c/o Naurene Sara Jose
MALIACKAL PARUDEESA NAGAR
683513 NORTH PARAVUR
Kerala
India

26.10.2024

Confirmation of receipt of application for policy number: AT249083548

Hello Naurene Sara Jose,

Should your application be approved, you will receive your insurance documents from us via e-mail and subsequently another e-mail in order to be able to log in to the customer portal and manage this policy there.

If our review of your application shows that we are not able to insure you at this plan rate, we will notify you accordingly.

Sincerely,

Care Concept AG

We received your application with the following details:

Important questions

Has the insured person (IP) previously been insured with us?	No
Was the IP medically insured in the country of destination before commencement of coverage?	No
Height of the insured person in centimeters (cm)	156
Body weight of the insured person in kilograms (kg)	52
Have complaints, illnesses, health problems, anomalies and/or the consequences of accidents existed in the last 3 years or still existing (except regular check-ups without findings, common colds/flu or short-term, minor gastro-intestinal diseases)?	No
In the last 3 years, have treatments by doctors/associates of other healing professions (e.g. dentist, alternative practitioner, psychotherapist / psychologist) been carried out on an outpatient basis or in hospitals / health resorts or are such treatments recommended for the future? Please do not indicate any preliminary examinations in which no findings have been made.	No
Have you taken any medication (other than contraceptives) regularly for more than 14 days in the past 12 months?	No
Are there missing teeth in the natural teeth that have not yet been replaced? If yes, please indicate the number. (Complete closure of gaps, wisdom and milk teeth are not considered missing teeth)	No

Policyholder / contract holder

Salutation	Ms.
First name	Naurene Sara
Last name	Jose
Date of birth	07.08.1998

Information about insured person (1)

Salutation	Ms.
First name	Naurene Sara
Last name	Jose
Nationality	India
Date of birth	07.08.1998

Information about health insurance

Insurance plan

Firma:	Care Concept AG	Telefon: +49 228 97735-0	Vorstand:	Jörg Schmidt, Dirk Günther
Hausanschrift:	Am Herz-Jesu-Kloster 20 53229 Bonn	Telefax: +49 228 97735-35	Aufsichtsrat:	Hans Geisberger (Vors.)
Postanschrift:	Postfach 30 02 62 53182 Bonn	E-Mail: info@care-concept.de	Handelsregister:	HRB 8470 Amtsgericht Bonn
USt-IdNr./IHK-Reg.-Nr.:	DE813961035/D-KJUH-GSQ14-87	Internet: www.care-concept.de	Gesellschaftssitz:	Bonn

Desired commencement of coverage 08.02.2025

Duration 12 Months

Premium Health insurance: 51.00 EUR monthly

Information about stay abroad

Place of residency before the start of the trip: India

Country of destination: Austria

Reason for trip abroad Study (university etc.) Sokrates/Erasmus International Business School

Date of entry/departure date 08.02.2025

Policyholder's address/Contact information

c/o Naurene Sara Jose

Street building/house no.: MALIACKAL PARUDEESA NAGAR

Zip code City: 683513 NORTH PARAVUR

Country: India

Information about payment

Payment method: Bank transfer monthly

Payment amount:

Health insurance: 51.00 EUR monthly

Additional contact information in the event of questions

Email: naurene98@gmail.com

Area code Telephone: 91 8078218842

Area code FAX: 91 08078218842

How did you find us?: sonstiges

Additional e-mail address: naurene98@gmail.com