



Naurene Sara Jose  
c/o Naurene Sara Jose  
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683513 North Paravur

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10/26/2024

#### **INSURANCE INFORMATION**

Insurance: Health insurance policy Care Austria 364  
Insurance policy number: AT249083548  
inception date: 2/8/2025  
expiry of an insurance policy: 2/6/2026  
payment method: bank transfer

#### **INSURANCE HOLDER**

Last name: Jose  
First name: Naurene Sara

#### **INSURED PERSON**

name: Jose  
first name: Naurene Sara  
date of birth: 8/7/1998  
entry: 2/8/2025

Insured risk: The insurer pays compensation for insured events occurring during a temporary stay abroad. The content of your insurance contract for individual insurance is determined by the information in the insurance policy.

The scope and content of your insurance cover are based on this insurance policy, any subsequent supplements, the General Insurance Conditions, including tariff with tariff conditions, the Articles of Association and statutory provisions - in particular the Law on Insurance Contracts (VersVG).

The insurance cover complies with the requirements of Regulation (EC) No. 810/2009 of the European Parliament and of the Council of the European Union of 13 July 2009 and is not limited to EUR 30,000.

Reimbursements within the scope of insurance cover are made in accordance with the requirements of §11 Niederlassungs- und Aufenthaltsgesetz (NAG) or the protection of the respective regional health insurance funds / ÖGK.

For further information please refer to your contract documents.

This confirmation of insurance cover is expressly valid for submission to foreigners authorities, embassies, consulates and border stations.



Approval clause: The insurance certificate differs from the application in the places marked in italics and bold. If there is no written objection within one month of receipt of the insurance policy, the deviations shall be deemed accepted.

**Further important information and legal consequences can be found in the following explanations.**

#### **INFORMATION ON THE PAYMENT OF CONTRIBUTIONS**

Please transfer the premium to the following account of Care Concept AG • Hypovereinsbank AG • IBAN: DE23 2003 0000 0000 1111 61 • BIC: HYVEDEMM300 or send us a direct debit authorization so that we can automatically deduct future premiums from your account. Furthermore you have the possibility of setting up a standing order with your bank.

#### **INFORMATION ON INSURANCE TAX**

Information on insurance tax	
Responsible insurer	Advigon Versicherung AG
Insurer's insurance tax number	not applicable
Insurance premium	51,00 € monthly
tax rate	Taxable pursuant to § 6 para. 1 no. 3 Versicherungssteuergesetz

#### **RIGHT TO WITHDRAW FROM CONTRACT**

For insurance policies with a contract period of at least one month, the policyholder can rescind his declaration of willingness to enter into a contract in written form (i.e. via email, fax or letter) within 14 days without having to provide any reason(s) for the withdrawal. The deadline commences upon receipt of the following documents/information: the confirmation of insurance coverage; the contractual provisions including the General Terms and Conditions of Insurance; any relevant/particular customer information; and receipt of this notification. A timely sending of the repudiation of contract notice suffices to meet the rescission deadline.

#### **IMPORTANT INFORMATION IN ACCORDANCE WITH § 38 PAR. 1 VersVG (INSURANCE CONTRACT ACT)**

If the first or one-off premium has not been paid within 14 days after having taken out the insurance/entering into the contract and after the premium payment has been requested, the insurer is entitled to withdraw from the contract as long as the payment has not been made. It is considered as withdrawal if the claim for premium payment has not been enforced within three months of its due date.

#### **IMPORTANT NOTE IN ACCORDANCE WITH § 38 PAR. 2 VersVG**

If an insurance event occurs after the policy has been taken out, but the single or initial insurance premium has not been paid at this point in time, the insurer shall not be obliged to pay benefits, unless non-payment is not the policy-holders fault.

If you have any queries, our staff will be happy to assist you during business hours from 08:00 - 18:00 (CET) on the telephone number +49 228 977 35 11.

Rinaldo Manetsch

Kai-Uwe Blum



Geschäftsleitung: Kai-Uwe Blum, Godehard Laufköter,  
Rinaldo Manetsch  
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