Application form aqua med dive card *(Vers. 03.2024)*

1. Personal data (please fill in in block capitals):

First name: | Telephone:

Last name: | Mobile:

Date of birth: ❍ m ❍ f | E-mail:

Street address: | Diving association & no.:

Postcode, city, country: | Language: ❍ DE ❍ GB ❍ FR ❍ ES ❍ IT

May we address you informally? ❍ yes ❍ no | May we keep you updated on our latest news? ❍ yes* ❍ no

*By indicating my e-mail address and checking "yes", I agree to receive information about new products, special offers and surveys via e-mail. My contact details will not be released to third parties without my consent or legal permission. I can withdraw my consent at any time with effect for the future without providing reasons by contacting aqua med by phone, e-mail or by means of any other written form.

2. How did you learn about the dive card?

❍ Diving school/instructor:

❍ Social Media ❍ Internet

❍ Trade show

3. Do you practise any underwater activities on a professional basis?

If so, please tick the appropriate box (Recommendation: dive card professional):

❍ Diving instructor/assistant ❍ UW photographer/guide

❍ UW biologist/archaeologist

4. Choose your dive card

❍ **dive card basic (€60.–)**

❍ **dive card professional (€160.–)**

❍ **dive card family (€130.–)****
(upgrade to professional versions on request)

Do you want your policy to start immediately? ❍ yes* ❍ later, on: . .

*If the provision of services starts immediately (prior to expiry of the withdrawal period), my right of withdrawal shall expire (§ 356 (4) BGB). If no option has been selected, the contract shall start immediately.

****Only with dive card family: Additionally insured family members in common household:**

First & last name: ❍ m ❍ f Date of birth:

First & last name: ❍ m ❍ f Date of birth:

First & last name: ❍ m ❍ f Date of birth:

If you wish to include more children, please use a separate sheet.

5. Choose a payment method

❍ **via invoice**

❍ **via SEPA Core Direct Debit:** the mandate reference will be submitted separately. Beneficiary: Medical Helpline Worldwide GmbH

Account holder (if other than above):

Address (if other than above):

IBAN (max. 35 types):

BIC (8 oder 11 types): Bank

I hereby give Medical Helpline Worldwide GmbH the right to debit my account as well as authorise my bank to debit the withdrawals requested by the Medical Helpline Worldwide GmbH from my bank account.

Note: I am entitled to ask for a refund within 8 weeks starting from the date on which my account was debited, under the terms and conditions of my agreement with my bank.

This authorisation is valid for the duration of the contract until a written revocation (including consecutive annual fees).

Place, date | ✘ Signature account holder

Note: If you want to **pay via credit card**, please first choose "invoice" as your payment method. You will receive an e-mail confirming that we received this application form and giving you your login data so you can provide us with your credit card data via the customer portal.

Contract terms for the aqua med cards

I have taken note of the "Contract terms for the aqua med cards (Vers. 02.2022)".

Data protection notice

With my signature, I confirm that I was able to look at the information obligations in accordance with article 13 GDPR (https://www.medical-helpline.com/datenschutzhinweise/). I am aware that my personal data are necessary for the execution of the contract and that they will be passed on to the insurance and sales partners of the Medical Helpline Worldwide GmbH as well as, if applicable, to cooperation partners and in case of association memberships. I can withdraw consent at any time by contacting MHW. As a result, I might not be able to use certain services any more. The legal basis for the processing of my data is sentence 1 b of Art. 6 GDPR.

Place, date | ✘ Signature

Contract terms for the aqua med cards

Vers. 02.2022

I Data Law Provisions

1. *Information on the use of your data*

In order to perform the contract, particularly in the event of benefit being payable, Medical Helpline Worldwide and the insurer need personal data from you. The collection, processing and use of this data is strictly regulated by law. In accordance with the GDPR and BDSG, you can request information regarding data stored by

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28217 Bremen
Tel: +49 421 22227-0, E-Mail: service@aqua-med.eu

about you at any time and most data (except for medical data arising out of cases when benefits become payable) can be viewed directly at https://customer.aqua-med.eu/customers/ using your personal login data. Read more about your rights in our privacy notice according to article 13 GDPR at https://www.medical-helpline.com/datenschutzhinweise/.

2. *Consent for the collection, processing and use of data*

The legal basis for processing your personal data is the GDPR, BDSG as well as additional rules of the insurance contract act. Your consent in accordance with data protection legislation is necessary for the collection, processing or use of your data. This contract cannot be concluded without such consent.

3. *Processing and use of your health data*

Medical Helpline Worldwide GmbH is a medical service business and is therefore subject to the medical duty of confidentiality in accordance with § 203 of the German Criminal Code (StGB). Your health data is thus also subject to the medical duty of confidentiality and cannot be forwarded to third parties, including insurers, without your express consent.

There is an exception to this rule if your health data is needed in an emergency for your medical treatment and our doctors consider it necessary to forward this information to the place of treatment. In such a situation, we can forward this information to the place of treatment even if we have only received oral notification of an emergency from you in order to ensure quick and safe treatment.

4. *Verifying the duty to provide benefit*

In order for the MHW to be able to provide its assistance services and in order for the insurer to verify its duty to provide benefits, it may be necessary for the MHW or the insurer to verify information about your state of health which you have provided for the purpose of substantiating claims or which is contained in documents (e.g. invoices, prescriptions, reports etc.) which have been submitted or communications from a doctor or other healthcare professionals.

This will only happen if it is necessary and you consent to the collection of data and if you release the places which hold the relevant health information from their duty of confidentiality. You can provide these declarations at a later date in individual cases.

II Important note

The contract is valid for persons whose place of residence is in the EU and Switzerland/Liechtenstein. Indicating your permanent residence allows us to contact you and is relevant for the validity of the foreign travel health insurance. The foreign travel health insurance only applies in countries outside of your permanent residence! Should you move to a country outside of the EU, Switzerland or Liechtenstein during your contract period, the contract will no longer be valid. Fees that have already been paid will not be reimbursed.

Contractual partner and insurance provider for clients domiciled in Switzerland/Liechtenstein are the Chubb Insurances (Switzerland) AG and the UNIQA Versicherung AG in Vaduz. Insurance provider for clients domiciled in the EU are the Chubb European Group SE and the R+V Allg. Versicherung AG.

German law shall apply; for customers residing in Switzerland/ Liechtenstein, local insurance law shall apply. All prices are in Euro and include value added tax. The contract commences upon receipt of the application at aqua med if no later start date or no option has been selected. The contract period is one year and will continue for an indefinite period afterwards. After the first contract year, it is possible to terminate the contract at any time with a notice period of one month.

You must inform us of any change of address and of contact details without delay. The contract and insurance conditions, which you can download from our website (www.aqua-med.eu) or request from us at any time, form the basis of this contract.

1. *Payment method*

The due dates for the first amounts depend on the payment method:

- via invoice: payment until 14 days after the first invoice is tendered
- via SEPA core direct debit: debit 14 days after the first invoice is tendered
- via credit card: verification of the credit card by our payment service provider and debit after your application has been processed, at the latest when the contract commences.

If you object to a direct debit without justification or if the collection fails for reasons which the MHW is not responsible for, we reserve the right to pass on the costs actually incurred to you.

If the contract is not terminated, the fee will be due after one year and will automatically be collected according to the payment method.

III Right of revocation for long-distance transactions

You have the right to revoke your contract within 14 days without giving reasons if the contract was concluded by means of distance communication outside the premises. In order to exercise your right of revocation, you have to inform us about your decision to revoke your contract by means of a clear statement (sent for instance by post, fax or e-mail). Although this is not obligatory, you may use our sample revocation form, which you download from our website (https://www.aqua-med.eu/en/faq/questions-about-the-contract/) and/ or the customer portal. In order to respect the revocation period, it is sufficient to send your demand before expiry of the revocation period. Right of revocation is also granted for customers domiciled in Switzerland/ Liechtenstein.

Consequences of revocation:

If you revoke your contract, we must, immediately and at the latest within 14 days from the day receiving your revocation announcement for this contract, reimburse all payments that we have already received from you. We will use the same payment method that you chose for the initial transaction, unless explicitly agreed otherwise. Under no circumstances shall you be charged for the reimbursement.

IV Severability clause

Should any provision of these contract conditions be invalid, the validity of the remaining provisions shall not be affected by this. The invalid provision shall be replaced with a valid provision the purpose of which comes as close as possible to the invalid provision.